

**ALCOHOL ABUSE AMONGST THE YOUTH IN MUSINA TOWN**

By

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RESEARCH DISSERTATION

Submitted in fulfilment of the requirement for the degree of

**MASTER OF SOCIAL WORK**

in the

**FACULTY OF HUMANITIES  
(School of Social Sciences)**

at the

**UNIVERSITY OF LIMPOPO**

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**2019**

## **DECLARATION**

I, Prudence Mafa declare that this dissertation is my own academic work and that all sources used in compiling this document have been properly acknowledged by use of complete references.

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Prudence Mafa

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Date

## **DEDICATION**

This dissertation is dedicated to my family who ensured that my son was well taken care of while I pursued my studies. Without their support, I would not have been able to realise my dream. I am forever indebted to you.

## **ACKNOWLEDGEMENTS**

Much gratitude goes to the Almighty for all the good He continues to do in my life. This project would not have been complete without the contribution of the following individuals:

- My supervisor Prof J.C Makhubele for his tutelage, for being patient with me, understanding my academic shortfalls and lastly for the opportunities that arose from undertaking this study;
- My friend Mr Koketso Matlakala for persuading me to undertake this study and his continued moral and technical support throughout this project;
- My partner George Khosa for his support, understanding and encouragement throughout my studies;
- My sister Sharon for being the mother my son needed when my studies kept me away from him; and
- Dr S.J Kubayi for editing and proofreading this document.

I am grateful to each one of you.

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## ACRONYMS

AARTO	Administrative Adjudication of Road Traffic Offences Act
BAC	Blood Alcohol Content
EAP	Employee Assistance Programme
EAPA-SA	Employee Assistance Professionals Association of South Africa
FAS	Foetal Alcohol Syndrome
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDP	Integrated Development Plan
NDMP	National Drug Master Plan
NGO	Non-Governmental Organisation
NLA	National Liquor Act
NRSA	National Road Safety Act
NYDA	National Youth Development Agency
SACENDU	South African Community Epidemiology Network on Drug Use

TREC            Turfloop Research and Ethics Committee  
UNDCP        United Nations International Drug Control Programme.  
UNODC        United Nations Office on Drugs and Crime  
WHO            World Health Organization

## **ABSTRACT**

Alcohol consumption by young people continues to be a social problem that is associated with major health complications later in life. More youth engage in alcohol consumption frequently with a decreasing age of debut. The current study aimed at exploring and describing the prevalence, patterns and context of youth alcohol consumption in Musina Town, Limpopo Province. A convergence mixed method was employed. This was complemented by an exploratory-descriptive design. Using random stratified and purposive sampling techniques, data was collected from grade 11 learners by way of a survey and a focus group discussion.

Data collected from the study show that there is a high prevalence of alcohol use amongst the youth in Musina as almost two thirds (61%) of the survey participants reported to be current alcohol users. Patterns of consumption include drinking during weekends and holidays with binge drinking and drinking until drunkenness being the main forms of alcohol consumption. There was no difference in binge drinking between male and female alcohol drinkers, with 22% of each gender reporting to consume more than five drinks a session. Contexts of alcohol consumption by the youth include drinking at various social gatherings, school, at home, unlicensed liquor outlets, drinking to have fun or as a coping mechanism. Young alcohol consumers have little to no concern about their drinking behaviour, which is exacerbated by alcohol drinking permissive culture and the availability of alcohol.

Keywords: Youth, Alcohol consumption, Prevalence, Patterns, Availability

# **CHAPTER ONE**

## **GENERAL ORIENTATION OF THE STUDY**

### **1.1 INTRODUCTION**

Alcohol abuse among the youth is an enduring public health issue worldwide, and South Africa is not an exception (WHO, 2014). The Global Status Report by WHO (2014) points out that many school children experiment with alcohol before the age of 12 years (WHO, 2004b). In South Africa, it is reported that 12% of youth experiment with alcohol before 13 years of age (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, Josie, Masuka, Kambaran & Omardien, 2010).

Youth's drug use start with substances that are easily accessible such as beer or wine. Evidence suggests that factors influencing the availability and accessibility of alcohol to youth play an important role in the development of alcohol use and misuse among this group. These factors include the price of alcohol, the legal drinking age, the availability of liquor outlets, permitted operating hours for liquor outlets, the enforcement of alcohol laws, and advertising (Douglas, 1998; Greynadus & Patel, 2005; Popova, Giesbrecht, Bekmuradov & Patra, 2009; Mapulane, 2014).

The social setting within which alcohol is consumed and accepted means that young drinkers are susceptible to engaging in risky behaviour or of becoming victims of such behaviour. Alcohol use among youth co-occurs with a range of other behaviours, including tobacco use, dropping out of school, unsafe sexual activity with an increased risk of Human Immunodeficiency Virus (HIV) infection and teenage pregnancy, drunk driving, violence, suicide and delinquent or criminal behaviour (Windle 1999; Arata, Stafford & Tims, 2003; McClelland & Teplin 2001; Miller, Naimai, Brewer & Everett-Jones, 2006; Simbayi, Mwaba & Kalichman, 2006; Abdool Karim, Meyer-Weitz & Harrison, 2009; Connor & Casswell, 2009).

## **1.2 OPERATIONAL DEFINITION OF CONCEPTS**

The concepts below have the following meaning in this study:

### **1.2.1 Youth**

According to the National Youth Development Agency (NYDA) Act 54 of 2008, youth refers to persons between the ages of 14 and 35 years. For the purpose of this study, the term youth refers to persons between the ages of 14 and 22 years who are high school learners.

### **1.2.2 Prevalence**

According to the National Institute of Mental Health (N.d), prevalence is the proportion of a population who have or had a specific characteristic in a given time period, typically a condition such as smoking or alcohol consumption. This definition is accepted in this study.

### **1.2.3 Drug**

The term drug refers to psychoactive or dependence-producing substances, either licit or illicit (National Drug Master Plan, 2013-2017). For the purpose of the study, this definition has been accepted.

### **1.2.4 Alcohol abuse**

Alcohol abuse refers to the habitual excessive use of alcohol (Department of Social Development, 2011). This definition is adopted for use in this study.

## **1.3 THEORETICAL FRAMEWORK**

In conducting this research project, the eco-system theory was used to explore and explain circumstances and conditions relating to the prevalence patterns of alcohol abuse among the youth. The eco-system theory is more relevant and appropriate in explaining relationships between alcohol consumption and the environmental systems in which people interact. The abuse of substances by youth is one influenced and impacted by both the environment and its inhabitants thereof.

- The Eco-systems Theory

The eco-systems theory focuses on the mutual relationship between the person and the environment in which each shapes and influences the other over time. This theory gives an assessment on the interactions between people and their physical and social

environments. It focuses on the social and cultural factors with regard to behaviour change and learning about the historical traditions, beliefs and values in a particular environment, and how social and cultural factors influence an individual's behaviour (Keys, MacMahon, Sanchez, London & Abdul-Adil, 2004). This theory was adopted and assisted the researcher to understand alcohol abuse in the context of Musina youth. The theory also assisted the researcher to understand that the youth's use of alcohol is influenced and reinforced by their society's alcohol drinking permissive culture. The use of the ecosystem theory is an integral part of social work in that it helps practitioners find association between anomalies and the subsystems of the environment. This knowledge assists them to effectively plan interventions for their clients.

#### **1.4 RATIONALE AND MOTIVATION FOR THE STUDY**

The rationale for this study was that the health and socioeconomic consequences of substance use, abuse and dependency, particularly the abuse of alcohol, undermine democracy and good governance and has a negative impact on the environment (National Drug Master Plan 2006-2011). Standard surveys about the prevalence of alcohol use generally do not gather information about key situational or contextual conditions, such as the location of drinking. This information, however, may have a significant bearing on the interpretation of survey findings and on the identification of appropriate targets for effective interventions and social policies (Bendtsen, 2013).

According to the Musina Local Municipality IDP Review (2011-2012), alcohol is amongst other social factors such as poverty and unemployment, the cause of the high levels of crime in and around the town of Musina. In light of this, the study was conducted in Musina Town to determine the prevalence, patterns and contexts of alcohol use among the youth in that particular geographical area. The rationale is that without understanding of this phenomenon, the ability to intervene effectively to reduce alcohol abuse among the youth is not possible.

The motivation of this study was that numerous studies (Reddy, Resnicow, Omardien & Kambaran, 2007; Onya & Flisher 2008; Chesang, 2013; Tshitangano & Tosin, 2016) addressing the prevalence of substance use and abuse among the youth tend to focus on various substances, and seldom on alcohol exclusively. Alcohol therefore gets

overshadowed by other illicit substances that society views as more harmful than alcohol. The researcher was also motivated by her desire to acquire experience in both quantitative and qualitative research methods. The design of the proposed study allowed her to conduct a mixed study, adding to her knowledge and experience in the field of research.

## **1.5 STATEMENT OF THE PROBLEM**

Alcohol is considered as one of the initial substances that are used by youth before they progress to the use of more dangerous substances such as marijuana, heroin, ecstasy and cocaine (Hernandez, Rodriguez & Spirito, 2015). With modernisation in the world market and increase in advertisement, harmful drinks that were not easily accessible to the youth are now of higher consumption rate than expected (Awosusi & Adegboyega, 2013). In recent times, because of the promotion, competition and popularity of alcoholic products, most alcoholic beverages are now cheaper as compared to other soft drinks. Due to this multiplicity, most young people engage in heavy drinking at younger ages than in the past (Barry, Johnson, Rabre, Darville, Donovan & Efunbumi, 2015).

The availability and accessibility of alcohol is fuelled by the fact that not all merchants are vigilant about preventing underage youth from buying alcohol. Some youth use false identification to buy alcohol; persuade adults to buy it for them; and/or steal alcohol from parents, friends, and commercial establishments. Adults often purchase alcohol and provide it to underage drinkers at parties and events, sometimes with the permission of parents (Bonnie & O'Connell, 2004).

Alcohol debut use at an early age is a disturbing trend in youth drinking. The age at first use of alcohol and substance use has been reported to be as low as 9 years, which is a challenge to young people. This is supported by Department of Health's findings as cited in Baloyi (2006) that children are beginning to use and abuse alcohol and other drugs at a much younger age. Some of these young people continue to drink alcohol beyond the experimental phase. A survey done by Osei-Bonsu, Appiah, Norman, Asalu, Kweku, Ahiabor, Takramah, Duut, Ntow and Boadu (2017) revealed that the majority of males (73.7%) are currently consuming alcohol while the number of females currently consuming alcohol is 26.3%. Drinking alcohol is a feature of many



social occasions in society - weddings, funerals, birthdays, braais, nights out with friends, or just sitting in front of the television. Therefore young people who grow up in such alcohol-accepting environments experiment with liquor well before their legal drinking age (Onya, Madu & Govender, 2005).

The use of alcohol and illicit drugs has a negative impact on the users, their families and communities. The abuse of alcohol exposes non-users to harm or death due to people driving under the influence of alcohol and through being victims of violent crime. Socially, the families of people who abuse alcohol are placed under great financial burdens as a result of the costs associated with theft from the family, legal fees for users and the high treatment costs. The emotional and psychological impacts on families and the high levels of crime and other social ills have left many communities under siege by the scale of alcohol abuse (National Drug Master Plan, 2013-2017).

## **1.6 AIM AND OBJECTIVES OF THE STUDY**

### **1.6.1 Aim of the study**

This current study aimed at exploring and describing the prevalence, patterns and contexts of alcohol use amongst the youth in Musina Town, Limpopo Province.

### **1.6.2 Objectives**

In order to accomplish the aim of the study, the following objectives were formulated:

- To identify the types of alcohol commonly used by young drinkers.
- To determine the amount, frequency and source of alcohol consumed by the youth.
- To provide a description of the contexts in which alcohol is consumed by the youth.
- To ascertain the youth's concerns about alcohol drinking and its consequences.

## **1.7 RESEARCH METHODOLOGY**

The methodology section describes the type and approach of research project, design of the study, population, sampling, data collection and analysis procedures, and quality criteria.

### **1.7.1 Type and approach of research project**

A mixed research approach was selected for the study. Mixed methods is a research approach, popular in the social, behavioural and health sciences, in which researchers

collect, analyse and integrate both quantitative and qualitative data in a single study or in a sustained long-term programme of inquiry to address their research questions (Creswell, 2003).

The researcher opted to use the mixed approach as both qualitative and quantitative methods, in combination, provide a better understanding of a research problem than either method alone. This approach is used when there is a need for different, multiple perspectives, or more complete understanding of a problem; a researcher needs to confirm quantitative measures with qualitative experiences; and if there is a need for explaining quantitative results (Creswell, 2013). This approach is helpful in gaining in-depth understanding of some trends and patterns, or understanding the relationship between a range of variables (Maree, 2007).

Using the mixed method helped the researcher to (1) establish the prevalence of alcohol abuse amongst the youth in Musina Town; (2) establish the relationship between high alcohol consumption among the youth in Musina Town and its availability through a greater number of outlets, relative affordability, and a culture in which alcohol consumption is acceptable; and (3) to compare the data from the survey and focus group discussions in relation to the prevalence, patterns and context of alcohol consumption.

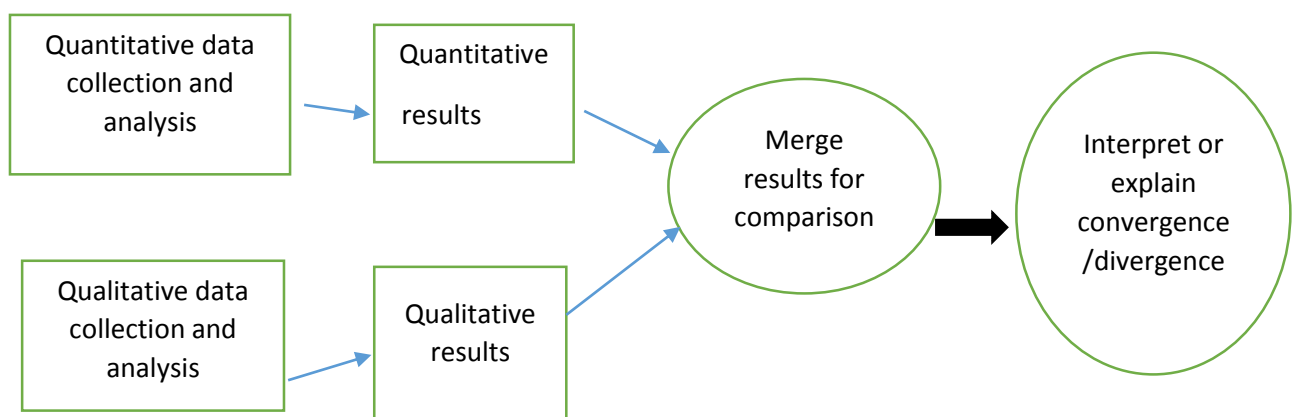
### **1.7.2 Research design**

A cross-sectional explorative, descriptive research design was applied in this study. The cross-sectional and descriptive design was adopted for the quantitative part of the study while the explorative design was applied in the qualitative portion. It is worth noting that researchers who use the mixed approach have three basic mixed approach designs to choose from: the convergent/triangulation design, the explanatory sequential design, and the exploratory sequential design (Creswell, 2013).

The convergent mixed design was applied in this study, and is a type of design in which different but complementary data are collected on the same topic. A researcher using this design concurrently collects both quantitative and qualitative data and then merge the data during the interpretation or analysis phase. The researcher used this

model in order to compare results and to corroborate quantitative results with qualitative findings (Creswell & Plano Clark, 2007).

The researcher first surveyed a group of individuals then followed up with a focus group discussion. Both quantitative and qualitative data were then analysed separately, and the results compared to see if the findings confirm or disconfirm each other. Contradictions or incongruent findings were explained in the analysis chapter (Creswell, 2003; 2014; 2013)



*The convergent mixed methods design (Creswell, 2013).*

*Figure 1: The convergent mixed method design*

### **1.7.3 Population**

The population of this study was drawn from youth in Musina High School. The researcher selected 120 youth between the ages of 14 and 22 years to participate in the survey. The survey participants consisted of both alcohol users and non-users. A further seven respondents who are current alcohol users were selected to take part in the focus group discussion. The school was selected using purposive non-probability sampling. This sampling method was used as a list of names of all youth alcohol drinkers of Musina Town was not available for the researcher. This sampling method also allowed the researcher to concentrate the study in Musina High School as the learners provided a means to sample a large youth population in a cost-effective manner (de Vos, 2011).

#### **1.7.4 Sampling methods**

For the quantitative portion of the study, a stratified random sampling technique was utilised by the researcher to draw a sample of 120 learners as it produces samples that are more representative of the population (Neuman, 2014). The grade 11 classes were used as strata from which the population was drawn. According to Olsen and George (2004), the stratified random sampling method is chosen because when conducting a cross-sectional study, important subgroups of people may have different views or life experiences or health-related behaviours, and without representation from them, the results could be inaccurate.

Purposive and snowball sampling techniques were used for the qualitative part of the study. A focus groups discussion with seven participants was conducted. Neuman (2014) states that purposive sampling is also used to identify particular types of cases for in-depth investigation in order to gain deeper understanding of the phenomenon under investigation. Snowball sampling allows the researcher to get participants by asking current participants to recruit other participants that are hard to find. This type of sampling was beneficial to the researcher given the nature of the study as people are often ashamed of unacceptable social behaviour such as alcohol abuse.

#### **1.7.5 Data collection methods**

Given the design of the study, two methods were used to collect data. The researcher first administered a questionnaire to 120 grade 11 learners. 116 of these questionnaires were completed. According to Wisker (2008), questionnaires gather information directly by asking people questions and using the responses as data for analysis. Questionnaires are often used to gather information about facts, attitudes, behaviours, activities and responses to events and usually contains a list of questions. In this study a questionnaire was used to test whether high alcohol consumption among the youth in Musina Town is fuelled by its availability through a greater number of outlets, relative affordability and a culture in which alcohol consumption is acceptable on various occasions.

The survey was then followed by a focus group discussion with seven participants to obtain their views and experiences about their alcohol consumption. Creswell and Plano Clark (2007) emphasise that the rationale for collecting both quantitative and

qualitative data is to bring together the strengths of both forms of research in order to compare, validate and corroborate the results.

### **1.7.6 Data analysis methods**

The data collected from both quantitative and qualitative portions of the study was analysed separately and independently using the techniques traditionally associated with each data type (Maree, 2007). The researcher used the Statistical Package for the Social Science (SPSS) system to analyse quantitative data. SPSS was used because according to Gilman and Weber, (2007), it is a comprehensive system for analysing data which can take data from almost any type of file and use them to generate tabulated reports, charts and plots of distributions, trends, descriptive statistics and complex statistical analysis

The qualitative data collected through the focus group discussion was thematically analysed. Thematic analysis is a process of looking at data from different angles with a view to identifying keys in the text that will help the researcher to understand and interpret the raw data (Maree, 2007). When using thematic analysis, the researcher seeks to achieve three aims: examining commonality, examining differences and examining relationships (Harding, 2013).

On completion of analysis, the two types of data were compared to each other and then merged/converged by using an approach called side-by-side comparison. The researcher first presented quantitative statistical results and then discussed the qualitative findings (themes) that confirmed the statistical results. The convergence of the two databases was included in the discussion section of the research report. The discussion section also noted the divergence between the two sources of data. The researcher opted to point out the divergence as study limitations in that some of the qualitative themes did not match the open-ended questions (Creswell, 2013).

## **1.8 Quality criteria**

### **1.8.1 Validity, reliability and transferability**

Validity using the convergent approach should be based on establishing both quantitative validity (construct) and qualitative validity (triangulation) for each database (Creswell, 2014).

Triangulation of data is one of the ways in which quality is assured in qualitative research (de Vos *et al.*, 2011). The study applied a mixed methods approach, therefore triangulation of data was inclusive. The study results were validated by comparing data collected from the survey and the focus group discussion. Transferability refers to the extent to which results of a study could be applied to other similar situations (Bless *et al.*, 2013). The results of the study could be applicable to other high school learners in similar settings.

## **1.9 ETHICAL CONSIDERATIONS**

The fact that human beings are subjects of study in social sciences, the researcher, in planning research, needs to be aware of the agreement about what is proper and improper in scientific research. Therefore, ethical concerns are considered as an integral part of the planning and implementation of research. Researchers are responsible for designing and carrying out research both knowledgeably and ethically (Milley, O'Melia & Dubois, 2001). Walliman (2011) explains that ethical research is aimed at avoiding harm, and if possible, producing some gain not only in the wider field, but for the participants in the project.

- **Permission to conduct the study**

The researcher sought and received permission to conduct the study from the relevant authorities at the University of Limpopo (Turfloop Research and Ethics Committee), and Musina High School. Written consent was granted by the parents and guardians of the research participants.

- **Harm to respondents**

Walliman (2011) emphasises that respondents should be protected from either physical or psychological harm during the study. Emotional harm to respondents and participants is often more difficult to predict and to determine than physical discomfort (Motepe, 2006). The researcher ensured that the respondents and participants were not exposed to any harm. Research participants were informed that if they found some questions to be offensive and they felt uncomfortable to respond to such questions, they need not respond. Measures were put in place to assist participants who might need professional intervention. Such measures were referrals to professionals such as social workers and psychologists. Furthermore, participants who experience

problematic drinking were encouraged to seek professional help for their substance use disorder.

- **Informed consent**

According to Bless, Higson-Smith and Sithole (2013), informed consent and voluntary participation entails that participants have the right to know what the research is about, how it will affect them, the risks and benefits of participation and the fact that they have the right to decline to participate or to discontinue their participation at any given time during the process if they choose to do so. Each participant was asked to sign an informed consent form which is an indication that they indeed understood what was explained to them by the researcher. The researcher explained the contents of the said consent form to the participants so that they could make informed decisions whether to participate in the study or not.

- **Confidentiality and Anonymity**

Confidentiality refers to agreement between persons that limit others' access to private information. Anonymity means that no one, including the researcher, should be able to identify any subject afterwards (Mboniswa, 2005). The researcher will keep information that was given by the participants confidential and will not share it with other people with the exception of the supervisor. The respondents were not asked to complete any identifying particulars in the consent form. No names were used during the recording of the focus group discussion. This ensured their anonymity. The audio from the focus group discussion will be kept safe by the researcher and will be destroyed after reports have been compiled.

- **Debriefing of participants**

Mboniswa (2005) states that debriefing sessions are sessions during which subjects get the opportunity to talk about and work through their experience of the study and its aftermath, providing possibly one way in which the researcher can assist the subject and minimise harm. The participants in this study were asked if they needed any debriefing, to which they indicated that none was needed. Arrangements were however made with a local social worker should the need for a debriefing arise.

- **Release or publication of the findings**

According to Mboniswa (2005), researchers should be open with their results, allowing disinterested colleagues to vet the research and its implications. Should the findings of this study be published, participants will not be identified by name or in any other way that would make it possible for them to be identified. Publication credit will be given to all persons who have contributed to the research (Bless *et al.*, 2013). The research results will be made available to Musina Town traditional authority and the University of Limpopo through a report and articles, which will allow the respondents access to the results.

## **1.10 SIGNIFICANCE OF THE STUDY**

A knowledge of data on the prevalence, patterns and contexts of alcohol consumption in children and youth is of considerable importance for the development of preventive measures. If these preventive measures are to be successful, they must be specifically tailored to each of the target groups. General epidemiological data are not sufficient for this purpose. Therefore, data on region-specific consumption patterns are of much more use (Settertobulte, Jensen & Hurrelmann, 2001). Equally, describing the prevalence, patterns and contexts of alcohol abuse among the youth of Musina Town, Limpopo Province will help discover specific underlying problems that often act as triggers or reinforcements of alcohol consumption. The data obtained from the study will help policy-makers and other stakeholders understand the meaning and motivation behind Musina Town youth's drinking habits (Seaman & Ikegwuonu, 2010a), thereby assist in developing or improving on the existing policies or preventive measures suitable for the people of Musina Town.

The study may also enhance the knowledge of inhabitants of Musina Town regarding alcohol abuse amongst the youth and its effects on their future. The findings of this study could be used to educate the youth and other relevant stakeholders on the dangers and impact of alcohol abuse in their lives. The findings of the study will add to the knowledge base of the social work profession and allied professions involved



with youth by helping them to understand the prevalence of alcohol abuse amongst the youth of Musina Town.

## **1.11 STUDY LIMITATIONS**

- This study was limited to learners at one high school in Musina and findings may therefore not be generalised to other parts of the country as drinking patterns of learners may differ from those youth that are not in school.
- There was divergence regarding some of the issues that emerged from the quantitative and qualitative aspects of the study. This can be attributable to participants being uncomfortable in terms of reporting their drinking patterns in either of the data collection processes.
- All the participants involved in this research were Africans, therefore do not reflect the demography of the country as it excluded other racial groups.

## **1.12 DISSERTATION CHAPTER LAYOUT**

### **Chapter One**

The first chapter is aimed at providing an overview of how the research report (dissertation) is structured. The motivation to conduct the study, problem statement as well as aim and objectives of the study are stated in this chapter. The methodology used while carrying out the study and the limitations pertaining to the study are also focal points of this chapter.

### **Chapter Two**

An extensive review of literature with regards to patterns and contexts of youth alcohol consumption is given in the second chapter of the dissertation. Attention is given to the type of alcohol consumed, frequency of consumption, drinking company and location.

### **Chapter Three**

A synopsis of various South African policies and strategies aimed at alcohol harm reduction is given in this chapter. Specific focus is on policies that regulate the alcohol market; policies that support education, communication, training and public awareness; policies that support the reduction of harm in drinking and surrounding environments; policies that reduce drinking and driving; and policies that support

interventions for individuals. Various levels of interventions are also discussed in this chapter.

#### **Chapter four**

Data collected is presented, analysed and interpreted in this chapter. Qualitative and quantitative data are separately presented, but merged in the discussion section of the chapter.

#### **Chapter five**

The last chapter gives a summary of the study. The focal points of the chapter are the restatement of the motivation, problem statement, aim and objectives of the study. Conclusions drawn from the study are also stated in the chapter.

# **CHAPTER TWO**

## **PATTERNS AND CONTEXT OF ALCOHOL CONSUMPTION AMONGST THE YOUTH**

### **2.1 INTRODUCTION**

South Africa has a long history of alcohol consumption. During the pre-colonial era, alcohol was consumed mainly during special occasions, and was usually preserved for elders and prominent members of society, including traditional leaders. Alcohol consumption was thus rare among the youth and women of childbearing age (Peltzer & Ramlagan, 2007). The dawn of democracy and the abolishment of apartheid laws which regulated the sale and use of alcohol have, however, allowed anyone over the age of eighteen years to legally sell, buy and use alcohol. Since then, there has been a change in alcohol use patterns as well as the amount of alcohol consumed. As a result of this and other psycho-social risk factors, South Africans, particularly the youth, are rated high in terms of alcohol consumption (Parry, 2005).

South Africa has been identified as a hard drinking country. It is estimated that South Africans consume about five billion litres of alcohol annually. This quantity translates to nine to ten litres of pure alcohol per person and puts the country amongst the higher alcohol consuming nations in the world (WHO, 2011). South Africa has thus been awarded a score of 4 (drinking 5 or more beers or glasses of wine at one sitting for men, and more than 3 drinks for women) out of 5 on a least risky to most risky patterns-of-drinking scale. The higher the score, the greater the alcohol-attributable burden of disease for the country (Seggie, 2012). It has been reported that about 17% of patients seeking professional help in substance abuse treatment centres in the northern region, which encompasses Limpopo Province, indicated that alcohol is their drug of choice (SACENDU, 2015).

The section on literature review will be focused on alcohol consumption amongst the youth with specific focus on the prevalence, type, context, attitude towards drinking as well as motive for consumption. These focus areas have been identified to be discussed as they reinforce youth's alcohol consumption and contributes to its prevalence thereof. A review of literature has, however, revealed that there are limited

studies that have investigated alcohol prevalence among young people, specifically in South Africa. This chapter briefly discusses some of these studies.

## **2.2 YOUTH DRINKING PATTERNS**

Young people's use of alcohol increases significantly during their transition from middle school to high school, with the largest increase in alcohol use and heavy drinking occurring between 8th and 10th grades (Doumas, Esp, Turrisi, Hausheer & Cuffee, 2014). Authors such as Albert and Steinberg (2011) associate this phenomenon of high rates of alcohol use and heavy drinking with increased peer association coupled with a high level of risky decision-making and rebellion against parental authority, characteristic of the adolescence period. Albert and Steinberg (2011) furthermore are of the view that these factors are contributory to the youth's engagement in higher rates of risky behaviour in comparison with adults as despite the fact that they have the capacity to evaluate the benefits and costs of the choices they make, they usually show poor decision making and judgement. Chauke, van der Heever and Hoque (2015) support this statement by stating that teenagers want to be like their friends and to also be accepted into peer groups by their friends, hence they pressurise each other to be alike and sometimes engage in outrageous behaviour.

Studies by Greydanus and Patel (2005); Moodley, Matjila and Moosa (2012); Morojele, Parry, Brook and Kekwaletswe (2012); and Owo (2013) indicate that alcohol is the substance most commonly used by high school learners, with about 51.4%- 76% of the respondents reporting that they have used alcohol in their lifetime. Williams, Behnke, Kokotailo, Levy, Sims and Wunsch (2010) substantiate these findings by stating that the prevalence of problematic alcohol use continues to rise, with increased rates observed in the late adolescent (18 years) and young adulthood (20 years) stages.

Although there is evidence that most young people start experimenting with alcohol in their teens, there is data that paint an even bleaker picture. Leteka (2007) and Simbee (2012) found that some youth had their first drink when they were at the age of ten years and younger. Though there is a high prevalence of alcohol consumption by the youth in general, sex differences between male and female consumers exist.

### **2.2.1 Prevalence of alcohol consumption according to sex and age**

Males have higher prevalence rates for alcohol use than females. There are vast studies that show evidence of high prevalence rates of alcohol and other drug use amongst young people. In a study by Onya and Flisher (2008), alcohol was the most used drug for both genders. However, there were significant higher rates for boys (52, 7%) while it was a low 13% for girls in grade 11. The same study also found that for both grades 9 and 11 combined, the prevalence rates for alcohol are 36, 2% for males and 10, 9% for females. More studies have revealed that males have higher consumption rates than females, as evidenced by Langa (2006) as well as Chauke *et al.* (2015), where between 35%-49% and 29%-39% of males and females reported to have consumed alcohol in the previous month, respectively. Leteka (2007) reported that 83% of the males in her study were current alcohol consumers compared to 58% of their female counterparts.

In addition to the difference in the consumption rate, there is also a difference in the age of debut of substance use between males and females. Males tend to start using substances at an earlier age in comparison to their female counterparts. Tshitangano and Tosin (2016) found that 67%, of the male learners started using substances between the ages of 13 and 15 years, whereas the female respondents mostly began substance use between the ages of 16 and 18 years.

Even with the gender variations in the rates of alcohol consumption, it is reported that there is little difference between male and female binge drinking. Peltzer, Davids and Njuho (2011) reported an overall prevalence of binge drinking of 9.6% and 9.0% between males and females, respectively, whereas Chauke *et al.* (2015) reported rates of 17.5% and 15.9% respectively for male and female binge drinking. A study undertaken by Tshitangano and Tosin (2016), however showed a low prevalence of alcohol and substance use with 94% of the male learners reporting to have never used any substances, and a low 6% indicating to have used substances such as alcohol.

It is worth noting that despite the reported increased rates of alcohol consumption among women, their overall rates of alcohol consumption remain lower than those of men (Ashley, Levine & Needle, 2006). Chauke *et al.* (2015) attribute these variations in prevalence and consumption to availability, accessibility, socio-economic and

environmental factors. In order to comprehend the extent to which alcohol is consumed by young people, it is necessary to also document the type of alcoholic beverages that they consume.

### **2.2.2 Youth's preferred alcohol beverages**

Approximately two-thirds of all the alcohol consumed in South Africa is malt or sorghum beer. This figure equates to nearly 90% of the alcoholic beverages consumed, while wine constitutes about 15% of the total alcohol consumed (Parry, 1998). According to WHO (2010), the most consumed alcohol beverages in sub-Saharan Africa are beer, wine and spirit. However, the type of alcohol consumed depends on geographic variances and the kind of individuals who are alcohol users.

Studies among youth such as those conducted by Chauke *et al.* (2015), Leteka (2007), Parry (1998), Simbee (2012) and Tumge (2009) have also found that beer is the most consumed alcoholic beverage followed by wine and spirits. It is also worth noting that youth do however also consume other types of alcohol such brandy, gin, whisky and vodka (Chauke *et al.*, 2015). Data from these studies also indicate that there are differences in the type of alcohol beverage consumed by males and females. Men are inclined to drinking beer and spirits whereas females usually drink wine and ciders. The WHO/UNDCP (2003) survey shows that 57% of females reported to have been using wine in contrast to 43% of their male counterparts.

Commercially brewed beverages are not the only alcoholic drinks consumed by the youth. A study done among high school learners by Dlamini and Makondo (2017) revealed that during the marula season, the participants consumed a lot of marula alcohol given that there were numerous marula trees that grow naturally in their area. The study further revealed that both traditionally brewed alcohol and lager were sold in homes closer to the participants, which made these home-brews easily accessible. Ashley *et al.* (2006) indicate that locally brewed alcoholic beverages are cheap and readily available for consumers. This easy access makes it difficult to record and regulate the consumption of these home-made brews.

According to Chauke *et al.* (2015), the choice of what alcoholic drink to consume is determined by socio-economic factors. This is echoed by Bendsten (2013), who posits

that drinking more expensive alcohol predicts moderation in consumption, with Seaman and Ikegwuonu (2010a) noting that the availability of affordable or cheap alcohol leads to greater consumption per session irrespective of the gender of the consumer. The availability of cheaper alcohol, therefore, encourages greater consumption.

### **2.2.3 Quantities of alcohol consumed**

Available figures of the amount of alcohol consumed do not necessarily reflect the actual patterns of drinking. Ashley *et al.* (2006) note that the actual amounts of alcoholic drinks consumed in Africa are not easy to determine owing to the estimated 50% of unrecorded consumption of mostly non-commercial produced beverages. There is evidence to suggest that there is high prevalence of hazardous drinking patterns (binge drinking and being frequently intoxicated) amongst youth. Binge drinking, which is the consumption of five or more drinks per drinking session, is one of the most common patterns of alcohol consumption among young people (Ashley *et al.*, 2006). This pattern of drinking is a major contributor to the global burden of disease and has been listed as the third leading factor for premature deaths and disabilities in the world (WHO, 2010) and is said to be more common among males (Parry, 1998).

A study done among secondary school students by Ameratunga, Waayer, Robinson, Clark, Crengle, Denny, Sheridan and Teevale (2011) found that nearly half of all current drinkers engaged in binge drinking. This figure is almost as high as the 51.4% of respondents who reported binge drinking in the preceding month (Moodley, Matjila and Moosa, 2012). Variations have also been found in the hazardous drinking patterns as Greynadus and Patel (2005) as well as Morojele *et al.* (2012)'s data showed that almost a third of respondents indicated having engaged in such drinking behaviour during the preceding one-month period. Not all young consumers engage in binge drinking. A study undertaken by Leteka (2007) showed that 47% of the respondents only needed two glasses of their preferred alcoholic drink in order to get drunk.

### **2.2.4 Intensity of alcohol consumption**

It has been found that although young people may be indulging in excessive alcohol consumption, the frequency of such consumption differed. Osei-Bonsu, Appiah, Norman, Asalu, Kweku, Ahiabor, Takramah, Duut, Ntow and Boadu (2017) reported

that 16% of the respondents drank alcohol daily, while 22.1%, 17.41% and 13.6% consumed alcohol weekly, monthly and yearly, respectively. 4% indicated to be consuming alcohol daily (Greynadus & Patel, 2005), whereas Ghuman *et al.* (2009) found that as little as 1.1% of the participants drank alcohol on a daily basis. This raises concerns given the fact that the respondents in the two latter studies were high school learners.

Data from Parry (1998) and Smuts (2009) showed that alcohol consumption occurs mainly on weekend evenings, and increases over holiday periods such as Christmas and Easter. It can be deduced from the results of studies that a significant number of youth use alcohol frequently. About 32% of the youth report to have engaged in binge drinking during the preceding month, while 21% of current alcohol consumers reported binge drinking twice or more in the preceding month (Ghuman *et al.*, 2012). About 31% use alcohol more than 20 days a month and 10% six to nineteen days a month, with 29.5% reporting that they consume alcohol at least once a week (Simbee, 2012).

## **2.3 ALCOHOL ACQUISITION BY YOUNG PEOPLE**

### **2.3.1 Places and people from whom alcohol is obtained**

The availability and easy access to alcoholic beverages reinforces the youth's consumption of this liquid. Ameratunga *et al.* (2011) state that high levels of alcohol misuse have been reported among residents of communities where there is easy access to alcohol. The WHO/UNDCP (2003) survey indicated that it was relatively easy for both rural and urban youth to obtain alcohol in that among all substances, alcohol and cigarettes were obtained with most ease. The source of alcohol will be explained through ways that young people acquire alcoholic beverages. The following will be outlined: places where alcohol is obtained, and the source of money used to obtain alcohol.

#### **(i) Home**

The youth's places of residence are some of the places where they obtain alcohol. More than two-thirds (68.1%) of current drinkers who took part in Tumge's (2009) study stated that they obtain alcohol from home, while about 30.7% of the respondents were offered alcohol by a relative (Simbee, 2012). Parents, siblings and other adults



were mentioned to be sources of alcohol, while other youth just take the alcohol from home without asking for it and without any adult's knowledge (Ameratunga *et al.*, 2011).

**(ii) Friends**

Drinking with a partner or catching up with an old friend offers a space where one can relax (Bendsten, 2013). This rings true with Simbee (2012) as he established that a significant number of young people (67%) are offered alcohol by their friends who are also alcohol consumers. This is a relatively high number compared to 24% of respondents in Tumge's (2009) study, who reported to have obtained alcohol from their friends, while about 38% are given by a casual acquaintance.

**(iii) Liquor outlets**

It is not every alcohol merchant who abides by regulations which prevent underage youth from buying alcohol (Bonnie & O'Connell, 2004). This statement concurs with Ameratunga *et al.*'s (2011) results, which showed that 80% of the respondents who reported to have bought their own alcohol were aged less than 18 years. Simbee (2012) found that almost half of the users (46.5%) buy alcohol themselves from a bottle or liquor store, supermarket or other licensed or unlicensed outlets, with over a third of the buyers hardly ever asked for any identification by the alcohol vendor (Tumge, 2009; Ameratunga *et al.*, 2011).

Underage alcohol consumers have creative ways of obtaining alcohol. Smuts (2009) and Hanes (2012) found that while some youth buy alcohol at illegal taverns in their area, others persuade older friends or relatives to buy for them at establishments in which they themselves could not obtain alcohol from. Others resort to using false identification and stealing alcohol from their parents, friends and commercial establishments (Bonnie & O'Connell, 2004).

### **2.3.2 Source of money to purchase alcohol**

Young people tend to have limited disposable incomes for spending on alcohol, thus they often opt for the cheapest option available for them. This choice leads to compromises in terms of taste and quality of the beverage being consumed, which also affects the youth's drinking experience (Bendsten, 2013). Most young consumers

of alcohol rely on their pocket money received from home in order to buy the beverage. Some of them borrow from their friends or pool money with their friends so that they can afford to buy the alcohol (Leteka, 2007; Tumge, 2009).

## **2.4 CONTEXT IN WHICH ALCOHOL IS CONSUMED**

An alcohol drinking practice could be seen as a factor that reinforces and influences youth drinking behaviour by providing norms and rules for drinking. Bendsten (2013) states that to the extent that such a practice is generally acknowledged, it could be termed a drinking culture. The WHO/UNDCP (2003) survey indicates that alcohol is easily accessible in both rural and urban areas. The context of youth alcohol consumption will be outlined by addressing where, when and with whom youth consume alcoholic beverages.

### **2.4.1 Drinking companionship**

Drinking alcohol with others within social networks is seen as a normal practice, whereas drinking alone is associated with problematic drinking. Individuals with similar behaviours gravitate towards each other, and encourage one another to adopt similar behaviours and patterns. Identifying with one another begins an association leading to the reinforcing of subgroup values and practices (Bendsten, 2013).

#### **(i) Friends**

According to Hanes (2012), peer influences play an integral part in the inception of substance use and the development of substance abuse amongst the youth. Therefore, young people whose friends use alcohol are at increased risk of use and misuse of alcohol. This is so because during adolescence, youth have a need to be accepted by and to fit in with peers who share the same behaviour and values.

Morojele *et al.* (2012) attest to this as they too found that young people often report their initial use of alcohol and other drugs with friends and peers usually for recreational reasons. More studies have yielded similar results. Ghuman *et al.* (2012) as well as Tumge (2009) have respectively found that between 32% and 47% of young drinkers have had their first alcoholic beverage with their friends. Simbee (2012) found that most of the current drinkers continue the trend of drinking with their friends. In addition, young people who keep alcohol consuming friends are more likely to engage

in binge drinking (Ghuman *et al.*, 2012). Apart from their peers, young people are also influenced by their family members to consume alcoholic beverages.

(ii) ***Family members***

Parents and guardians seem to be the most influential people regarding alcohol use (Leteka, 2007). A study by Ghuman *et al.* (2012) indicates that 56.8% of female respondents and 43.1% of male respondents reported parents/guardians as the most influential persons in their lives, followed by friends. It is therefore not surprising that a large percentage of young consumers drink alcohol with family members.

Ameratunga *et al.* (2011) and Tumge (2009) found that about half of the respondents usually drank alcohol with their family members whereas it was recorded that only 19.3% drank alcohol with their older siblings (Simbee, 2012). This is in contrast with an earlier report by the WHO/UNDCP (2003), which showed that only two percent of the youth alcohol consumers do so with their family members.

The varying percentages could be attributed to variations in alcohol consumption per geographical setting and context within which alcohol is consumed. Seaman and Ikegwuonu (2010) attest that the amount of alcohol consumed depends on the setting and the company as some youth feel more comfortable drinking to pursue drunkenness with their peers as compared to drinking with family members. There are a few instances where youth consume alcohol in their own company though that practice is undesirable to many.

(iii) ***Alone***

There is an element of shame attached to lone drinking, it is viewed as unsatisfactory in that it misses the point of alcohol being used to aid peer bonding (Bendsten, 2013). Only a low 7% usually drank by themselves (Ameratunga, *et al.*, 2011), whereas Simbee (2012) found that 20.4% of the respondents were lone drinkers. A very low 1% of current drinkers did so alone in the preceding 12 months (WHO/UNDCP, 2003).

## **2.4.2 Locations of alcohol consumption**

Young people consume alcohol in a variety of contexts, including their own homes, homes of friends, bars, at school, in vehicles, outdoor settings such as parks, beaches

and sports arenas. Underage drinking also takes place at social events that peer groups attend, such as sports events, concerts and parties (Hanes, 2012; Windle, 2003). A range of places where alcohol consumption takes place are identified below.

**(i) Places of residence**

Most people learn to drink alcohol in their own homes (Seaman & Ikegwuonu, 2010a). Simbee's (2012) study validates this statement as the majority (39.0%) of the research subjects stated that they usually drank at home. Tumge (2009) indicates that the favourite place for alcohol consumption is home, then a public place, followed by a friend's home.

**(ii) Social occasions**

Alcohol is perceived as an appropriate drink at many social occasions such as birthday parties, braais, celebrating work and educational achievements, holidays, weekends, catching up with friends, or just sitting in front of television (Bendsten, 2013). This is fuelled by the fact that the production and consumption of alcohol are an integral part of the local culture in the southern Africa region in that it plays an important role in rites of passage such as marriage ceremonies as well as funerals (Ashley *et al.*, 2006).

Alcohol tends to be used at social gathering as a socialisation agent. Bendsten (2013) states that this beverage assists in socialising in that it creates an atmosphere of relaxation amongst its users. It is during these occasions that alcohol is consumed excessively as people intend to get drunk as opposed to having just a few drinks. All the youth respondents that participated in the WHO/UNDCP (2003) survey indicated that they also follow this practice of drinking alcohol during social occasions as they have had alcoholic beverages at religious events, parties, sports events and weddings. 94% of the subjects admitted to drinking alcohol at funerals. They also reported that most of the drinking takes place during weekends.

Young alcohol consumers are not solely responsible for their drinking during social occasions. Bonnie and O'Connell (2004) have noted that adults usually buy alcohol and provide it to underage drinkers at parties and events, sometimes with the consent or knowledge of their parents. Morojele *et al.* (2012) substantiate this by stating that children and adolescents whose parents/caregivers use alcohol and do not have a

negative attitude towards alcohol are more inclined than those who do not experience drug taking in their homes to also use alcohol and other drugs.

### ***(iii) Public places***

Exclusion of underage drinkers from bars, pubs and clubs could leave street or public drinking as the only opportunity for them to consume alcohol. The location of alcohol consumption outside formally monitored spaces could, however, leave them vulnerable to risks associated with alcohol consumption such as anti-social behaviour and criminal activities (Seaman & Ikegwuonu, 2010a).

This is echoed by Smuts (2009) where all of the participants responded that the youth who consume alcohol mostly go to illegal taverns to buy their alcohol and spend their evenings walking around the streets and drinking in parks or sports fields. Almost a third of the respondents in Simbee's (2012) study admitted to drinking alcohol in public places. These findings are, however, in contrast with the WHO/UNDCP (2003) survey results which showed that 2% and 10% of the youth in rural and urban areas, respectively drink in public places. In the same survey, a concerning 1% of the urban respondents were reported to have consumed alcohol while at school in the preceding 12 months.

## **2.5 YOUTH'S ATTITUDE TOWARDS ALCOHOL CONSUMPTION**

The hazardous use of alcohol is linked to serious social and health problems which are either intentional or non-intentional, such as road accidents, interpersonal conflicts, sexual violence, high risk sexual behaviours, economic problems and the development of alcohol use disorders (Freeman & Parry, 2006; Morojele & Ramsoomar, 2016; WHO, 2010).

Young people's perception of and attitude towards the consumption of alcohol could affect their drinking patterns. Mogotsi (2011) reports that students of both sexes who participated in her study were generally found to have poor knowledge about alcohol. The same group of respondents were, however, also aware that there is a problem with alcohol use and abuse amongst their peers. This resonates with Tshitangano and Tosin's (2016) results wherein most of the male (68%) and female (66%) learners were

aware that substance abuse is harmful to health. Some male (23%) and female (26%) learners did not know that substance abuse is dangerous to health and a few male (9%) and female (7%) students were unsure. This may explain the study's overall results which showed low prevalence of substance use amongst the participants. Chauke *et al.*'s (2015) study show that 15.2% of male and 13.9% of respondents in the tenth and eleventh grades were aware that alcohol can be addictive, while only 35% of the urban and 26% of the rural youth considered alcohol use to be risky in the WHO/UNDCP (2003) survey.

Despite the knowledge of the harmful effects of alcohol use, some drinkers still minimise or rationalise their use. In Seaman and Ikegwonu (2010a), binge drinking was justified by the belief that it was a temporary behaviour associated with the freedom of being young. So, the youth believed that their patterns of drinking did not pose a threat to their long-term health and wellbeing. This was the same attitude that the respondents in Tumge (2009) had, as about sixty one percent of them indicated that there was no risk associated with alcohol consumption even if it was drunk several times in a week. A different view is found in Leteka (2007), where despite the majority of the respondents indicating that drinking alcohol is a bad habit, more than half (57%) conformed to the belief that drinking alcohol poses no harm to them.

It is evident that young drinkers are aware of the consequences of alcohol consumption with regards to their health and wellbeing. Tumge (2009) reported that the majority (61.9%) of the youth perceive that consuming alcohol once or twice in a year is great risk. There are some young drinkers who are concerned about their drinking patterns. Of the current drinkers, 10.7% as reported by Ameratunga *et al.* (2011), said they were worried about their own drinking, with 12.3% having made an effort to cut down or give up drinking.

## **2.6 MOTIVE FOR ALCOHOL CONSUMPTION**

Excessive alcohol consumption is sometimes understood as a response to underlying factors such as financial and interpersonal problems (Dlamini & Makondo, 2017). It is to be noted that youth consume alcohol for a variety of reasons. Freeman and Parry (2006) posit that drinking is also influenced by factors such as genetics, social environment, culture, age, gender, accessibility, exposure and personality.

**(i) To have fun/ relax or get drunk**

Reasons given by the majority of the youth for their alcohol consumption was that they want to have fun, to relax and to get drunk (Freeman & Parry, 2006; Leteka, 2007; Osei-Bonsu *et al.*, 2017; Tumge, 2009). Significantly, more females than males drink to have fun. However, more males than females said they drink to relax, while there seems to be no difference in the proportions of males and females who drink to enjoy parties, to get drunk or because they were bored (Ameratunga *et al.*, 2011).

**(ii) Coping with stress**

One of the reasons for drinking alcohol is to cope with life stressors. Researchers such as Dlamini and Makondo (2017), Mudavanhu and Schenck (2014), Osei-Bonsu *et al.* (2017) and Patrick, Palen, Caldwell, Gleeson, Smith, and Wegner (2010) report that coping with stress is one of the most common motives given by most research respondents. Seaman and Ikegwuonu (2010a) however, found that rather than a coping mechanism, excessive but normative alcohol consumption allows integration into networks of peers and connection with others. This resonates with Patrick *et al.*'s (2010) findings where many adolescents were reported to use substances for the enhancement of social connections and to fit in with their peer groups. In this light, it can be deduced that youth drink alcohol for various reasons.

**(iii) Other reasons**

Other reasons for consumption mentioned by respondents in alcohol studies included appetite for food, boredom, imitation of role models, pressure from friends, religious occasions, permissive culture and sexual enhancement (Bendsten, 2013; Freeman & Parry, 2006; Osei-Bonsu *et al.*, 2017; Tumge, 2009). Other users point out that they use alcohol and other substances due to lack of self-esteem (Mudavanhu & Schenck, 2014; Patrick *et al.*, 2010).

Apart from personal reasons for alcohol consumption, there are societal practices that influence young people's use of alcohol. Bendsten (2013) points out that youth alcohol use is a practice which reflects social norms and consumption patterns in the society, and reflects drinking patterns in their family, community and country. Another explanation for the youth's excessive use of alcohol provided by Mogotsi (2011) is that

the cultural controls that used to regulate alcohol consumption have weakened, making way for a permissive culture for the use of alcohol. Bendsten (2013) echoes this view by stating that alcohol has become more obtainable, desirable and normalised. The author further states that this permissive culture around alcohol has been brought about by urbanisation, the commercialisation of the production and consumption of alcohol as well as opportunities and offers made to entice the youth, such as reduced prices.

Permissive culture is also confirmed by Chauke *et al.* (2015) where it was found that 8.8% of parents thought that alcohol use was not a problem for their children, whereas 12.5% respondents reported that their parents were not upset by their being in possession of alcohol. Some of the respondents in the same study consume alcohol as their parents are not aware of their activities due in part to poor communication between them and their parents.

## **2.7 CHAPTER SUMMARY**

This chapter has covered the literature on the prevalence, patterns and contexts of alcohol consumption amongst the youth. It focused on the difference of consumption between young male and female consumers. In addition, the type, frequency and source of the alcohol consumed were outlined with reference to previous studies on the topic. Young alcohol consumers' attitude towards their use were also covered. Insight into the reasons behind alcohol use by young people was also provided in this chapter.



# **CHAPTER THREE**

## **ALCOHOL HARM REDUCTION POLICIES AND STRATEGIES**

### **3.1 INTRODUCTION**

South Africa as with numerous other countries, is affected by problems related to alcohol and other drug abuse (WHO, 2014). As a member state of the World Health Organization, South Africa is required to develop and implement strategies to reduce alcohol consumption and its related harms (WHO, 2005a). To this effect, various intervention strategies have been put in place with the purpose of reducing the consumption of alcohol and its adverse consequences. These interventions include policies that operate at political and socioeconomic levels. Furthermore, these intervention strategies operate at the three levels of intervention: primary, secondary and tertiary prevention targeting various populations of the country (Roche, Kostadinov, Fischer & Nicholas, 2015).

South African alcohol and drug intervention policies are drafted in accordance with the Prevention and Treatment of Substance abuse Act 70 of 2008 as well as the National Drug Master Plan (NDMP). The Prevention and Treatment of Substance Abuse Act regulates the field of substance abuse, and is supported by other legislative frameworks and policies that address substance abuse (Fisher, Myers, Parry, Welch, Morojele & Bhana, 2007). The Act also outlines the responsibilities that the Department of Social Development has to undertake regarding substance abuse. One of those responsibilities is to develop and oversee the Central Drug Authority, which is in turn responsible for the oversight of NDMP implementation and evaluation. The NDMP operates at a national level and provides all sectors of government with guidelines on how to reduce the demand and supply of drugs. Various integrated strategies are therefore necessary for the NDMP to attain its main objective of a country free of substance abuse.

The two main purposes of alcohol harm reduction policies and strategies are to control the total volume of alcohol consumed in the country, and to change the alcohol consumption behaviour of certain groups of the population (Department of Treasury,

2014). Alcohol policies have been grouped into the following categories: policies that regulate the alcohol market; policies that support education, communication, training and public awareness; policies that support the reduction of harm in drinking and surrounding environments; policies that reduce drinking and driving; and policies that support interventions for individuals (WHO, 2011; National Youth Development Agency, 2012).

## **3.2 POLICIES THAT REGULATE THE ALCOHOL MARKET**

The South African alcohol industry is regulated by several pieces of legislation. These include the National Liquor Act (59 of 2003), which is responsible for the regulation of alcohol manufacturing distribution and advertising; the Liquor Products Act (60 of 1989) that is responsible for ensuring consumer protection by regulating the type of beverages that are produced and imported; and the Customs and Excise Act (91 of 1964), which is responsible for the classification of alcohol beverages for the purpose of excise duty (Department of Treasury, 2014). Interventions by alcohol regulatory policies are discussed next.

### **3.2.1 Minimum prices**

Changing the price of alcohol aims to have an effect on the total volume or type of liquor consumed (WHO, 2004a). Implementing a minimum price strategy aims to reduce alcohol access in terms of affordability, and to combat the affordability and access to illegal alcoholic beverages that do not make alcohol tax payment in accordance with the law. The National Treasury is tasked with exploring and implementing a minimum pricing strategy.

### **3.2.2 Regulating alcohol marketing**

According to the International Center for Alcohol Policies (ICAP) (2008), alcohol marketing plays an important role in youth alcohol consumption, therefore reducing its impact is essential in the reduction of alcohol harms. The Liquor Act (59 of 2003) regulates alcohol advertising and provides guidelines for such. Advertisement in the alcohol industry is also regulated by the Code of Commercial Communication of Alcohol Beverages, which aims to promote safe and responsible alcohol consumption patterns and behaviour (South African Yearbook, 2017). The Code of Commercial

Communication establishes standards for alcohol marketing. Their policy areas include but not limited to the following:

- Preventing underage appeal by not directing any commercial communication at persons under the age of 18 years
- Promoting responsible drinking by not portraying refusal, abstinence or moderate consumption in a negative light.
- Commercial communication should not suggest physical prowess, power, or strength as a result of consuming alcohol beverages.
- No commercial communication may claim that alcohol has curative qualities nor offer it expressly as a stimulant, sedative, or tranquiliser, or that alcohol has net health benefits.
- Models of commercial communication may not be posed in a position or stance that is overtly sexual in nature, or that alcohol is essential to business, academic, sporting or social issues.
- Promoters may not consume any alcohol while executing a promotion, and waitron promotions should not encourage irresponsible consumption of alcohol.
- All commercial communication, whether in visual, audio or digital form, must include a clearly visible responsibility message stating: 'Enjoy Responsibly. Not for Sale to Persons Under the Age of 18'.
- All alcohol beverage advertisements on television and radio must contain the message: "Enjoy Responsibly. Not for Sale to Persons Under the Age of 18".

The Code of Commercial Communication identifies the three main messages of responsible alcohol advertising:

- Don't drink and drive
- For people over the age of 18 only
- Pregnant women should not drink alcohol

### **3.2.3 Taxation excise duties on alcohol**

The South African government's approach to substance abuse includes tax and non-tax interventions. The government has, over the years, taken a decision of increasing alcohol tax. According to Anderson, Chisholm and Fuhr (2009), tax interventions are deemed to be effective in controlling alcohol use amongst young people and promoting

a safer society. The Customs and Excise Act (91 of 1964) provides a classification of alcohol beverages to be taxed.

In the 2018 budget allocation, it was announced that the excise tax on alcohol will be hiked as follows: malt beer by 15c per 340ml can, unfortified wine by 23c per 750ml bottle, fortified wine by 28c per 750ml bottle, sparkling wine by 3c per 750ml bottle, ciders and alcoholic fruit beverages by 15c per 340ml can, and spirits by R4.80 per 750ml bottle (Department of Treasury, 2018).

### **3.2.4 Minimum legal drinking age**

The set minimum legal drinking age of 18 years aims to discourage individuals below that age from drinking alcohol. The National Liquor Act (NLA) states that it is the onus of alcohol suppliers to verify the age of the persons to whom alcohol is supplied, any person who provides a minor with alcohol is in contravention of the Act. Penalties set out in the NLA are that any person who contravenes or fails to comply with the provision of the Act, if convicted, will be liable to a fine not exceeding R500 000 or to imprisonment for a period not exceeding one year. The NLA further states that the convicted person will, in addition be ordered by the court to forfeit any alcohol they have manufactured, distributed or sold to the state, and to have his or her alcohol destroyed at his or her cost.

### **3.2.5 Regulation of informal liquor sector**

The South African informal liquor sector includes alcohol outlets which operate without being licenced as well as individuals who manufacture non-commercial alcohol (Charman, Petersen & Piper, 2013). Although the formal sector is regulated, most consumption by disadvantaged groups takes place in the informal/illegal market, which is largely unregulated, and which makes it difficult to get accurate figures on overall alcohol consumption in the country (WHO, 2010). Charman *et al.* (2013) state that traditional home-made alcoholic beverages are embedded in the culture and recreation of local communities. These beverages, however, pose additional health consequences. Makhubele (2012) indicates that toxic substances such as brake fluid, battery acid and methylated spirits are added to some of these home-made alcoholic drinks.

Measures put in place to combat illegal trade of alcohol are found in the NLA, which provides that all provinces should have their own Liquor Acts. Under the provincial liquor Act, no person is allowed to distribute or sell liquor if they do not have a retail liquor license (Department of Trade and Industry, 2015). Individuals who wish to be alcohol retailers should apply for a liquor license in accordance with that provincial liquor Act. The application is to be submitted to the provincial liquor board which has been established in that province. To prohibit people from selling harmful concoctions, the NLA indicates that no person must manufacture, sell or supply as liquor any impotable (undrinkable) substance, add an impotable substance to liquor or sell or supply any liquor to which an impotable substance has been added.

### **3.3 POLICIES THAT SUPPORT THE REDUCTION OF HARM IN DRINKING AND SURROUNDING ENVIRONMENTS**

Alcohol availability is one of the factors that influences risky consumption (Stockwell & Gruenewald, 2004). Strategies to reduce alcohol availability are aimed at limiting the supply of alcohol at production, retail and serving points (WHO, 2011). Interventions and policies that reduce the physical availability of alcohol include restricting trading days or hours, reducing alcohol outlet density, and promoting responsible hospitality (Du Plessis, Young & Macleod, 2017).

#### **3.3.1 Restricting the trading hours of licensed premises**

Regulating the days and hours of alcohol sale is one of the strategies of limiting alcohol availability. Roche *et al.* (2015) posit that reducing alcohol sale days and hours can, in turn, reduce alcohol-related harms such as crime. Alcohol outlet operating hours as stipulated in the NLA are that a person or business shall operate according to the licence applied for. Places where people can purchase and drink alcohol on premises (on-consumption) are to operate between the hours of 10H00 and 02H00. Off-consumption premises are to operate between the hours of 08h00 and 20H00, on Monday to Saturday. The latter outlets must conduct business from 08H00 to 15H00 on Sundays and public holidays. Hotels should sell alcohol from 10H00 until 04H00.

#### **3.3.2 Restrictions on number and density of alcohol outlets**

This strategy focuses on places at which harmful alcohol consumption occurs such as residential or entertainment retail outlets. This strategy has the potential of changing

alcohol drinking behaviour. However, its effectiveness depends on the effectiveness of law enforcement. Regulating the number of alcohol outlets can also create other alcohol-free zones such as schools and places of worship (Department of Treasury, 2014).

Provisions outlined by the Department of Trade and Industry (2015) about the physical location of liquor outlets are that liquor premises be located at least five hundred meters (500m) away from schools, places of worship; recreation facilities, rehabilitation centres, places of residence and public institutions. Petrol stations will not be issued liquor licenses as well as premises attached to petrol service stations; premises near public transport; and areas which are 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. These provisions reduce the density of licensed liquor outlets.

### **3.3.3 Promoting responsible hospitality**

The hospitality industry stakeholders have a role to play in reducing alcohol-related harm since alcohol is also a big feature in their businesses. According to ICAP (2008), a drinking location is correlated to consumption patterns and consequences. As with other strategies, ensuring responsible drinking in the hospitality industry needs collaborative efforts with law enforcement, community involvement and education. The Department of Treasury (2014) suggests that all hospitality areas such as restaurants, clubs and pubs consider screening of at-risk patrons, have designated driver initiatives and report alcohol-related incidences. It further states that successful interventions in this industry include on-site health promotions, staff training and adhering to licensed trading hours. The NLA prohibits any hotel or guest accommodation facility which has been licensed to sell alcohol from providing alcohol to guests or visitors outside of the stipulated trading hours, provided the alcohol is from the pre-stocked bar facility and the drinkers are guests who are at the time of consumption occupying the private rooms.

### **3.4 POLICIES THAT SUPPORT EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS**

According to WHO (2011), South Africa has one of the highest per capita alcohol consumption at about 16.6 litres per annum per person. The NDMP places the responsibility of preventing substance abuse on all sectors of government. For any substance abuse intervention to be effective, it must have its roots in families, schools and communities. This also calls for commitment from both the Department of Social Development and Department of Education to reduce the appeal and availability of substances to young people. This must be done by promoting positive parenting, gender equality and conflict management (Department of Health, 2017). Such interventions are called population-level interventions, which are programmes that address the underlying socioeconomic and environmental factors that contribute to alcohol abuse. Population-level interventions mainly focus on the preventative nature of alcohol use and its consequences (Hawe & Potvin, 2009).

Population-level interventions are based on guidelines outlined in section 9 of the Prevention and Treatment of Substance Abuse Act (70 of 2008). As outlined in Martin (2010), prevention programmes should focus on family preservation for the people affected by substance abuse; development of appropriate parenting skills; educating the public and creating awareness on the dangers and consequences of substance abuse; engaging young people in sports, arts and recreational activities; peer education programmes; enabling parents and families to recognise the early warning signs and equipping them with information about appropriate responses and available services; empowering communities to understand and to be proactive in dealing with challenges related to substance abuse and its link to crime, HIV/ AIDS and other health conditions. These population-level interventions therefore target a variety of areas, including, but not limited to school settings, communities as well as the alcohol informal sector.

#### **3.4.1 School-based programmes**

Research shows that learners engage in risky alcohol consumption, thereby compromising their health, safety and education. School-based interventions focus on providing information to learners about alcohol and drugs and referring those who need treatment to appropriate service centres (Department of Health, 2017).

The United Nations Office on Drugs and Crime (UNODC, 2004) provides the following guidelines of school based alcohol and drug abuse programmes:

- Efforts must be made by both parents and teachers to learn about substances and their consequences so that they can be able to accurately convey the knowledge to young people.
- Information about the negative short term effects of substances at each stage of use (such as experimentation, social use, addiction and dependence) should be clearly relayed to young people.
- Parents must be included in intervention strategies as their relationship with their children constitute as risk or protective factors of alcohol and drug use. This is crucial in providing appropriate parenting skills, as well as increasing the success rate of the intervention
- Intervention strategies must include a referral component to encourage adolescents or someone on their behalf to seek assistance.

The Department of Basic Education has a responsibility of combating alcohol and drug use by providing education programmes about alcohol and drug use through the inclusion of substance use education into the Life Orientation curriculum. The National Strategy for the Prevention and Management of Alcohol and Drug use Among Learners in Schools is one of the interventions aimed at retaining learners at school and creating a safe learning environment. Its objectives include increasing learner knowledge, life skills and confidence so as to deter them from engaging in harmful alcohol and drug use; ensuring that schools are free from alcohol and drugs; and managing alcohol and drug use related problems amongst learners (Department of Basic Education, 2013).

Alcohol abuse is also a health concern. Policy Guidelines for Youth and Adolescent Health (2001) takes a health stance on substance abuse and the youth. These guidelines are aimed at responding to specific health-related problems amongst the youth. Substance abuse is one of the eight priority areas identified by the Youth and Adolescent Health Policy. Schools are therefore a facility to promote health education by incorporating substance abuse and its effects into the curriculum (Department of Health, 2001). School-based Interventions are implemented in preschool, primary and secondary school settings using age-appropriate programmes. These comprise of



classroom or extracurricular programmes life skills or behavioural programmes, and general health education programmes (Du Plessis *et al.*, 2017).

An example of a behavioural programme is the Ke Moja programme. The objective of this programme is mainly to take a preventive stance on substance abuse by educating learners about the scourge of substance abuse. Its focus is both on legal and illegal drugs as legal drugs such as tobacco and alcohol are socially acceptable, increasing their prevalent use. For the preschool and primary learners, Ke Moja coaches/facilitators make use of the POPPETS (Programmes of Primary Prevention Educating Through Stories) programme by imparting information to the youth about the impacts of substance abuse through the use of poppets (Department of Social Development, 2007).

Policy Framework for the Management of Drug Abuse by Learners in Schools and in Public Further Education and Training Institutions is aimed at providing support for learners who abuse substances as well as school staff members and other learners affected by substance abuse. This policy contributes to the prevention, management and treatment of substance abuse. It further emphasises that all schools in the country should be alcohol and drug-free zones. The policy also states provisions for drug testing. According to this policy, random drug testing is prohibited, and any testing should be done when there is suspicion that the child is a drug user (Department of Education, 2002). Though the Children's Act (38 of 2005) requires children addicted to a dependence-producing substance to receive treatment, the Department of Basic Education (2013) emphasises that the school has to ensure that the learner's education is not interrupted while he/she is being referred to relevant professionals.

### **3.4.2 Community based and awareness programmes**

Drinking can have adverse social effects on people and communities. Norman, Bradshaw and Schneider (2007) report that within the South African context, alcohol is the most prevalent drug at population level. It is the third biggest cause of death and disability, preceded only by sexually transmitted diseases and interpersonal violence, which are both influenced by alcohol drinking.

Education and persuasion of community members to change their alcohol consumption patterns is a significant intervention of reducing the socioeconomic problems associated with the use of alcohol (WHO, 2004a). Community education interventions are intended to impart information to drinkers and communities alike about harms associated with risky alcohol consumption and how to reduce the impacts of these harms. Community strategies comprise largely of awareness campaigns, media communication, and health promotion interventions. Illegal trade, problematic drinking and its impacts are the main focus of community intervention programmes (Department of Treasury, 2014).

Effective community interventions use a systematic approach which takes collaborative efforts by various sectors of the community such as police, social workers, educators, justice system, community leaders as well as community based organisations, amongst others (Department of Economic Development, 2011). Various police operations raiding illegal alcohol outlets and social workers' interventions through community work are examples of such collaborative efforts.

The Minister of Social Development is thus required, according to section 6 of the Prevention and Treatment of Substance Abuse Act (70 of 2008), to establish a programme which is aimed at the prevention of substance abuse; imparting information to the community on substance abuse; and education of youth people with regard to the abuse of substances (Martin,2010).

Some of the intervention strategies aimed at making communities aware of substance abuse and its psycho-socio-economic consequences include door to door campaigns conducted by NGOs as part of their work. Community campaigns include the International Day Against Drug Abuse and Illicit Trafficking observed on the 26<sup>th</sup> of June. There is also a Sobriety Week set aside to raise awareness amongst the general public, especially the youth, women and pregnant women about the negative impacts of alcohol abuse. Sobriety Week is a national campaign that incorporates the International Foetal Alcohol Syndrome (FAS) Day, observed annually on the 9<sup>th</sup> of September with the purpose of highlighting the irreversible damage caused to unborn babies when their mothers drink alcohol while pregnant (South African yearbook, 2017).

One strategy of reducing alcohol-related harm was implemented by the South African Liquor Industry, which established a Non-Profit Organisation known as Aware.org. Members of this organisation include liquor producers and manufacturers, distributors and traders. Aware.org aims to reduce the abuse of alcohol through collaborative efforts with other stakeholders involved in the field of alcohol abuse. This organisation also aims to raise awareness about the adverse consequences of irresponsible drinking through education and awareness programmes, undertake research that will help in reducing alcohol abuse, and to create a society that drinks responsibly (aware.org).

### **3.5 POLICIES THAT REDUCE DRINKING AND DRIVING**

Impaired driving as a result of alcohol consumption is a serious public health problem due to its contribution to the high prevalence of road traffic accidents. Drinking alcohol affects a person's judgement, coordination and overall control of sensory motors (WHO, 2010). WHO (2010) further asserts that South Africa ranks among the highest countries with the number of annual road fatalities, with about 15 000 deaths recorded per year.

Strategies that change driver behaviour are mainly aimed at discouraging drunk driving (Department of Treasury, 2014). Such interventions and policies, according to Du Plessis *et al.* (2017), include increased police patrols, sobriety checkpoints, awareness campaigns. In line with the National Road Safety Act (NRSA 93 of 1996), the Director-General has a responsibility of promoting road safety in the national sphere through various channels such as conducting research, and campaigns. NRSA campaigns such as Arrive Alive are conducted to educate drivers and the public about road safety.

#### **3.5.1 Lower blood alcohol concentration levels and random testing**

The National Road Safety Act (93 of 1996) has set a maximum authorised blood alcohol content (BAC) at 0.5 g/l. A lower limit is set at 0.2 g/l for professional drivers of public transport and heavy goods vehicles. The Act further prohibits persons who are under the influence of intoxicating liquor from driving a vehicle; or occupying the

driver's seat of a motor vehicle the engine of which is running on a public road, while they have the concentration of alcohol in their blood exceeding the set limit.

In addition to lower BAC levels, other regulatory measures put in place to reduce the prevalence of drunk driving include random breath and blood tests conducted by the police to monitor compliance with BAC limits, and applying appropriate sanctions for those over the BAC limit (Department of Treasury, 2014). The National Road Safety Act (93 of 1996) prohibits any person detained for allegedly driving under the influence from consuming any substance that contains alcohol during their detention, with the exception of the said substance being prescribed or administered by a medical practitioner.

### **3.5.2 Administrative license suspension**

Administrative strategies aimed at discouraging drunk driving are outlined in the NRSA as well as the Administrative Adjudication of Road Traffic Offences (AARTO) Act (46 of 1998). Any professional driver found guilty of contravening the provisions of the section of driving under the influence risks their driving permit being cancelled. A new Professional Driver Permit will not be issued to an applicant who has been convicted of, or who has paid an admission of guilt fine for driving under the influence of alcohol (NRSA). The points demerit system by the AARTO demands that any person who has committed an offence or an infringement, incurs the number of demerit points prescribed in the Act. Further punitive measures include suspension of the drivers' license for a certain period of time.

## **3.6 POLICIES THAT SUPPORT INTERVENTIONS FOR INDIVIDUALS**

### **3.6.1 Criminal offenders**

Crime, violence and alcohol have a reciprocal relationship with each other in that individuals who are involved with one can easily be involved with another (Roche *et al.*, 2015). There is a strong link between violence against women and children to alcohol abuse. A study by Parry, Plüddemann, Louw and Leggett (2004) showed that 20% of people arrested for rape were under the influence of alcohol when they committed the crime, while 49% of people arrested for family violence reported to have

been under the influence of alcohol when the incident occurred. It is therefore crucial that intervention strategies aimed at alcohol and crime overlap.

Statutory intervention is for individuals who are in conflict with the law due to committing drug-related crimes. These offenders choose alternative sentencing instead of being imprisoned. Whether a person is awarded statutory intervention is entirely at the discretion of the presiding magistrate as South Africa does not have a formal Drug Court. State treatment centres are mostly used for this kind of service users. The country however lacks intervention strategies for people who have already been incarcerated as they are provided little if any treatment services. Offenders are not sentenced to participate in diversion programmes, they are, however, given a choice to partake in these programmes. If they agree, but not comply, the court is within its rights to continue with the legal process. The Department of Justice oversees the diversion intervention. However, these programmes are regulated by the Department of Social Development. Diversion programmes are particularly more appropriate for young offenders (Fisher *et al.*, 2007).

### **3.6.2 At-risk minors**

High alcohol consumption is a serious concern amongst South African youth (Moodley, Matjila & Moosa, 2012). The Children's Act (38 of 2005) identifies a child who is in need of care and protection as one who is without support as a result of being addicted to a dependence-producing substance. The Act further stipulates that such a child should receive treatment for that addiction. Minors who are in conflict with the law and have a substance use problem are dealt with in accordance with the Child Justice Act (75 of 2008). The Act's main objective is to keep young offenders out of the formal prison system by redirecting them into diversion programmes, which are inclusive of substance abuse treatment programmes.

### **3.6.3 Pregnant women**

South Africa has one of the highest rates of children born with Foetal Alcohol Syndrome (FAS) (Viljoen, Graig, Hymbaugh, Boyle & Blountet, 2003). Health guidelines indicate that there is no safe level of alcohol consumption during pregnancy. Maternal prenatal alcohol use can have severe impacts on the health and wellbeing of both the mother and the child. Moreover, such impacts on the child can be severe

and permanent, resulting in a lifetime of disability. The Department of Health, through its maternal health programme, educates pregnant mothers on the harms of consuming alcohol during pregnancy (Department of Health, 2007).

### **3.6.4 Healthcare interventions**

Healthcare interventions are aimed at individuals and families who are at risk of alcohol-use disorders. This population includes people with comorbidity disorders - having both mental health and substance abuse problems. Interventions are targeted at people who have been diagnosed with depression, HIV/AIDS, tuberculosis and suicide risk individuals (WHO, 2004b).

### **3.6.5 Employees**

Smook Ubbink, Ryke and Strydom (2014) report that there is an increase in hazardous substance use among South African workers. This behaviour by workers results in absenteeism, theft as well as other criminal activities, which in turn result in significant costs to the employers. Interventions at the workplace are aimed at reducing the risk of workplace injury due to alcohol and drug use (Smook *et al.*, 2014).

South Africa has enacted numerous Acts to that effect, indicating both employer and employee responsibilities. In accordance with the Occupational Health and Safety Act (85 of 1993), employers are to refuse any employee who is under the influence, access to the workplace as alcohol poses an occupational hazard and jeopardises work safety. On the subject of work safety, the Compensation for Occupational Injuries and Diseases Act (130 of 1993) indicates that employers are to maintain an alcohol- and substance-free workplace, and no compensation for damages and accidents shall be claimed by an employee as a result of their own substance intoxication. Some strategies that employers can use to reduce alcohol harm at work are stipulated in the Employment Equity Act (55 of 1998), which allows for testing for substances at the workplace in order to minimise substance-related accidents. However, the Labour Relations Act (66 of 1995) makes it clear that no employee shall be dismissed as a result of being incapacitated or experiencing ill-health caused by their substance-dependency without considering appropriate rehabilitation steps.

The Employee Assistance Programme (EAP) is an intervention strategy for the prevention and treatment of alcohol use in the workplace. The EAPA-SA (2015) indicates that this programme seeks to assist employees who are experiencing behavioural and emotional difficulties - including substance abuse, therefore enhancing the work environment and improving employees' work performance. The EAP as well as other strategies of reducing alcohol harm are implemented by following the levels of interventions.

### **3.7 LEVELS OF INTERVENTION**

The Prevention of and Treatment for Substance Abuse Act (70 of 2008) responds to substance abuse by focusing on demand and harm reduction by implementing prevention, early treatment and reintegration programmes. This Act also provides guidelines for the registration and establishment of treatment centres and halfway houses, and allows for the development of norms and standards that regulate both in- and out-patient treatment of individuals with substance abuse problems (Department of Basic education, 2013). The levels of intervention may be in the form of brief intervention, psychological, psychosocial, electronic, medical and health promotion interventions (Du Plessis *et al.*, 2017). In line with the National Drug Master Plan, prevention programmes can be divided into primary, secondary and tertiary levels of intervention.

#### **3.7.1 Primary prevention**

Primary interventions are targeted at the whole population. The focus of primary interventions is not the level of vulnerability of individuals to risky alcohol consumption and harms associated with alcohol (Roche *et al.*, 2015). This type of intervention is most appropriate for young people who have not yet experimented with drugs or alcohol (UNODC, 2004). Primary interventions encompass all activities that prevent the use of substances and delay the onset of use. It is also appropriate for occasional users who do not show signs of problematic use of substances. Primary interventions are certainly not appropriate for people who have substance abuse related problems such as driving under the influence and family problems (Fisher *et al.*, 2007). A programme such as “Ke moja I’m fine without drugs” focuses mainly on primary prevention, attempting to reduce the supply, and prevent the onset use, of drugs. This

programme also promotes the well-being of people by supporting them in making pro-health decisions (Department of Social Development, 2007).

### **3.7.2 Secondary prevention (early intervention)**

Secondary prevention strategies are appropriate for individuals who are at an early stage of problematic use of substances. The target group is people who are not yet addicted to substances of abuse and at risk-youth who are involved in criminal activities (Department of Social Development, 2007). These individuals, however, do not require formal treatment as yet. Early interventions are usually inclusive of brief counselling sessions that are aimed at eliminating the problematic use of substances. These interventions help to detect problematic use and prevent the onset of more serious problems. People who are targeted for secondary prevention include those found in possession of drugs, people driving under the influence of substances, every person who is using substances at risky levels, persons who are displaying some problems related to their substance use such as those who present at trauma units with alcohol or drug-related injuries as well as binge drinkers (Fisher *et al.*, 2007).

### **3.7.3 Tertiary prevention (treatment and rehabilitation)**

The Minister of Social Development should, as stipulated in the Prevention of and Treatment for Substance Abuse Act, establish at least one public treatment centre in each province for the reception, treatment, rehabilitation and skills development of users (Martin, 2010). The Act also requires the Minister to provide funding to service providers in the field of substance abuse. The Act stipulates that all service providers involved in the provision of treatment to addicted persons need to register with the Department of Social Development. The said service providers must comply with the norms and standards of treatment such as appropriate training and ability to provide aftercare. To this effect, various state and non-state treatment facilities have been established to provide treatment and support services to substance abusers and their loved ones.

Tertiary interventions are targeted at individuals who drink alcohol or use drugs at harmful levels, who also experience high levels of substance-related harm (Roche *et al.*, 2015). Treatment is provided to persons with substance use disorders and their families. It encompasses the provision of medical, social and psychiatric services in



order to cease the progression of substance use disorders. Treatment mainly focuses on reducing or reversing the negative consequences of substance abuse and prevention of further health and social harms (Fisher *et al.*, 2007).

**(i) Aftercare and reintegration services**

Continued care is essential for individuals who enter treatment. The recovery process continues long after the formal treatment process of detoxification and psychosocial therapy. Aftercare, support and reintegration are crucial in the maintenance of sobriety. Aftercare services are aimed at providing service users with additional tools that assist them to maintain their sobriety gained through treatment, relapse prevention, and rebuilding their lives and re-integrating into society (Fisher *et al.*, 2007). Section 30 of the Prevention of and Treatment for Substance Abuse Act provides that the Minister of Social Development must prescribe aftercare and reintegration services aimed at the successful reintegration of a service user into society, the workforce, the family and community.

Support for service users also comes in a way of support group meetings. These support groups are provided for in Section 31 of the Prevention of and Treatment for Substance Abuse Act, which allows service users and persons affected by substance abuse to establish support groups that focus on ongoing support to service users in their recovery. The purpose of these support groups is to provide a safe and substance-free group experience to allow space to practise socialisation skills; and to allow for the broadening of support for service users (Martin 2010).

### **3.8 CHAPTER SUMMARY**

Various intervention strategies have been drafted and implemented by the South African government as a response to the adverse consequences of alcohol abuse. Some of those policies have been discussed in this chapter. The three levels of intervention at which these strategies are applied have also been outlined.

# CHAPTER FOUR

## DATA PRESENTATION, ANALYSIS AND INTERPRETATION

### 4.1 INTRODUCTION

This chapter is dedicated to the analysis of data collected through the survey and the focus group discussion. Quantitative data will be presented first. This will be followed by the presentation, analysis and interpretation of data from the qualitative part of the study. Both types of data were collected from grade 11 Musina High School learners. Findings of both quantitative and qualitative parts of the study are merged in the discussion section of the chapter. Divergence emanating from the survey and focus group discussion is also outlined in this chapter.

### 4.2 QUANTITATIVE DATA PRESENTATION

Quantitative data was collected by conducting a survey. A total of 120 questionnaires were distributed and 116 were completed. Data was collected from 116 grade 11 students. Below is their biographical data.

#### 4.2.1 Demographic information

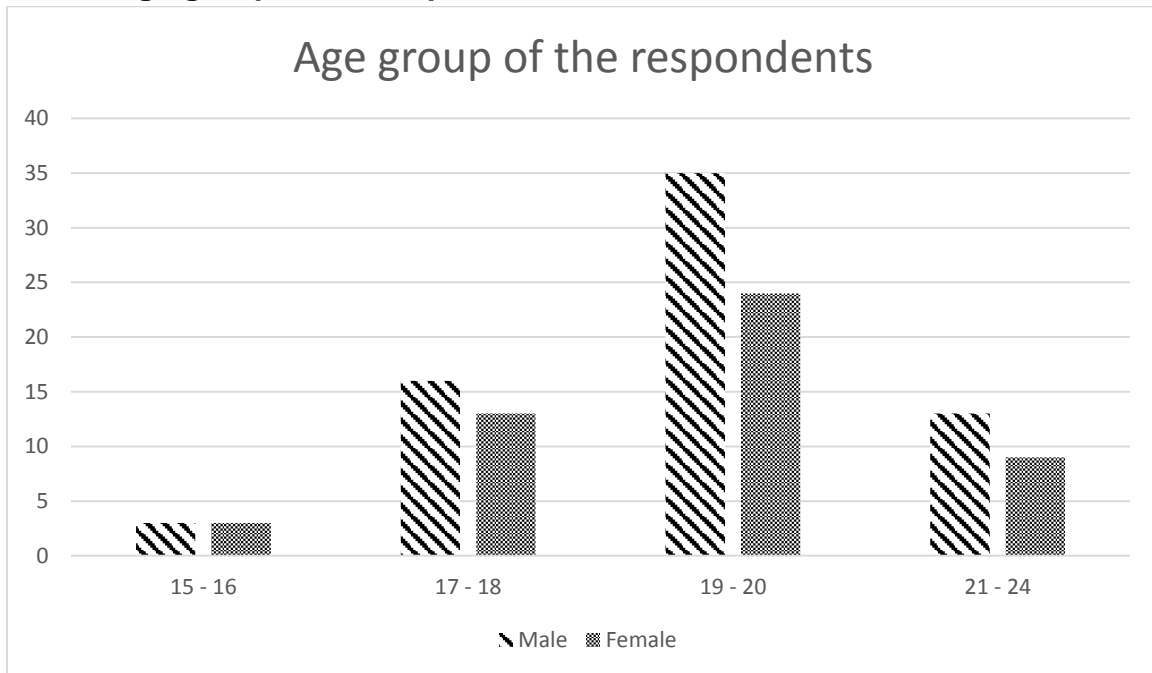
##### 4.2.2.1 Gender distribution of the respondents

*Table 1: Gender of the respondents*

		Percentage
Male	67	57.8
Female	49	42.2
Total	116	100

Table 1 shows that the sample was predominantly male with 57.8% (n=67) of the respondents representing the male gender. Females comprised 42.2 % (n=49) of the sample. All respondents were grade 11 learners.

#### 4.2.2.2 Age group of the respondents



*Figure 2: Age group of the respondents*

The current study was targeted at youth of ages ranging from 14 to 22 years. Most respondents at 51% (n=59) were in the age group 19-20 years. The second latest group was the 17-18 years, which comprised 25% (n=29) of the respondents. The 21-22 years age group was represented by 19% (n=22) of the learners who participated in the survey. The 15-16 years age group comprised the least number of respondents which was 5% (n=6).

### 4.2.2.3 Gender distribution of drinkers and non-drinkers

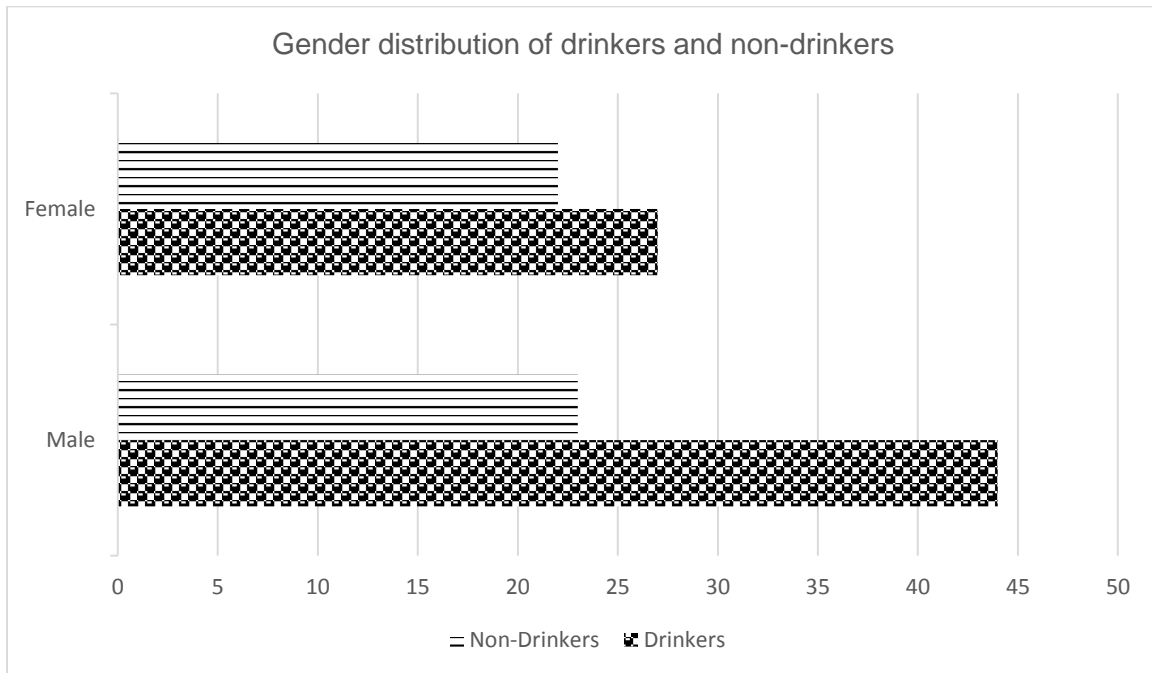


Figure 3: Drinkers and non-drinkers as per gender

Of the 116 respondents, 61.2% (n=71) reported to be alcohol drinkers, with 44 of them being male and 27 female. The male drinkers represented 62% of the 71 respondents, while the female drinkers represented 38% of the learners who reported to be current drinkers. Of the 116 respondents, 20% (n=23) male learners were non-drinkers, while 18.9% (n=22) of their female counterparts were non-drinkers.

#### 4.2.3.4 Persons responsible for disciplining the respondents

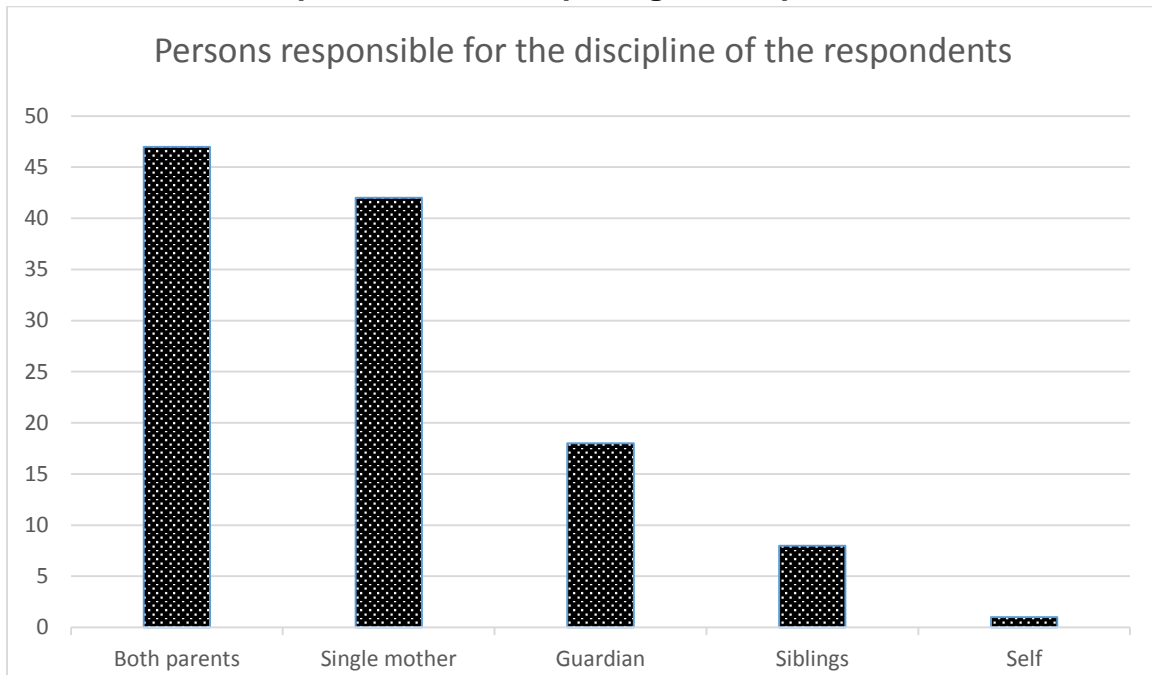


Figure 4: Persons responsible for the discipline of the respondents

Living conditions of the respondents were assessed in terms of who is the disciplinarian in the family. The survey indicated that most respondents at 40.5% (n=47) lived with both parents. 36.2% (n=42) indicated that their single mothers were the disciplinarians in their homes. 15.5% (n=18) were wards who lived with their guardians, while 6.9% (n=8) were living under the supervision of their older siblings. Only 1 person (0.9%) indicated that they lived alone.

## 4.2.2 Alcohol accessibility and availability



*Figure 5: Alcohol accessibility*

Both drinkers and non-drinkers were asked to indicate how easy or difficult it is for people to obtain alcohol in their area. The data shows that 56% (n=65) indicated that alcohol was easily obtainable, 29.3% (n=34) said that having access to alcohol was difficult while 14.7% (n=17) did not know whether it was easy or difficult to obtain alcohol in their area.

#### 4.2.2.1 Distance between alcohol outlet and place of residence



Figure 6: Distance between alcohol outlets and places of residence

The respondents were further asked to indicate the distance between their place of residence and places where alcohol is obtained. Of the 116 learners who participated in the survey, 38% (n=44) indicated that alcohol outlets were situated about a kilometre from their homes. 2-3 kilometres was the distance between the homes of 22% (n=25) of the respondents and alcohol outlets. 16% (n=19) indicated that there was a distance of about 4 to 5 kilometres between alcohol outlets and their homes, while 24%(n=28) showed that alcohol outlets are found about 6 kilometres from their places of residence.

#### 4.2.2.2 Access to liquor by children

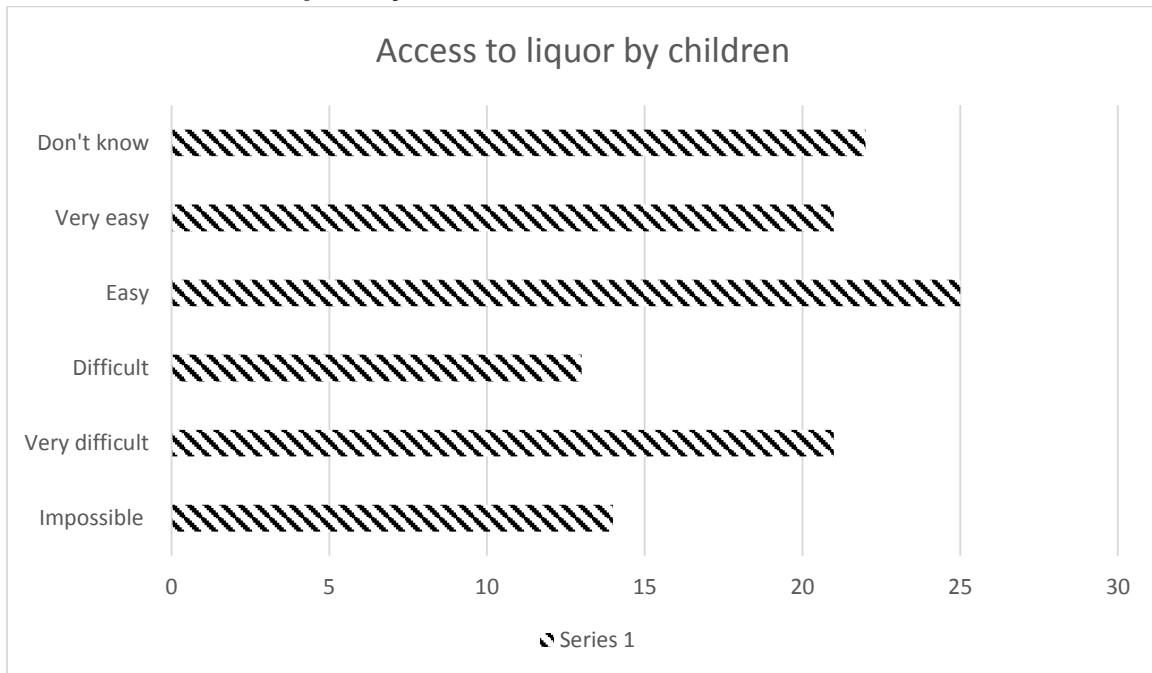


Figure 7: Access to liquor by children

The respondents were asked to indicate how easy or difficult it is for persons under the age of 18 years to access alcohol from outlets such as clubs, taverns and other liquor merchants. 12.1 % (n=14) showed that it was impossible for minors to obtain alcohol from liquor outlets. 29.3% (n=34) said it was difficult for people under the age of 18 years to get alcohol from merchants. 39.7% (n=46) of the respondents indicated that it was easy for children to get alcohol from liquor outlets, while 18.9% (n=22) indicated that they did not know how easy or difficult it was for minors to have access to alcohol in various outlets.



### 4.2.2.3 Alcohol financiers

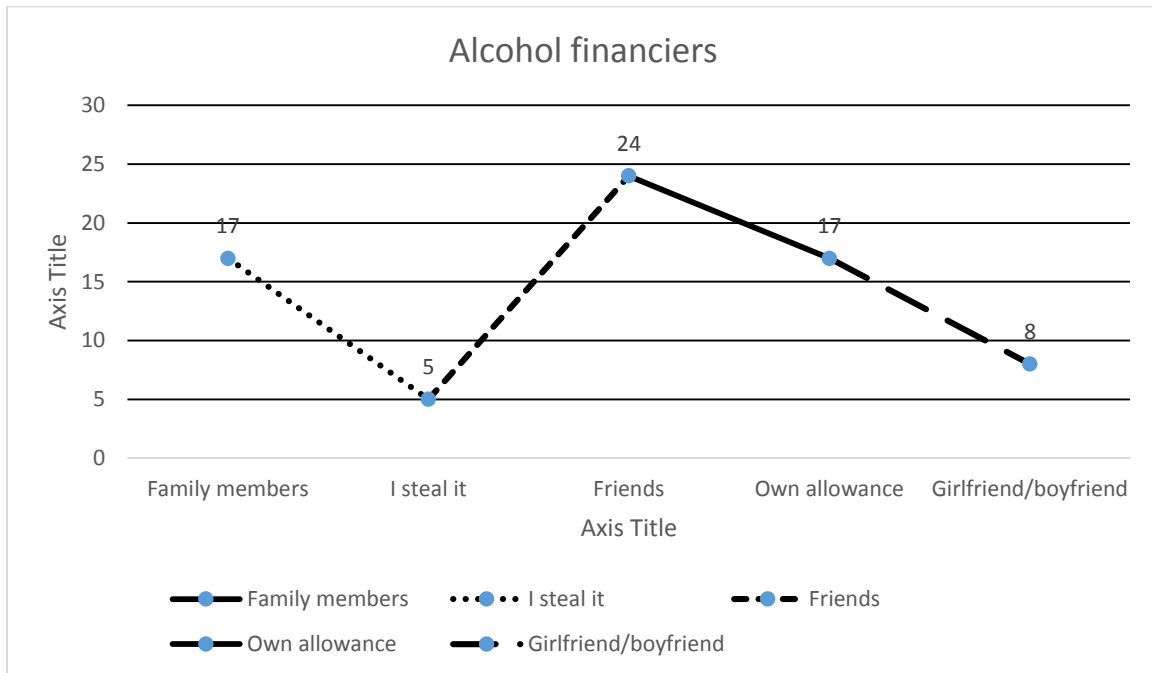


Figure 8: Source of money to acquire alcohol

Current drinkers were asked about their source of money to acquire alcohol. Family members were named as the people from whom 24% (n=17) of the current drinkers get the money to purchase alcohol. The same number (24% n=17) of respondents buy alcohol using their own allowance. 7% (n=5) obtain money through theft. Friends were named by 33.8% (n=24) of the respondents as sources of money for their alcohol acquisition, with 11.2 % (n=8) getting the money from their partners, being their girlfriends/boyfriends.

#### 4.2.2.4 Relationship between monthly financial access and alcohol consumption per session

Table 2: Relationship between monthly financial access and alcohol consumption per session

	<b>R0</b>	<b>R1-R99</b>	<b>R100- R299</b>	<b>R300- R499</b>	<b>R600</b>	<b>R1000</b>
<b>1-2 drinks</b>	09	02	10	09	02	01
<b>3-4 drinks</b>	-	02	03	04	02	-
<b>5-7 drinks</b>	04	03	01	04	03	01
<b>8-11 drinks</b>	01	-	01	02	01	-
<b>12+ drinks</b>	02	02	01	01	-	-
<b>Total</b>	16(22.5%)	9(12.7%)	16(22.5%)	20(28.2%)	8(11.3%)	2(2.8%)

A comparison between the amount of money that current drinkers are in control of on a monthly basis and the amount of alcohol they consume per session was made.

- **R0 per month**

The respondents in this category amounted to 22.5% (n=16) of the 71 who are current drinkers. 9 of them drank 1 or 2 drinks per session. 4 of the respondents drank 5-7 drinks in one sitting. One person showed that they consumed 8-11 drinks a session, with 2 consuming 12 or more drinks in one drinking session.

- **R1-R99 per month**

Those who belonged to this category represented 12.7% (n=9) of the 71 current drinkers. 2 people stated that they consume 1-2 alcoholic drinks per session. The same number (2) indicated that they would have 3-4 drinks in one drinking occasion. 3 of the respondents consumed 5-7 drinks, while 2 consumed 12 or more drinks in a session.

- **R100-R299**

This category was represented by 22.5% (n=16) of the current drinkers. 10 respondents would have 1- 2 drinks a session. 3 people indicated that they consume

3-4 drinks per session. The 5-7, 8-11, and 12 or more drinks per session ranges were each represented by 1 learner.

- ***R300-R499***

The majority of the respondents at 28.2% (n=20) belonged to this category. Of the 20 learners who received about R300 to R499 per month, 9 of them indicated that they would consume 1-2 drinks in a session. The 3-4 and 5-7 drinks per session ranges were represented by 4 respondents each. The table shows that 2 drinkers indicated to consume 8-11 drinks in one drinking session, with one person saying that their consumption amounts to 12 or more drinks in a session.

- ***R600 per month***

11.3% (n=8) specified that they receive R600.00 per month. The 1-2 and 5-4 drinks per session ranges were represented by 2 respondents each. 3 learners indicated that their consumption of alcohol per session amounts to 5-7 drinks, with only one person indicating that they consume 8-11 drinks in a session.

- ***R1000 per month***

2.8% (n=2) of the respondents specified that they receive R1000.00 per month. The table shows that one person indicated that they consume 1-2 drinks in a session, with the other one indicating that their alcohol consumption per session amounts to 5-7 drinks.

### **4.2.3 Alcohol use prevalence**

The initiation of alcohol use was assessed by finding out the age of first alcohol use by the 71 respondents who reported to be using alcohol. The data is presented by comparing the male and female responses so as to show patterns between male and female alcohol users.

#### 4.2.3.1 Alcohol use initiation

##### 4.2.3.1.1 Age of first alcohol use

Table 3: Age of first alcohol use

Age	Male respondents	%	Female respondents	%	Total	%
10 years old or less	1	2.3	-	-	1	1.4
11 – 12 years old	3	6.8	-	-	3	4.2
13 – 14 years old	6	13.6	1	3.7	7	9.9
15 – 16 years old	9	20.5	7	25.9	16	22.5
17 years or older	18	40.9	14	51.9	32	45.0
Can't remember	7	15.9	5	18.5	12	17.0
Total	44	100	27	100	71	100

Of the 44 male respondents, only 2.3% (n=1) began drinking alcohol when they were younger than 10 years old. 6.8 % (n=3) learners indicated that their alcohol debut was between the ages of 11 and 12 years old. 13.6% (n=6) started using alcohol when they were between the ages of 13 and 14. 15-16 years was the age of initiation for 20.5% (n=9) of the respondents. 40.9% (n=18) of the respondents had their alcohol debut at the age of 17 years or older, with 15.9% (n=7) not remembering when they had their first alcoholic beverage.

27 female respondents reported to be alcohol users. 3.7% (n=1) started consuming alcohol between the ages of 13 and 14 years. 25.9% (n=7) began using alcohol when they were between the ages of 15 and 16. The majority, 51.9% (n=14) of the female respondents had their alcohol debut when they were 17 years or older, with 18.5% (n=5) stating that they could not remember the age at which they had their first alcoholic drink.

The data regarding age of initiation shows that of all the 71 drinkers, 1.4% (n=1) had their first alcoholic drink when they were 10 years or younger. 4.2% (n=3) had their first alcoholic beverage when they were between the ages of 11 and 12 years. 9.9%

(n=7) of the respondents were between the ages of 13 and 14 when they first consumed alcohol. 22.5% (n=16) had their alcohol debut when they were between the ages of 15 and 16. Most of the learners, at 45% (n=32) were 17 years or older, with 17% (n=12) indicating that they could not remember the age at which they first consumed alcohol.

#### 4.2.3.1.2 Initial alcohol supplier

Table 4: Initial alcohol supplier

Supplier	Males	%	Females	%	Total	%
Family member	2	4.5	1	3.7	3	4.2
Classmates	-	-	1	3.7	1	1.4
Friends	27	61.4	18	66.7	45	63.4
Shebeen/ tavern owner	-	-	1	3.7	1	1.4
Traditional healer	2	4.5	1	3.7	3	4.2
Self	13	29.6	5	18.5	18	25.4
Total	44	100	27	100	71	100

Data presented here is in relation to who introduced the respondents to alcohol consumption. 4.5% (n=2) of the male respondents got their first alcoholic drink from their family members. The majority, at 61.4% (n=27), were given their first drink by their friends. Traditional healers introduced 4.5% (n=2) of the learners to alcohol consumption, while 29.6% (n=13) had their first alcoholic drink by themselves.

One (3.7%) of the female learners was introduced to alcohol drinking by a family member. 3.7 % (n=1) got their first drink from a classmate. Most, at 66.7% (n=18), were introduced to drinking by their friends. 3.7 % (n=1) was introduced to alcohol consumption by a shebeen owner, with the same number (3.7%) of respondents getting their first drink from traditional healers. 18.5% (n=5) got their first alcoholic beverage themselves.

This data shows that of the 71 learners who reported to be drinkers, 4.3% (n=3) were introduced to alcohol consumption by their family members. 1.4% (n=1) got their first

alcoholic drink from their classmates. Friends introduced 63.4% (n=45) of the respondents to alcohol drinking. One learner (1.4%) was introduced to alcohol consumption by a shebeen owner. 4.2% (n=3) got their first alcoholic drink from traditional healers, with 25.4% (n=18) getting their first drink themselves.

#### 4.2.3.2 Type of alcohol preferred by the youth

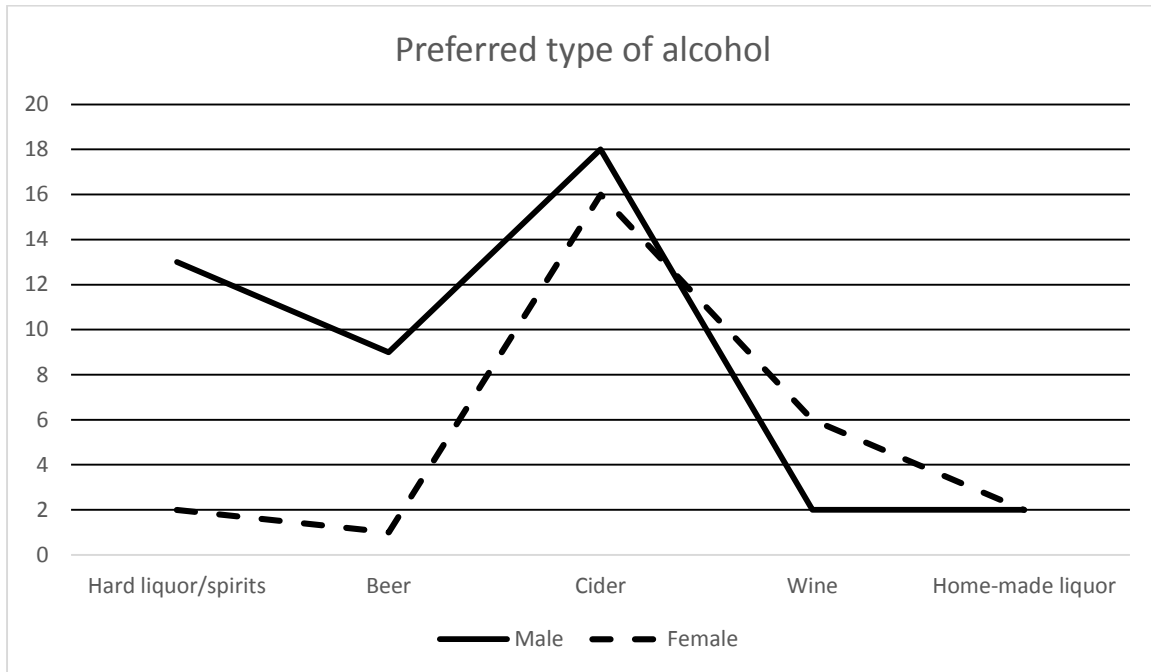


Figure 9: Type of alcohol preferred by the youth

Data shows that 29.6% (n=13) of the male respondents preferred to drink hard liquor/spirits. Beer was a drink of choice for 20.5% (n=9) of the male learners. Cider was a favourite for 40.9% (n=18) of the male alcohol consumers. 4.5% (n=2) indicated that wine was their drink of choice, with the same number (4.5%) of male learners indicating that their preferred drink was home-made liquor.

7.4% (n= 2) of the female alcohol users preferred to drink hard liquor/spirits. Beer was a drink of choice for 3.7% (n=1). Cider was a preferred drink for 59.3% (n=16) of the female learners. 22.2 % (n=6) indicated that wine was their drink of choice, with 7.4% (n=2) indicating that they preferred to drink home-made liquor.

The data presented show that 21.1% (n=15) of the 71 alcohol users prefer to drink hard liquor /spirits. 14.45 (n=10) indicated that beer was their drink of choice. Cider is the most preferred with 47.9% (n=34) stating that this drink was their favourite. 11.3%

(n=8) learners' drink of choice was wine, with 5.6% (n=4) preferring to consume home-made liquor.

#### 4.2.3.3 Time of day when youth mostly drink alcohol

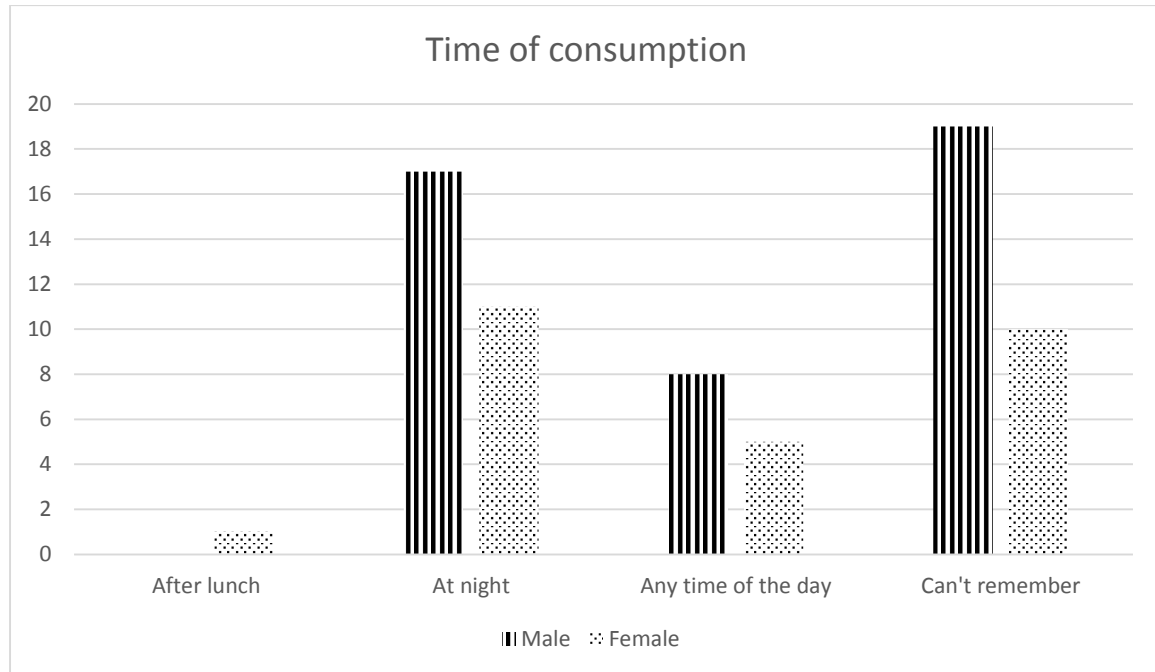


Figure 10: Time of day when youth mostly drink alcohol

38.6% (n=17) of the male alcohol users drink at night. 18.2% (n=8) have their drinking sessions at any time of the day, with 43.2% (n=19) indicating that they could not remember the time of day that they mostly have their drinking sessions.

It was reported by 4% (n=1) of the female learners that they mostly drink during the day after lunch. The majority, at 41% (n=11), reported that they mostly have their drinking sessions at night. 18% (n=5) consume alcohol at any time of the day, with 37% (n=10) not recalling what time of day they have their drinking sessions.

1.4% (n=1) of the 71 alcohol users drink during the day. The majority of the learners, at 39.4% (n=28), have their drinking sessions at night. 18.3% (n=13) drink at any time of the day, with 40.9% (n=29) indicating that they could not remember the time of day that they had their drinking sessions.

#### 4.2.3.4 Amount of alcohol consumed in one drinking session

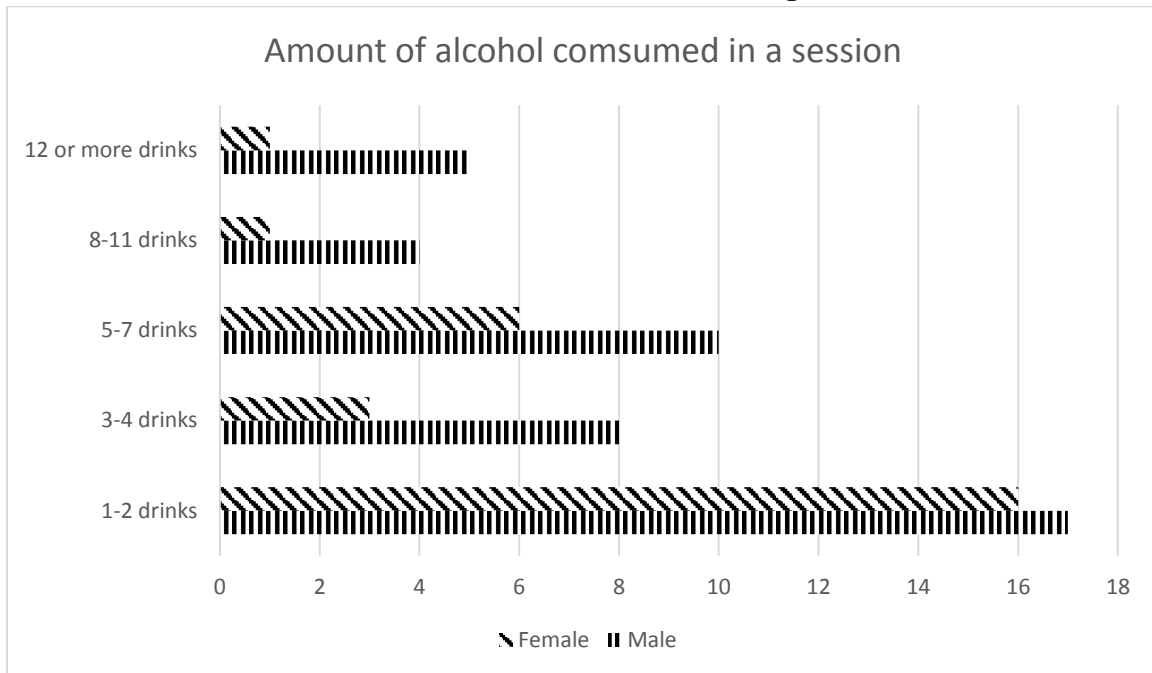


Figure 11: Amount of alcohol consumed in one drinking session

Of the 44 male alcohol users, 38.6% (n=17) consume 1-2 drinks in a session. 18.2% (n=8) consume 3-4 drinks per session. 22.7% (n=10) reported a consumption of 5-7 drinks in one sitting. A consumption of 8-11 drinks in one session was reported by 9.1% (n=4), with 11.4% (n=5) consuming 12 or more drinks in one occasion.

The majority of the 27 female alcohol users, at 59.3% (n=16), consume 1-2 drinks per session. 11.1% (n=3) have 3-4 drinks in a session. A consumption of 5-7 drinks in one session was reported by 22.2% (n=6) of the female learners. 3.7% (n=1) consume 8-11 drinks per session, with the same number (3.7%) of the respondents reporting a consumption of 12 or more drinks in one session.

46.3% (n=33) of the total alcohol users consume 1-2 drinks in a drinking session. 15.5% (n=11) consume between 3 and 4 drinks in one sitting. 22.5% (n=16) have between 5 and 7 drinks per session. A consumption of 8-11 drinks a session was reported by 7% (n=5), with 8.5% (n=6) indicating that they consume 12 drinks or more in a session.



#### 4.2.3.5 Frequency of alcohol consumption



Figure 12: Frequency of alcohol consumption

The prevalence of alcohol use was also assessed by the frequency at which youth consume alcohol. 9% (n=4) of the male alcohol users drank alcohol on a daily or almost daily basis. 2.3% (n=1) consume liquor 3-4 days a week. 20.5% (n=9) drink alcohol 1-2 days a week. 11.4% (n=5) reported to drink 2-3 days a month, with the majority 56.8% (n=25) consuming alcohol once in a month.

3.7% (n=1) of the female drinkers consumed alcohol almost on a daily basis. The same number (3.7%) reported to be consuming alcohol 2-4 days a week. 29.6% (n=8) of the female alcohol users drink alcohol 1-2 days a week. One person (3.7%) indicated that they consume alcohol 2-3 days a month, with the majority of the users at 59.3% (n=16), consuming alcohol once a month.

7% (n=5) of all the alcohol users drink almost daily. 2.8% (n=2) consume alcohol 3-4 days a week. 23.9% (n=17) drink alcohol 1-2 days a week. It was reported by 8.5% (n=6) of the users that they drink 2-3 days a month, with the majority at 57.8% (n=41) consuming alcohol once a month.

#### 4.2.3.6 Number of times of drunkenness

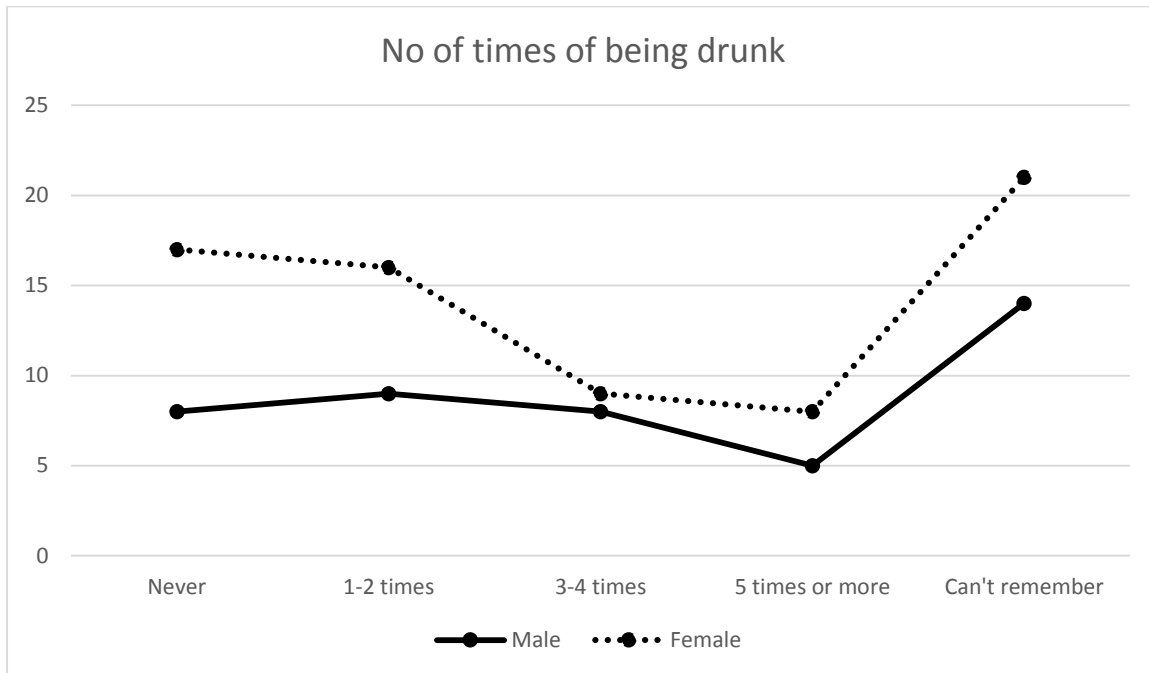


Figure 13: Number of times of being drunk

To have a clear picture of the prevalence of alcohol use, the respondents were asked about the number of times they have ever been drunk. 18.2% (n=8) of the male alcohol users reported to have never been drunk. 20.5% (n=9) have been drunk 1 or 2 times. 18.2% (n=8) reported to have been drunk on 3-4 occasions. 11.3% (n=5) have been drunk on 5 or more occasions, with the majority at 31.8% (n=14) not remembering the number of occasions on which they have been drunk.

33.3% (n=9) of the female users have never been drunk. 22.5% (n=16) have been drunk on 1 or 2 occasions. One respondent (3.7%) has been drunk 3-4 times. 11.1% (n=3) of the female learners have been drunk on 5 or more occasions, with the majority at 26% (n=7) indicating that they could not recall the number of times they have been drunk.

Of the 71 alcohol users, 23.9% (n=17) had never consumed alcohol until they were in a drunk state. 22.5% (n=16) have been drunk 1 or 2 times. 12.7% (n=9) of the users reported to have been drunk on 3-4 occasions. 11.3% (n=8) have been drunk 5 or more times, with the majority, at 29.6% (n=21) indicating that they could not remember the number of times they have been drunk.

## 4.2.4 CONTEXT WITHIN WHICH YOUTH CONSUME ALCOHOL

### 4.2.4.1 Place of consumption



Figure 14: Place of consumption

The data in this section is also presented by showing the responses of both male and female users so as to show the drinking patterns between the two gender variables. 13.6% (n=6) of the male alcohol users indicated that they prefer to drink at their places of residence or that of a family member. 6.8% (n=3) consume alcohol at their friend's home. Places where alcohol is obtained such as shebeens, clubs and pubs were named by 27.3% (n=12) of the learners as locations for their alcohol consumption. Social gatherings such as parties, braai, weddings and other events were reported to be places of alcohol consumption by the majority 52.3 % (n=23) of the male users.

14.8 % (n=4) of the female users indicated that they consume alcohol at their own places of residence or that of a family member. 14.8 (n=4) drink at a friend's home. 18.5% (n=5) prefer to drink at alcohol outlets such as taverns, shebeens and pubs. The majority, at 48.2 % (n=13) drink at social gatherings such as weddings, parties, braai and other various events. 3.7 % (n=1) have their drinking sessions out in the open.

The data presented shows that 14.1% (n=10) of alcohol users prefer to drink at their homes or those of their family members. 9.9% (n=7) have their drinking sessions at

their friends' homes. 23.9% (n=17) of users drink at various alcohol outlets. Half or 50.7 % (n=36) of the respondents have their drinking sessions at social gatherings, with 1.4% (n=1) reporting that their preferred location to drink alcohol is out in the open.

#### 4.2.4.2 Drinking company

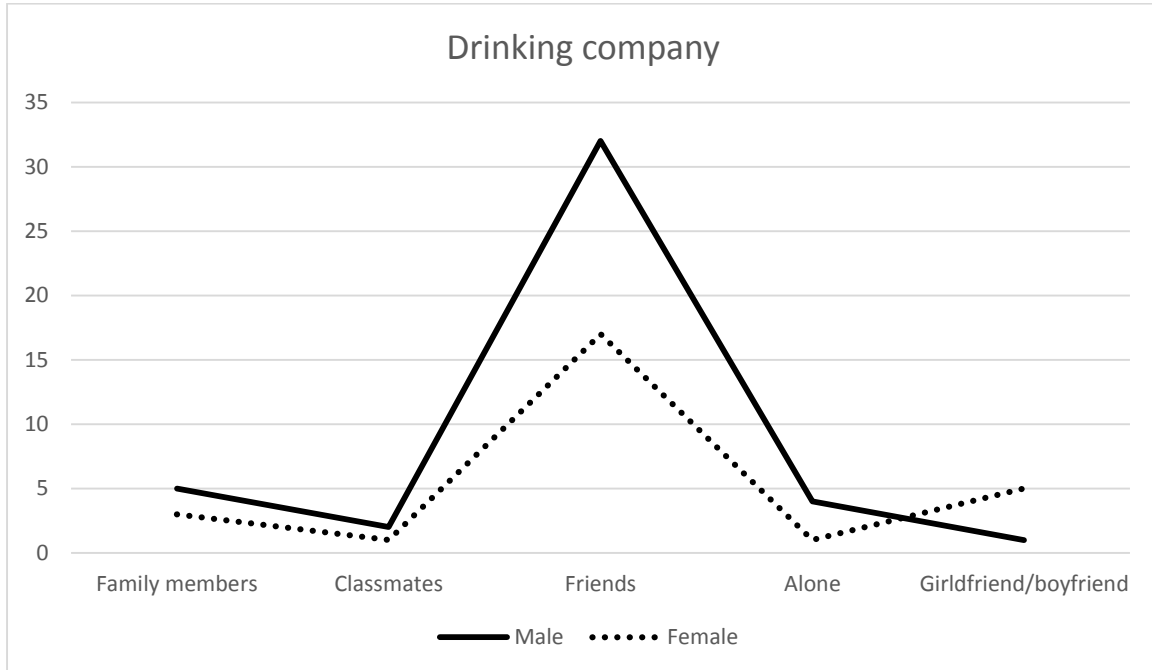


Figure 15: Drinking company

11.4 % (n=5) of the male users indicated that they have drinking sessions with their family members. 4.5% (n=2) drink with their classmates. More than two thirds, or 72.7% (n=32) have drinking sessions with their friends. 9.1% (n=4) drink by themselves, with 2.3% (n=1) indicating that they drink with their girlfriends/ boyfriends.

11.1% (n=3) of the female users consume alcohol with their family members. 37% (n=1) drink with their classmates. The majority, at 63% (n=17) have their drinking sessions with their friends. 3.7% (n=1) reported that they drink by themselves, with 18.5% (n=5) indicating that their drinking companions are their boyfriends/girlfriends.

Of the 71 alcohol users, 11.3% (n=8) indicated that family members are their drinking companions. 4.2% (n=3) have their drinking sessions with their classmates. Friends are drinking companions to the majority, 69% (n=49) of the respondents. 7% (n=5) of

users drink alone, with 8.5% (n=6) reporting that they drink with their girlfriends/boyfriends.

#### 4.2.4.3 Reasons for drinking

Table 5: Reasons for drinking

Reason	No of respondents	%
Taste	8	11.3
Curiosity	2	2.8
To have fun	25	35.2
To get drunk	5	7.0
To deal with stress	8	11.3
Peer pressure	6	8.5
Appeasing the ancestors	1	1.4
To have courage	1	1.4
Celebrations	11	15.5
To feel what others feel	2	2.8
To hide personality	2	2.8
Total	71	100

The users' motives for alcohol consumption make it easy to understand the context within which they drink. 11.3% (n=8) of the 71 alcohol users reported that they drink because they like the taste of alcohol. 2.8% (n=2) consume alcohol out of curiosity.

The majority, at 35.2 % (n=25) consume alcohol in order to have fun. Getting drunk was a reason 7% (n=5) of the users consume alcohol. 11.3% (n=8) of the users indicated that they drink in order to deal with stress. 8.5% (n=6) drink as a result of peer pressure. 1.4% (n=1) drink to appease their ancestors. The same number (1.4%) of the respondents consume alcohol so as to be courageous. 15.5% (n=11) drink alcohol for celebratory purposes. 2.8% (n=2) consume alcohol to go with the flow as they drink to feel what other drinkers are feeling, with the same number (2.8%) of respondents reporting that they drink to hide their personality.

#### 4.2.4 Youth's concerns about their own drinking behaviour

Table 6: Youth's concerns about their own drinking behaviour

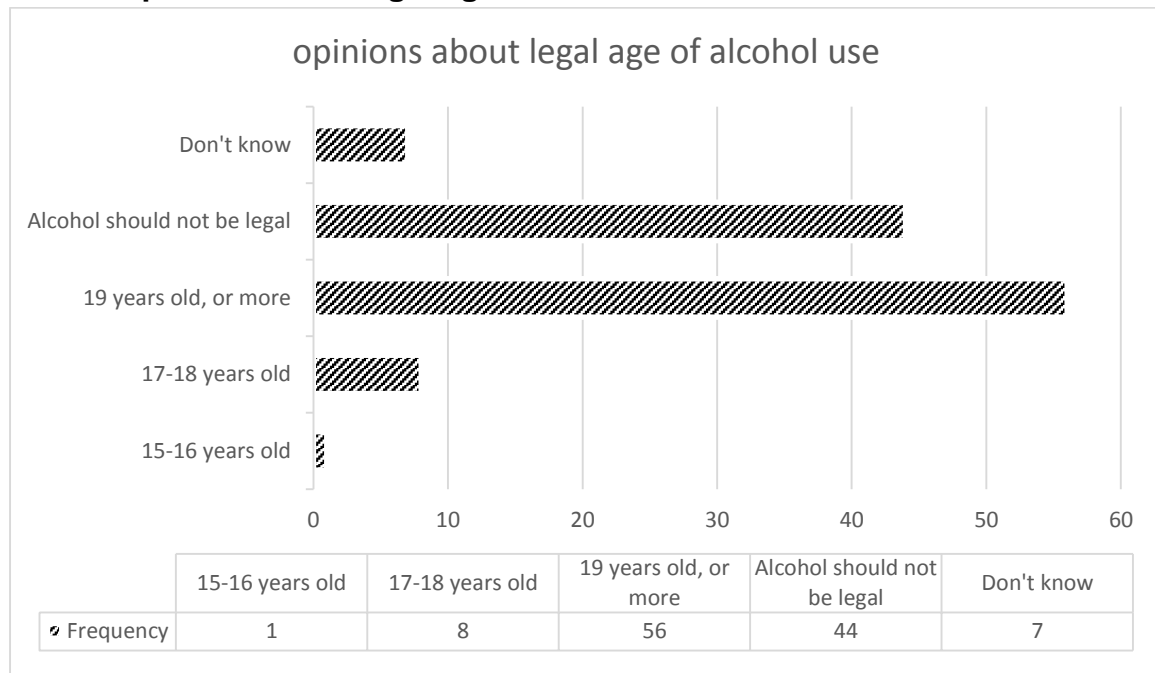
Concern	Number of respondents	Percentage
Drinking is not a problem for me	13	18.3
I miss school	2	3.0
I engage in unsafe sex	5	7.0
I cannot control my drinking	13	18.3
I am disrespectful towards my parents	3	4.2
I am not an addict	8	11.2
Drinking is bad for my health	3	4.2
I feel happy when I am drunk	7	9.8
I insult people and/or engage in fighting	7	9.8
I avoid my family when I am drunk	4	5.6
I do bad things when I drink too much	2	3.0
Drinking is not good at all	4	5.6
Total	71	100

Alcohol users were asked to state concerns that they have about their own alcohol drinking patterns. 18.3% of the users (n=13) stated that they are not concerned about their use of alcohol. 3% (n=2) reported that they miss school due to their alcohol consumption. 7% (n=5) of the respondents engage in unsafe sex when they are under the influence of alcohol. 18.3% (n=13) cannot control their drinking.

4.2% (n=3) stated that they are disrespectful towards their parents when they have had alcohol. 11.2% (n=8) stated that they were not addicted to alcohol. Some 4.2% (n=3) indicated that drinking was bad for their health. 9.9% (n=7) reported that they feel happy when they are drunk. 9.8% (n=7) stated that they either insult people or engage in fights when they have had a drink. 5.6% (n=4) of the users indicated that they avoid their family when they are under the influence of alcohol. 3% (n=2) of the current drinkers do bad things when they drink too much, with 5.6% (n=4) stating that drinking is not good at all.

## 4.2.6 YOUTH PERCEPTIONS ABOUT ALCOHOL CONSUMPTION

### 4.2.6.1 Opinions about legal age of alcohol use



*Figure 16: Opinions about legal age of alcohol use*

The following data is based on the responses of both alcohol users and non-users. The respondents were asked about their opinion about what the legal age of alcohol use should be.

One respondent (0.9%) indicated that the legal age for alcohol use should be 15 or 16 years. Of the 116 learners, 6.9% (n=8) stated that 17-18 years should be the legal age of alcohol use. The majority, at 48.3% (n=56) reported that the legal age of alcohol consumption should be 19 years or older. More than a third at 37.9% (n=44) stated that alcohol should not be legal, with 6% (n=7) indicating that they did not know what the legal age of alcohol use should be.

#### 4.2.6.2 Youth's attitude towards drinking in general

Table 7: Youth attitude towards drinking in general

Behaviour	Approve	%	Disapprove	%	Can't say	%
Underage drinking	57	49.1	48	41.4	11	9.5
Driving under the influence of alcohol	4	3.5	107	92.2	5	4.3
Engaging in risky sexual behaviour while tipsy or drunk	5	4.3	98	84.5	13	11.2
Getting involved in violent arguments	13	11.2	94	81.0	9	7.8
Partying until the early hours of the morning	74	63.8	37	31.9	5	4.3
Drinking during school hours	-	-	112	96.6	4	3.4
Going to school while intoxicated	5	4.3	103	88.8	8	6.9
Walking home alone from drinking at night	10	8.6	103	88.8	3	2.6
Consuming various substances while under the influence of alcohol	4	3.5	104	89.6	8	6.9
Carrying dangerous weapons to parties, drinking places	5	4.3	105	90.5	6	5.2
Engaging in criminal behaviour while under the influence of alcohol	2	1.7	108	93.1	6	5.2

Both drinking and non-drinking respondents were asked to state whether they approve or disapprove of the following behaviour:



- *Underage drinking*

Almost half, at 49% (n=57) of the 116 respondents indicated that they approve of underage drinking, 41.4% (n=48) showed disapproval of it, with 9.5% (n=11) not indicating whether they approve or disapprove of underage drinking.

- *Driving under the influence of alcohol*

3.5% (n=4) of the learners approve of driving under the influence of liquor, while 92.2% (n=107) disapprove of the behaviour, with 4.3% (n=5) choosing the 'cannot say' option.

- *Engaging in risky sexual behaviour while tipsy or drunk*

This behaviour was said to be approved by 4.3% (n=5) of the learners, while 84.5% (n=98) disapproved of it, with 11.2% (n=13) reserving their opinion on the matter.

- *Getting involved in violent arguments*

11.2% (n=13) of the learners had no problem with young people getting involved in violence while intoxicated, 81% (n=94) disapproved of the behaviour, with 7.8% (n=9) opted for the 'cannot say' option.

- *Partying until the early hours of the morning*

The majority, at 63.8% (n=74) of the respondents indicated that they approve of young people partying until the early hours of the morning, while 31.9% (n=37) of them disapproved, with 4.3% (n=5) electing not to approve or disapprove.

- *Drinking during school hours*

None (0%) of the learners approve of drinking during school hours, while the majority, at 96.6% (n=112) disapproved of the behaviour, with 3.4% (n=4) choosing not to share their opinions.

- *Going to school while intoxicated*

Of the 116 respondents, 4.3% (n=5) reported that they approve of learners going to school while intoxicated. 88.8% (n=103) showed their disapproval of the behaviour, with 6.9% (n=8) not indicating whether they approve or disapprove of the behaviour.

- *Walking home alone from drinking at night.*

8.6% (n=10) of the learners indicated that they approve of youth walking alone at night from a drinking session, while 88.8% (n=103) disapproved of the behaviour, with 2.6% (n=3) opting not to share their opinions.

- *Consuming various substances while under the influence of alcohol*

3.5% (n=4) of the learners approve of the use of other substances while under the influence of alcohol, while 89.6% (n=104) disapproved of the conduct. 6.9% (n=8) chose to go for the 'cannot say' option.

- *Carrying dangerous weapons to parties and drinking places*

4.3% (n=5) approve of carrying weapons when going to parties or drinking locations, while 90.5% (n=105) disapproved of the conduct. 5.2% (n=6) did not share their opinions on this matter.

- *Engaging in criminal behaviour while under the influence of alcohol*

1.7% (n=2) of the learners reported that they approve of engaging in criminal behaviour while under the influence of alcohol, with 93.1% (n=108) disapproving of this conduct. 5.2% (n=6) could not say whether they approved or disapproved of youth engaging in criminal behaviour while under the influence of alcohol.

## **4.3 QUALITATIVE DATA ANALYSIS**

This section of the chapter is dedicated to the analysis of data collected through a focus group discussion with 7 youth who are current drinkers. The focus group was conducted as a way of supplementing the quantitative data that was collected by questionnaires with both drinkers and non-drinkers in order to establish the prevalence, patterns and contexts of alcohol use amongst the youth in Musina Town.

### **4.3.1 Biographical data of participants**

The profile is given in terms of the participants' gender, age and the school grade that they are currently in. The qualitative data of the study was collected through a focus group discussion with seven grade 11 learners. The participants were aged between 16 and 22. Two of them were female while five were male. All the participants identified

themselves as current drinkers as they indicated that they had consumed alcohol in the past month.

### **4.3.2 Presentation of the themes and sub-themes**

#### **4.3.2.1 Initial alcohol use**

This theme about initial alcohol use includes the age at which participants had their first alcoholic drink as well as the circumstances surrounding that first use. Those circumstances include the person who offered the users their first drink as well as the location at which the first consumption occurred.

##### **(i) Age of debut**

The age of debut for alcohol use for the participants varied from user to user. It ranged from the age of eight years to 15 years. This meant that the users had an early onset of alcohol use. According to Spear (2000), any use of alcohol before the age of 16 years is deemed an early onset of alcohol use. The early onset is associated with the development of alcohol use disorders later in adulthood. Spear (2000) further states that the use of alcohol earlier in life is highly influenced by both genetic and environmental factors. This is echoed by some of the participants in the following statement:

*“In my case, alcohol was freely available as it was sold at home. I would drink the small amount of beer left in the bottles. I started when I was eight years old”.*

One response that shows a different first experience with alcohol was by a participant who said:

*“I started drinking at a braai with my cousins, we pooled money and bought alcohol. I was 13 years old.”*

##### **(ii) Initial alcohol supplier**

First alcoholic drinks are mostly offered by people that the first users know. This resonates with Percy, Wilson, McCarton and McCrystal (2011), who posit that novice drinkers have no real experience of alcohol acquisition and consumption. To address their limited knowledge about what and how to drink, they rely on other people who have more experience in alcohol consumption. These individuals are mostly older friends or siblings who, in some cases, buy the alcohol on behalf of the young drinkers.

Here are some of the responses by the participants regarding their initial offer of alcohol:

*“My friends were drinkers already and I decided that I cannot stay without drinking as being sober is boring.”*

There are, however, responses that indicate that some of the participants initiated alcohol consumption by themselves:

*“I was alone when I first tasted alcohol. I stole a can of beer from the fridge and drank it.”*

A different response by one of the participants shows the influence that media has on young people’s consumption of alcohol:

*“I was enticed by the alcohol advertisements that I regularly saw on TV. I then decided to try it.”*

Mapulane (2014) also found that media advertisement has an effect on substance use by young people.

#### **4.3.2.2 Acquisition of alcohol**

The acquisition of alcohol is strongly associated with its availability. This availability, as outlined by Stockwell and Gruenewald (2004), comprises physical, economic and social availability. Physical availability is the availability of alcohol in one’s physical environment, and is correlated with the possibility that one will come into contact with these sources of alcohol. Physical availability is also affected by the number of alcohol outlets as well as their locations. Economic availability relates to the extent to which people are able to afford alcohol, while social availability relates to the supply of alcohol to minors by social sources such as friends and parents. Social availability also pertains to the availability of alcohol during various rituals and ceremonies.

The subthemes with regards to alcohol acquisition are presented according to the availability of alcohol as outlined above.

**(i) Physical availability**

The availability of liquor outlets makes it easier for the users themselves to get alcohol, even when they are underage as some merchants are not vigilant about selling to underage drinkers. This is corroborated by a 17 year old participant:

*“I started getting into liquor stores last year when I was 16 years old. I believe that is because I look much older than I am ....no one bothers to ask for my ID.”*

However, more established outlets are strict about asking for identification

*“I am not allowed in clubs but I gain access to liquor stores.... Clubs are more vigilant. They do not allow underage patrons in their establishments.”*

**(ii) Social availability**

Family members play a significant role in the youth’s alcohol acquisition. These two responses are testament to this:

*“My aunts are the people who supply us with alcohol, especially when there is a party at home”.*

*“I ask an older person to buy for me cos I won’t be allowed into the tavern.”*

Next to family members, friends play a major role in their friends’ use of alcohol. The majority of the participants indicated that they also get their alcohol from their friends.

This is how some of them expressed their experience:

*“We buy it ourselves, like when there is an event. We (with friends) pool money and organise girls as well.”*

**(iii) Economic availability**

Komen (2014) asserts that the more the pocket money a student has access to, the higher the probability of the use of drugs. This assertion resonates with what the participants had to say about their economic source of alcohol acquisition.

*“I use the money I get from my parents. They however don’t know that the money is used for alcohol. I would tell them that I want to pay for a school trip or buy a new pair of sneakers or to buy school supplies such as textbooks.”*

Another said:

*“I ask money in advance..... I say for instance, next week I am going out with my friends, so my mom must prepare knowing that I will need money. She knows that I will use that money to buy alcohol even though she didn’t ask me and I didn’t tell her. She would give me more money than she usually does.”*

There are other ways that young people obtain alcohol besides the use of their pocket money. This is shown in the following responses:

*“I hustle for the money by stealing phones and calculators from other learners and selling them.”*

*“I gamble.... I play dice on the streets in order to make extra money.”*

#### **4.3.2.3 Drink of choice**

Choosing what to drink depends on the consumer’s drinking experience, status and gender. Drinks such as ciders are considered starter or feminine drinks, with beer being considered an adult or expert drink. Choice of alcoholic beverages changes throughout the stages of consumption. It is common that, by a certain age, teenagers need to demonstrate that they have acquired an acceptable level of drinking ability through the type of alcohol they consume (Percy *et al.*, 2011).

To attest to this statement, the majority of the respondents stated that they prefer drinking beer. Most of them had been drinking alcohol for three years or more, indicating that they had drinking expertise. It emerged from the discussion that the participants had varied taste when it comes to their beverage of choice. They shared that they drink vodka, ciders, wine, whiskey, sorghum beer mixed with milk and frozen yoghurt. Heineken was the most favourable beer by the participants. A 19 year old participant who began drinking at the age of 9 years said:

*“I drink whiskey exclusively, when I have had a drink, it is always whisky”*

One participant indicated that they drink all sorts of alcohol:

*“I drink brown bottled beer, ciders, green bottled beer, vodka and whiskey. I drink umqombothi only when there are traditional ceremonies at home.”*

#### **4.3.2.4 Drinking pattern**

##### **(i) Quantity per session**

The amount of alcohol consumed is mostly used to show drinking competence. Drinking alcohol for young people is about showing that they are good at something as well as showing a sense of achievement in their alcohol consumption. This, to them, provides a sense of mastery by drinking more than others. For some of them, the greater sense of achievement is more important than the risk associated with more volume of alcohol consumed (Percy *et al.*, 2011).

All the participants indicated that once they start drinking, they do not count how much they drink:

*“You just drink until all the alcohol is finished.”*

For these participants, binge drinking was the main trend of alcohol consumption.

*“I drink until I lock.”*

Seaman and Ikegwonu (2010b) attribute this type of alcohol consumption to young people considering excessive drinking to be normal and therefore attaching little or no long-term risk to binge drinking.

#### **4.3.2.5 Context of consumption**

##### **(i) Location for drinking**

A drinking location is chosen so as to serve the purpose of drinking. According to Kato (2009), younger drinkers may opt to drink at locations away from their homes so as to conceal their drinking from their parents. As they grow older, they might opt to drink at more comfortable surroundings such as clubs. The participants shared that they usually consume alcohol at home or that of a family member or friend. They also mentioned that they drink at social gatherings as well as various alcohol outlets. All the participants, except for one, stated that they drink on the school premises:

*“If I had not slept on a Saturday and also drank the next Sunday, on Monday I will be hungover and would need to take alcohol to school with me to help with the hangover. I take a bottle of whisky to school. I don't put in my bag as our bags are searched, I hide it on me. They only search*

*the bag but never our bodies. We usually say we are being harassed when they search us. Sometimes one of us would pretend to be sick, ask to be released from school, take off their uniform then go to a pub to drink. That person would then buy alcohol and bring it to school for the rest of the crew to drink. During events at the school, we smuggle alcohol. We do whatever it takes to get the alcohol into the school premises.....even if it means paying the security guard.”*

Masilo (2012) attributes the consumption of alcohol at school to environment factors such as the availability of shebeens in close proximity to school, which enable learners to have easy access to alcohol.

The group discussion showed that there are various places that are used by youth as drinking locations:

*“I drink anywhere, at the park, on a street corner with friends, at a pub, at home while the parents are present.”*

#### **(ii) Frequency of consumption**

Most of the youth who participated in this study preferred to have their drinking sessions on weekends. The frequency of consumption ranged from once a month to every weekend. These are some of the responses that were given by the participants regarding the frequency of their alcohol consumption:

*“I drink every weekend, if it happens that a weekend passes without me drinking, I will definitely drink during the week.”*

*“I tell my friends that on a Friday we collect money for the alcohol....that money is used to buy alcohol over the weekend. We usually do this once a month.”*

Big holidays were also identified as opportunistic times for drinking.

*“I drink mostly during the December holidays, my friends and I can drink for four or five consecutive days during this festive period.... However I also drink during weekends just not as much as in December. “*

*“Holidays such as June 16, Good Fridays are a time for us to drink a lot and freely.”*



Social gatherings present a chance for the youth to have free alcohol.

*“In addition to dinking on weekends, I also drink during celebrations such as birthday parties. My friend recently had a birthday party. As the guest of honour, he stole alcohol and gave it to us (his friends)..... and we made sure that the coast was clear... we were his lookouts as he went into the room which alcohol was stored.”*

### **(iii) Drinking companion**

As Seaman and Ikegwonu (2010b) put it, alcohol drinking is a social activity and youth’s drinking behaviour is influenced by the behaviour of those in their social space, especially their friends. Furthermore, WHO (2015) states that the onset of alcohol drinking by young people tends to be followed by seeking friends who also drink. Therefore, their consumption is likely to be increased when they associate themselves with peers who also drink.

The majority of the participants indicated that they drink with friends.

*“My friends and I usually plan our drinking weekends where we also organise some girls to enjoy with us..... Usually these girls are people that we know.”*

Family members sometimes turn into youth’s drinking companions.

*“Most of the times I drink with my friends, but sometimes I drink with my family members..... as in cousins, brother, sister or family friends and aunts. Aunts do supply us with alcohol”*

There was, however, one participant who indicated that they sometimes drink alone. Drinking by oneself is closely related to drinking as a coping mechanism. It is worth noting that people who drink to cope can eventually experience an inability to cope resulting from their reliance on alcohol (Cooper, 1994).

#### **4.3.2.6 Cause for drinking**

The motivational model assumes that a person makes a decision about whether or not he or she will consume any alcoholic beverage. The decision to drink is made on the

basis of the emotional change that the person expects to achieve by drinking compared with not drinking. This decision to drink is, therefore, a combination of emotional and rational processes. This means that choosing to drink alcohol is clearly motivational (Cox & Klinger, 1988).

These motives for alcohol consumption can be categorised into enhancement, social, coping and conformity motives. Enhancement motives pertain to enhancing moods or well-being, social motives pertain to drinking for social rewards/affiliations, coping motives relate to drinking to avoid negative feelings, while conformity motives relate to drinking alcohol in order to deal with social problems (WHO, 2015).

**(i) Mood enhancement**

The majority stated that they drink in order to enhance their mood.

*“It is all about having fun.”*

**(ii) Coping**

The motivation to drink for coping reasons is captured in this response:

*“Sometimes you want to be able to think clearly because of the pressure you have. You know parents would be on your case, at school the same, everyone would just be on your case, so in order to decrease that level of stress, you have to use something that will take your thinking elsewhere.....parents would not always agree with you on everything, sometimes they would argue with you knowing that something is good for you.....parents have to let you man up and learn from your own mistakes. At school alcohol helps me deal with the workload and it helps me do my school work timely. Am able to focus more when am drunk.”*

According to Cooper (1994), the enhancement of mood motive is associated with heavy alcohol use. However, drinking to cope is the motive that has been strongly linked with alcohol problems.

**(iii) Rebellion**

Adolescence is often characterised by experimentation that goes along with challenging boundaries/authority. This experimental phase is also associated with

seeking new experiences such as drug use (Greynadus & Patel, 2005). This is echoed by one of the respondents in this manner:

*“I drink mainly because my parents don’t want me to drink.....they don’t want me to have fun like them.”*

#### **4.3.2.7 Risk behaviour associated with consumption**

Young people react to alcohol differently from adults because they are more sensitive to its rewarding effects. These effects can make young people easily intoxicated, putting them, and other people, at risk of physical, sexual and emotional harm. Physical harm such as liver injury, however, become apparent at a later stage in life, which may lead to young people believing that there is no real harm in consuming alcoholic beverages (Jung, 2010).

The young drinkers who took part in the focus group discussion shared their behaviours that are associated with their consumption. These included using other drugs while intoxicated; being aggressive/ starting fights; staying out all night drinking; and engaging in unprotected sex with fellow drinkers. These risky behaviours are captured in these utterances:

*“I have had unprotected sex while intoxicated about six times... it was with people I knew.”*

*“I forget about rubbers....I mean using condoms when I am drunk. ....I also once tried stealing alcohol at a pub when they refused to sell us alcohol after their closing time.”*

Risky behaviour is associated with binge drinking as the latter leads to a high blood level of alcohol, which affects the normal rational processes of self-control, leading to a high risk of accidents, aggression or unsafe sexual behaviour (Hernandez et al, 2015).

#### **4.3.2.8 Perception of own alcohol consumption**

Despite all the risky behaviour that the participants stated that they engage in while intoxicated, they did not deem their consumption as problematic or something to be concerned about. Jung (2010) asserts that young people do not take into account the

risk associated with alcohol drinking. This is due in part to the fact that they do not consistently think logically.

The participants' naivety about alcohol consumption is shown in their responses when asked about their concerns about their own drinking:

*"Drinking is not a problem."*

*"Alcohol is nice."*

When asked whether there was any relationship between crime and alcohol consumption, this was the participants' unanimous response:

*"Alcohol does not make someone to commit crime-it is all pre-planned and intentional."*

#### **4.3.2.9 Parents and guardians' influence on youth's drinking**

A theme that emerged during the discussion was the influence that parents and guardians had on the young people's alcohol acquisition and consumption. Palmer and Kalafatelis (2008) posit that parents and guardians provide alcohol beverages to their children for two main reasons, which are to control or restrict their access to alcohol, including the location such as during family events, amount and type of alcohol consumed or to educate their teens to drink safely. This behaviour by parents and guardians in turn reinforces young people's use of alcohol.

This is supported by responses such as these:

*"My parents know that I drink. I drink while sitting with them. They have seen me drunk countless times."*

*"Grandmothers are the most lenient when it comes to drinking. They don't have a problem with us drinking."*

The provision of alcohol by parents increase the likelihood of regular and binge drinking by young people. This provision is also a strong predictor of alcohol misuse by young drinkers, which is counter to what parents intend by supplying alcohol to their children (Foley, Altman, Durant & Wolfson, 2004).

## **4.4 DISCUSSION OF THE FINDINGS**

The current study was two-fold. The first part was quantitative descriptive in nature where data was collected by administering questionnaires to 116 grade 11 learners. The qualitative exploratory part of the study was done through a focus group discussion with seven grade 11 learners. The main aim of the study was to establish the prevalence, patterns and contexts of alcohol use amongst the youth aged 14 and 22 years. The main issues that emerged from both the quantitative and qualitative parts of the study are discussed in this section of the chapter.

### **4.4.1 Early onset of alcohol use**

This study revealed that young people begin using alcohol at a relatively young age. The results from both parts of the study indicate that youth begin using alcohol while under the age of 16 years. Furthermore, male drinkers have an earlier alcohol debut than their female counterparts. These findings confirm what Tshitangano and Tosin (2016) have found in their study, where 67% of male learners started using substances between the ages of 13 to 15 years. A study done by Madu and Matla (2003) in Limpopo Province also established that young people's onset of substance use is usually under the age of 16 years.

### **4.4.2 Current drinkers**

The survey section of the study showed that 61% of the learners who took part in the study are current drinkers. Of these current drinkers, 62% were males and 38% were female. These results resonate with studies showing that males are more prone to drinking alcohol than females (Flisher, Parry, Evans & Lombard, 2003; WHO, 2005b; Leteka, 2007; Chauke, 2015).

### **4.4.3 Supply/provision of alcohol**

Access to alcohol was found to be mainly interrelated with its availability. Young drinkers who did not have money to buy alcoholic beverages depended on their friends, older family members and even parents to supply them with alcohol. These suppliers were also said to be the ones who introduced these young people to alcohol consumption, with traditional healers and shebeen owners adding to the list of first suppliers of alcohol. For those who could afford to purchase alcohol, the main source

of money for the beverage was their pocket money, which was mostly pooled together with friends to acquire alcohol.

Other young people supplement their allowance by stealing and selling other learners' personal properties. This denotes that they have turned into petty thieves, which has a potential to be more serious. Young people also obtain their drinks of choice from alcohol merchants who are not vigilant about enforcing laws that prohibit underage purchase of alcohol. These alcohol outlets are found in close proximity to their places of residence. Earlier studies conducted also yielded similar results (Mhlongo, 2005; Morojele, Parry, Brook & Kekwaletswe, 2012; Asante, Chun, Yun & Newell, 2014; Komen, 2014; Mohasoa & Mokoena, 2017; Yoon, Lam, Sham & Lam, 2017). Another factor which influences the youth's access/acquisition to alcohol is media advertising. Mapulane (2014) also concluded that advertising has an effect on youth's alcohol consumption.

#### **4.4.4 Drinking to get drunk**

The main reason for the youth to drink alcohol is to have fun. There is no limit as to how much one needs to drink in order to attain the level of having fun. This means that young people drink until their bodies could not take it or until they pass out. The pursuit of drunkenness is what drives them to drink. There was no difference in the prevalence of binge drinking between male and female drinkers as 22,7% of male drinkers consume 5-7 drinks in one session, with 22.2% of female alcohol users consuming the same amount of drinks in a drinking session. Authors such as Percy, Wilson, McCarton and McCrystal (2011) found that teenage drinking observed in their study was almost exclusively focused on getting drunk. Other studies that show little to no difference between male and female binge drinking include Peltzer, Davids and Njuho (2011) as well as Chauke, van der Heever and Hogue (2015).

#### **4.4.5 Patterns of consumption**

##### *Alcohol type*

Beer, cider and wine were the most consumed beverages, with males more inclined to drink beer and females gravitating towards drinking wine. There was an even split between ciders in the survey, with the majority of both male and female respondents indicating that their drink of choice was cider. Earlier research by both Newman, Shell,

Ming, Jiaping and Maas (2006), and later research by Chauke *et al.* (2015) show that wine is a drink of choice for women whereas men prefer to drink beer. The current study has, however, also revealed that there is a small percentage (5.6%) of young people who drink traditional beer and some who drink all sorts of alcohol they can have access to. In Dlamini and Makondo's (2017) study, it was easier for participants to access traditionally brewed alcohol as it was available next to their places of residence and was cheaper than commercially brewed alcohol.

### *Location*

Social gatherings present an opportunity for young people to drink alcohol. The same was found to be true in Windle (2003), WHO/UNDCP (2003) and Ashley *et al.* (2006). A concerning issue emerged during the focus group discussion where learners reported that they drink alcohol on the school premises during school hours. Learners carry the alcohol in water bottles so that teachers cannot easily recognise that the bottles contain alcohol. Studies that showed alcohol consumption at school by learners include Zulu, Urbani, van der Merwe & van der Walt (2004) and Masilo, (2012). Other places of consumption include the youth's own homes, friends' places of residence, and various alcohol outlets. Asante *et al.* (2014) established that their respondents also prefer drinking at locations mentioned.

### *Consumption companion*

Youth prefer to drink with their peers. This was the case in Morojele *et al.*'s (2012) study as it was found that young people often use alcohol with their friends. It was revealed during the qualitative part of the study that girls have to be present at drinking venues to make drinking sessions more fun. Percy *et al.* (2011) established that alcohol helps male drinkers to have courage of talking to the girls. In certain circumstances, youth drink alcohol with their family members, usually during social events. This was also established by Foley, Altman, Durant and Wolfson (2004). A small percentage (7%) of the youth drink by themselves. They however do not exclusively drink alone as they drink with other people at times. A higher percentage (20.4%) of lone drinkers was found in Simbee (2012).

### *Time*

Weekends are the most opportune moments for the youth to consume alcohol. Holidays are also earmarked by the youth to engage in alcohol consumption. The respondents in Smuts (2009) reported an increased consumption of alcohol during holidays compared to their regular drinking on weekends. The frequency of the drinking reported in the current study was daily, almost daily, once a month, twice a month, and every weekend for both male and female drinkers. It was found by other researchers (Greynadus & Patel, 2005) that they took a small percentage of drink on a daily basis, while Simbee (2012) also found some youth drink once a week. Madu and Matla (2003) as well as WHO/UNDCP (2003) also support these findings that young people mostly drink on weekends.

### *Reasons for alcohol use*

The major reason for youth's alcohol consumption is to have fun, which is associated with strengthening their social bonds. Research by Patrick, Palen, Caldwell, Gleeson, Smith and Wegner (2010) also show that youth use substances to enhance their social connections as well as to fit in with their peer group. Both parts of the study showed that youth also drink because other people do it, and to satisfy their curiosity. This is supported by Mohasoa and Mokoena (2017), who established that young people drink out of curiosity and to conform. The current study shows that one of the reasons for alcohol consumption is to cope with distress at home and school. Alcohol is also used as a self-esteem booster. These reasons stated by respondents are in line with the results of studies done by Mhlongo (2005) as well as Mudavanhu and Schenck (2014).

#### **4.4.6 Youth's concerns about drinking**

Different perceptions emerged regarding the youth's concerns about their own drinking. Despite the risk associated with binge drinking, which is the youth's pattern of consumption, the participants in the focus group had no concerns about their own drinking. Some respondents in the survey echoed the same sentiments. This is supported by WHO (2015), which states that young people do not consistently think logically, and can frequently underestimate risks associated with alcohol consumption.

The quantitative part of the study, however, indicated that some (18.3%) young drinkers indicated that they cannot control their use. In Mhlongo's (2005) study, 8% of



the participants said that they were addicted. Other concerns mentioned in the survey were missing school and having unprotected sex while intoxicated. Some drinkers were concerned about their health. These concerns show that young people are aware of the risks associated with their drinking.

#### **4.4.7 Risk associated with alcohol consumption**

Young people are not cautious when they are under the influence of alcohol. They have reported to engage in unsafe sexual behaviour. The presence of girls that are organised in order to have a good time makes this easy. They are not in control of their temper as they easily become aggravated and start fighting. 18% of the current drinkers who participated in the survey indicated that they cannot control their drinking. They also fail to carry out their academic obligations. Drinking at places away from their homes put them at risk as they often have to walk home at night. The survey also indicated that young people approve of underage drinking. These findings are congruent with the results of similar studies done by Flisher *et al.* (2003), Leteka (2007) and Magabane (2009).

#### **4.4.8 Parental influence on youth alcohol consumption**

One of the factors that reinforces youth's alcohol consumption is their parents/guardians' attitude towards alcohol drinking. Some of the parents and older family members of the youth approved of their alcohol consumption. Some parents even buy the beverage for their underage children. Parents play a major role in supplying alcohol to their children during social gatherings. Researchers that also established the influence of parents on young people's alcohol consumption include Foley *et al.* (2004) as well as Palmer and Kalafatelis (2008).

### **4.5 DIVERGENCES EMANATING FROM THE SURVEY AND THE FOCUS GROUP DISCUSSION**

This section of the chapter outlines the data from both the quantitative and qualitative parts of the study that did not yield similar results. The divergences will also be stated as the study's limitations. This, according to Creswell and Plano Clark (2011), should be done if there is any discrepancy between qualitative findings and quantitative results.

The survey results did not indicate that respondents drink on school premises. This was, however, revealed during the focus group discussion where the majority of the participants stated that they conceal their consumption from their teachers. They even fake sicknesses so that they can be excused in order to go and drink.

Qualitative findings revealed that young drinkers are not concerned about their alcohol consumption patterns. There was a difference in the responses from the survey as 18% of the current drinkers indicated that they could not control their drinking.

## **4.6 CHAPTER SUMMARY**

The fourth chapter of the report was aimed at data presentation, analysis and interpretation. The first section of the chapter was set aside for quantitative data presentation, with the second section being reserved for the presentation, analysis and interpretation of qualitative data. Findings from the two data sources were merged in the discussion section of the chapter. Divergences that resulted from the two data sources were also described.

# **CHAPTER FIVE**

## **SUMMARY OF THE FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS**

### **5.1 INTRODUCTION**

This last chapter of the research report is aimed at summarising the research project by restating the motivation, problem statement as well as aim and objectives of the study. Conclusions drawn from the study are also stated. Recommendations based on the findings of the study are also presented.

### **5.2 RESTATEMENT OF THE MOTIVATION OF THE STUDY**

The rationale for this study was that the health and socioeconomic consequences of substance use, abuse and dependency, particularly the abuse of alcohol, undermine democracy and good governance and have a negative impact on the environment (National Drug Master Plan, 2006-2011). Standard surveys about the prevalence of alcohol use generally do not gather information about key situational or contextual conditions, such as the location of drinking. This information, however, may have a significant bearing on the interpretation of survey findings and on the identification of appropriate targets for effective interventions and social policies (Bendtsen, 2013).

According to the Musina Local Municipality IDP Review (2011-2012), alcohol is, amongst others, the cause of the high levels of crime in and around the town of Musina. In light of this, the study was conducted in Musina Town to determine the prevalence of alcohol use among the youth in that particular geographical area. The rationale is that without an understanding of this phenomenon, the ability to intervene effectively to reduce alcohol abuse among the youth is not possible.

The motivation of this study was that numerous studies (Reddy *et al.*, 2007; Onya & Flisher 2008; Chesang, 2013; Tshitangano & Tosin, 2016) addressing the prevalence of substance use and abuse among the youth tend to focus on various substances, and seldom on alcohol exclusively. Therefore, alcohol gets overshadowed by other illicit substances that society views as more harmful than alcohol. The researcher was also motivated by her desire to acquire experience in both quantitative and qualitative

research methods. The design of the proposed study allowed her to conduct a mixed method study, adding to her knowledge and experience in the field of research.

### **5.3 RESTATEMENT OF THE PROBLEM STATEMENT**

Alcohol is considered as one of the initial substances that are used among the youth before they progress to the use of more dangerous substances such as marijuana, heroin, ecstasy and cocaine (Hernandez *et al.*, 2015). With modernisation in the world market and increase in advertisement, harmful drinks that were not easily accessible to the youth are now of higher consumption rate than expected (Awosusi & Adegboyega, 2013). In recent times, because of the promotion, competition and popularity of alcoholic products, most alcoholic beverages are now cheaper as compared to other soft drinks. Due to this multiplicity, most young people engage in heavy drinking at younger ages than in the past (Barry *et al.*, 2015).

The availability and accessibility of alcohol is fuelled by the fact that not all merchants are vigilant about preventing underage youth from buying alcohol. Some youth use false identification to buy alcohol; persuade adults to buy it for them; and/or steal alcohol from parents, friends, and commercial establishments. Adults often purchase alcohol and provide it to underage drinkers at parties and events, sometimes with the permission or collusion of parents (Bonnie & O'Connell, 2004).

Alcohol debut use at an early age is a disturbing trend in youth drinking. The age at first use of alcohol and substance use has been reported to be as low as 9 years, which is a challenge to young people. This is supported by Department of Health's findings as cited in Baloyi (2006) that children are beginning to use and abuse alcohol and other drugs at a much younger age. Some of these young people continue to drink alcohol beyond the experimental phase. A survey done by Osei-Bonsu *et al.* (2017) revealed that the majority of males (73.7%) are currently consuming alcohol, while the number of females who are currently consuming alcohol is 26.3%. Drinking alcohol is a feature of many social occasions in society - weddings, funerals, birthdays, braais, nights out with friends, or just sitting in front of television. Therefore, young people who grow up in such alcohol-accepting environments experiment with liquor well before their legal drinking age (Onya *et al.*, 2005).

The use of alcohol and illicit drugs has a negative impact on the users, their families and communities. The abuse of alcohol exposes non-users to harm and death due to people driving under the influence of alcohol and through being victims of violent crime. Socially, the families of people who abuse alcohol are placed under great financial burdens as a result of the costs associated with theft from the family, legal fees for users and the high treatment costs. The emotional and psychological impacts on families and the high levels of crime and other social ills have left many communities under siege by the scale of alcohol abuse (National Drug Master Plan, 2013-2017).

## **5.4 RESTATEMENT OF THE AIM AND OBJECTIVES OF THE STUDY**

### **5.4.1 Aim**

This current study aimed at exploring and describing the prevalence, patterns and contexts of alcohol use amongst the youth in Musina Town, Limpopo Province.

### **5.4.2 Objectives**

In order to accomplish the aim of the study, the following objectives were formulated:

- To identify the types of alcohol commonly used by young drinkers.

This set objective has been achieved. The study results show that beer, cider and wine were the most consumed beverages, with males more inclined to drink beer and females gravitating towards drinking wine. There was an even split between ciders in the survey, with the majority of both male and female respondents indicating that their drink of choice was cider.

- To determine the amount, frequency and source of alcohol consumed by the youth.

The findings of this study indicate that this objective was met. The amount of alcohol consumed ranges from 1-2 drinks to over 5 drinks each drinking session, and is dependent on how much a drinker needs in order to attain drunkenness. The frequency of the drinking reported in the current study was daily, almost daily, once a month, twice a month, and every weekend for both male and female drinkers.

Significant others such as parents, friends, partners and family members are the main alcohol suppliers to young drinkers. The youth reported that they mostly purchase alcohol themselves from informal alcohol outlets that are in close proximity to their homes as compared to outlets that are strict on enforcing regulatory laws. Pocket money is used to acquire liquor, without the knowledge of parents.

- To provide description of the contexts in which alcohol is consumed by the youth.

This set objective has been achieved. Drinking sessions involve the presence of female companions who are “organised” to make those drinking rendezvous more fun. The youth’s friends are the most preferred drinking companions. Preferred consumption locations as cited by the youth are their own homes, friends’ home, family members’ home, schools, social gatherings and alcohol outlets. Drinking on the school premises is a huge concern. The main reason cited was to have fun. Some drink in order to cope with their adversities, while others drink out of curiosity or pure rebellion.

- To ascertain the youth’s concerns about alcohol drinking and its consequences.

This objective has also been met. Youth are mainly not concerned with their drinking patterns given that their parents also approve of their drinking and are the source of the money for the alcohol.

## **5.5 SUMMARY OF THE MAJOR FINDINGS**

- The study revealed that there is a high prevalence of alcohol use amongst the youth in Musina as almost two thirds (61%) of the survey participants reported to be current alcohol users.
- Young people start experimenting with alcohol at a relatively young age.
- Those who have access to alcohol at home are at an increased rate of having an early alcohol debut. The participants who have access to alcohol begin using alcohol at the ages of 8 and 9 years.
- It has emerged from this study that young people’s drink of choice is cider. Other types of alcohol are also consumed, such as beer, wine, whisky, vodka as well as traditionally brewed liquor.
- Alcohol is easily available; even those that do not have access to a monthly allowance are able to drink up to 12 drinks per session.

- Significant others such as parents, friends, partners and family members are the main alcohol suppliers to young drinkers.
- The youth reported that they mostly purchase alcohol themselves from informal alcohol outlets, which are in close proximity to their homes as compared to outlets that are strict in enforcing regulatory laws.
- Pocket money is used to acquire liquor without the knowledge of parents.
- Drinking sessions involve the presence of female companions who are “organised” to make those drinking rendezvous more fun.
- Users drink until they are drunk, which then becomes the pursuit of happiness for them.
- Alcohol is mostly consumed during weekends, once a month, with heightened consumption during holidays and social gatherings.
- Binge drinking patterns are higher than those recorded in similar studies at 22% for both male and female drinkers.
- Preferred consumption locations as cited by the youth are their own homes, friends’ homes, family members’ homes, schools, social gatherings and alcohol outlets.
- There are various reasons for youth’s ultimate decision to drink alcohol, with drinking to have fun cited as the main reason. Some drink in order to cope with their adversities, while others drink out of curiosity or pure rebellion.
- Youth alcohol consumption has led to other deviant behaviours such as lying to get money, as well as more serious offences such as stealing in order to feed their habits.
- Youth are mainly not concerned with their drinking patterns as their parents also approve of their drinking, and are the source of the money for the alcohol.
- There are, however, young alcohol users who have concerns about their drinking behaviour.
- Both the survey and the focus group discussion show that young people engage in risky behaviours while intoxicated, such as engaging in unprotected sex and violent behaviour.
- Their drinking has adverse consequences on their academic obligations. Some of them miss school due to preparing for a drinking session over the weekend or recovering from a hangover on Mondays.

## **5.6 CONCLUSIONS DRAWN FROM THE STUDY**

Alcohol availability and its accessibility by the youth affects their drinking behaviour. This drinking behaviour is further reinforced by the permissive culture of underage drinking. Young drinkers can easily acquire alcohol from illegal merchants or from their parents and significant others. Alcohol suppliers such as parents, and friends' attitude towards drinking reinforce the youth's drinking patterns. Money is not a determinant of the quantity of alcohol that the youth would consume as those without financial means still get to drink as much as they wish.

## **5.7 RECOMMENDATIONS**

- To reduce the prevalence of alcohol use and abuse by young people, the permissive culture of underage drinking as a normal and acceptable activity should be challenged.
- The culture of celebrating milestones with alcohol should be challenged and changed in order to minimise underage drinking at social events.
- To minimise the long term effects of alcohol, it is recommended that young people delay their alcohol debut.
- To assist those who perceive their alcohol consumption patterns as problematic, it is recommended that youth-friendly treatment centres be establishment in the area.
- Sensitisation of parents and guardians about harm related to underage alcohol use is necessary in order to reduce alcohol related harm.
- Teachers should be more vigilant in order to curb drinking at schools.
- Young drinkers can minimise risks associated with alcohol consumption by avoiding intoxication, thereby also avoiding violent confrontations as well as other risks such as engaging in unsafe sexual activities.
- Youth who are of legal age to drink alcohol should drink responsibly – avoid binge drinking by setting themselves limits of alcoholic drinks before resuming drinking and sticking to the set limit.
- Future studies should focus on female drinkers who present themselves at drinking locations to make drinking more fun for their male companions.
- Studies about protective factors which would help reduce or eliminate drinking trends currently exhibited by the youth should be conducted.



## **5.8 CHAPTER SUMMARY**

This chapter was dedicated to the summary of the research report. Major issues concerning the study were summarised. This was done by restating the motivation, problem statement, aims and objectives of the study. The chapter also showed how the objectives of the study were met. Major findings of the study and conclusions drawn from it were stated. Finally, recommendations based on the findings were made.

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# **ANNEXURES**

## **Annexure A: Informed consent for participants**

**TOPIC: Alcohol abuse amongst the youth in Musina Town**

### **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 the prevalence of alcohol abuse among the youth in Musina Town, Limpopo Province with the following understanding:

#### **The Nature of the Research**

- That, the Researcher, Ms P Mafa, from the University of Limpopo is conducting the research on the above mentioned topic.
- Information will be collected by means of self-administered questionnaires and focus group discussions.

#### **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 Prof J.C Makhubele (researcher's supervisor), Ms P Mafa, and relevant 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.

**Signature .....**

## **Annexure B: Consent form for parents/guardians**

### **Title of Research Project: Alcohol abuse amongst the youth in Musina Town**

I hereby give consent for my son/daughter/ward to participate in the study. I understand the nature of the research and that confidentiality will be maintained at all times for the duration of the study and even after its completion. I understand that my child/ward's identity will be kept anonymous. If the need arises for any information about my child/ward to be disclosed, the researcher will ask for my permission to do so.

I also understand that the information from the research project may be distributed to the public via publications. I confirm that I understand the nature of the study and therefore grant permission for my son/daughter to participate in his/her individual capacity.

Signature of Parent/Guardian.....

Signature of Researcher:.....

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Principal researcher: Prudence Mafa Cell number: 0837452601

Research project supervisor: Prof J.C Makhubele 0152682291

Head of Department: Dr M.R Manganyi

## Annexure C: Questionnaire

Title: Alcohol abuse amongst the youth in Musina Town

Please circle the appropriate answer

1. Gender

Male	1
Female	2

2. Age

--	--

3. What grade are you currently in

Grade 8	1
Grade 9	2
Grade 10	3
Grade 11	4
Grade 12	5

4. Population group

African/Black	1
Other (specify)	2

5. Who exercises control in terms of discipline in your household? \_\_\_\_\_

6. What is your average personal allowance per month?

None	1
R1 – R99	2
R100 – R299	3
R300 – R499	4
Other specify _____	5

7. Which of the following is the source of your allowance?

None	1
Grant from government Specify	2
Parents or other family member	3
Friend(s)	4
Income from selling illegal drugs	5
Other(specify) _____	6

**SECTION 1: The following questions are about the accessibility and/ availability of alcohol.**

8. How difficult or easy is it for you to get each of the following substances?

	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	<i>Don't know</i>
1. Cigarettes	1	2	3	4	5	6
2. Alcohol (any kind/in general)	1	2	3	4	5	6
3. Other substance (Specify) _____	1	2	3	4	5	6

9. What is the distance between your home and where alcohol is sold/obtained?

0-1km	1
2-3km	2
4-5km	3
6 km and above	4

10. How easy or difficult is it for children under the age of 18 years to buy alcohol from taverns, clubs etc?

Impossible	1
Very difficult	2
Difficult	3
Easy	4
Very easy	5
<i>Don't know</i>	6

**SECTION 2: The following questions are about more specific issues regarding the use of alcohol and its consequences**

11. Have you ever drank alcohol (even if it was only once)?

Yes	1
No	2

If the answer to question 15 was NO, move to Section 3

12. **How old** were you when you had your **first drink** of alcohol?

10 years old or less	1
11 – 12 years old	2
13 – 14 years old	3
15 – 16 years old	4
17 years or older	5
<i>Can't remember/Don't know</i>	6

13. **How were you introduced** to drinking alcohol?

Family	1
Classmates	2
Friends	3
Shebeen/ tavern owner	4
Traditional healer	5
Got my first drink myself	6
Other – please, specify	7

14. What is your **main reason** for drinking alcohol? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. What **type** of alcohol do you usually drink?

Hard liquor/spirits (e.g. brandy, whisky)	1
Beer (e.g. Black Label, Amstel, Castle and sorghum beer (e.g. Chibuku))	2
Ciders (e.g. Savanna, Hunters)	3
Wine (e.g. White, Rose, Red)	4
Home-made liquor (e.g. Mampoer, or Marula) sorghum and other home-made brews e.g. Umqombothi)	5

16. **At what time of day** do you **mostly** drink?

First thing in the morning	1
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Sometime in the morning before lunch time	2
During meal times (lunch and/or evening meal)	3
After lunch but before the evening meal	4
At night after the evening meal	5
Any time of the day	6
<i>Can't remember/Don't know</i>	7

17. **Where** do you mostly drink alcohol?

At home or at a family member's house	1
At friends' house	2
At school	3
At a public place (e.g. bar, shebeen, tavern, club, hotel)	4
In a moving car	5
On a school trip	6
At a sports event	7
At a party, braai, wedding, unveiling ceremony	8
Out in the open/in the street/under a bridge/in the bush	9
Other – please, specify	10

18. **How often do you usually** drink?

Daily or almost daily	1
3 – 4 days a week	2
1 – 2 days a week	3
2 – 3 days a month	4
Once a month	5
Other (specify)	6

19. **With whom** do you typically drink alcohol?

Family members	1
Classmates	2
Friends	3
Alone	4
Girlfriend/boyfriend	5
Other –specify	6

20. Where do you get the **money** to buy alcohol?

Family members	1
I steal it	2
Friends	3
Own allowance	4
Girlfriend/boyfriend	5

**21. MEASUREMENT OF GENERIC ALCOHOL CONSUMPTION**

Other –specify	6
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Remember, **one drink** means...

- 330/340 ml beer , OR
- medium (150 ml) glass of wine, OR
- (40 ml) spirits

It may also help to know that

- a quart (750ml) bottle of beer contains 2 drinks;
- a 750 ml bottle of wine contains 5 drinks; and
- a 750 ml bottle of spirits/hard liquor contains 16 drinks.

How **many drinks** do you **typically** take in one day?

1 – 2 drinks	1
3 – 4 drinks	2
5 – 7 drinks	3
8 – 11 drinks	4
12 or more drinks	5

22. How **many times** have you ever become **drunk**?

Never	1
1-2 times	2
3-4 times	3
5 times or more	4
Can't remember	5

<b>SECTION 3: The following questions are about people's attitudes and local customs regarding alcohol use</b>
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23. Do YOU **approve** or **disapprove** of the youth doing each of the following?

	Strongly approve	Approve	Disapprove	Strongly disapprove	Can't say
Drinking while underage( below 18 years of age)	1	2	3	4	5
Driving under the influence of alcohol	1	2	3	4	5
Engaging in risky sexual behaviour while tipsy or drunk	1	2	3	4	5
Getting involved in violent arguments	1	2	3	4	5
Partying until the early hours of the morning	1	2	3	4	5
Drinking during school hours	1	2	3	4	5
Going to school while intoxicated	1	2	3	4	5



Walking home alone from drinking at night	1	2	3	4	5
Consuming various substances( dagga, heroin, cigarettes,) while under the influence of alcohol	1	2	3	4	5
Carrying dangerous weapons (knives, guns axes, etc) to parties, drinking places	1	2	3	4	5
Engaging in criminal behaviour such as stealing, etc	1	2	3	4	5

24. What, in your **opinion**, are **risky behaviours** that young people engage in while they are under the influence of alcohol? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. What should, in your opinion, be the **legal age** of alcohol use?

10 years old or less	1
11 – 12 years old	2
13 – 14 years old	3
15 – 16 years old	4
17 – 18 years old	5
19 years old, or more	6
Alcohol should not be legal	7
<i>Don't know</i>	8

26. What **concerns** do you have about your **own drinking behaviour**?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your participation.**

## **Annexure D: Interview guide for focus group discussion**

### **Topic: Alcohol abuse amongst the youth in Musina Town**

Please note that you have the right to remain silent when you feel uncomfortable with a question.

1. How were you introduced to alcohol drinking?
2. Would you kindly share how you obtain alcohol (who pays for it, who buys for you, where do you buy)?
3. What type of alcoholic drinks are typically consumed by the youth?
4. Where do the youth typically drink alcoholic beverages (venue/location)?
5. How much alcohol is consumed by young people at the locations mentioned above?
6. With whom do you drink alcohol?
7. How often do you drink alcohol?
8. What are the reasons behind youth's alcohol consumption?
9. What do you think young people do after taking alcohol and/or other substances?
10. Have you ever engaged in any risky behaviour (criminal activities, unsafe sex, drunk driving etc.) while under the influence of alcohol? Motivate your response.
11. Does anyone have anything they would like to add? Questions? Once again, thank you very much for taking the time to take part in this group discussion.