

**RISK FACTORS CONTRIBUTING TOWARDS ALCOHOL ABUSE AMONGST THE  
YOUTHS OF SOLOMONDALE COMMUNITY OF GA-DIKGALE TRADITIONAL  
AUTHORITY, LIMPOPO PROVINCE**

By

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# DECLARATION

I, Nthabanele Enoch Rabotata, declare that this study titled: **“Risk factors contributing towards alcohol abuse amongst the youths of Solomondale community of Ga-Dikgale Traditional Authority, Limpopo Province”** is my own work and that all sources that I have used and quoted have been acknowledged by means of complete references.

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**Nthabanele Enoch Rabotata**

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**Date**

# DEDICATION

This study is dedicated to my late father and brother, Khashane Albert Rabotata, and Phetole Peter Rabothata (May their souls continue to rest in perfect peace).

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# ABSTRACT

**Background:** Alcohol abuse amongst the youths is one of the major problems the world is facing today, especially in rural communities where most young people are unemployed and have little to do with their time.

**Aim:** This aim of the study is to understand risk factors contributing towards alcohol abuse amongst the youth of Solomondale community.

**Methods:** This study adopted a qualitative research approach to explore risk factors that contribute to the prevalence of alcohol abuse amongst the youth of Solomondale community of Ga-Dikgale Traditional Authority, Limpopo Province. Exploratory research design was used in this study. The population of the study was youths of Solomondale community between the ages of 14 and 35 who consume alcohol. The researcher used a non-probability sampling method through the application of a snowball sampling technique. The technique suggested that each person may be asked to provide information that may suggest how other respondents maybe located for semi-structured face-to-face interviews. Data saturation was reached at respondent number six. Data was analysed through thematic content analysis.

**Findings:** The findings of this study are anticipated to have the capacity to assist in the prevention of alcohol abuse at a rural community level. The findings of the study revealed that the physical availability of alcohol in a community has the potential to create an opportunity for youth to indulge in alcohol. They further revealed that children/youth learn more from observations of the adults' behaviour, and therefore, if adults drink in front of a young person, that person is likely to drink when they shift away from that adult. Moreover, according to the respondents, generally the unavailability of a parent in a child's life has negative effects towards their upbringing, which ultimately creates unfavourable social conditions that may lead to alcohol abuse by such persons. Finally, domestic violence has not been found to have effect on any form of alcohol abuse amongst the youth of Solomondale community.

**Recommendations:** This study has made a number of recommendations. Alcohol and other substance abuse call for preventative and intervention measures in rural communities. Issues such as educating the parents and guardians on how to improve their parenting skills in relation to alcohol consumption and the dangers thereof can go a long way if taken into consideration. The government of the Republic of South Africa should come up with programmes that are culturally relevant and appropriate aimed at keeping young people off the streets, and at developing their skills in order to enhance their wellbeing and ultimately communities in the country.

# **CHAPTER ONE**

## **GENERAL ORIENTATION OF THE STUDY**

### **1.1 BACKGROUND AND MOTIVATION OF THE STUDY**

Alcohol and drug use among children and adolescents are causes of increasing concern in South Africa. Komro, Maldonado-Molina, Tobler, Bonds and Muller (2007) assert that alcohol and drugs are major contributors to crime, violence and intentional and unintentional injuries, as well as other social, health and economic problems. According to the National Drug Master Plan of 2013-2017 (SA, 2013), alcohol abuse continues to ravage families, communities and society. The youth of South Africa are particularly hard hit due to increases in the harmful use of alcohol and the use and abuse of illicit drugs. Alcohol and drugs damage the health of users, and are linked to rises in non-communicable diseases, including HIV and AIDS, cancer, heart diseases and psychological disorders.

Alcohol is the most widely used substance among teenagers, with two thirds of students reported to have consumed alcohol by the end of high school, while about one third of 10<sup>th</sup> and 12<sup>th</sup> grade students have reported to have used marijuana within the last 12 months (Guillén, Roth, Alfaro & Fernandez, 2015). They further indicated that the prevalence of alcohol consumption in Bolivia is among the highest in the world. They also discovered that its life prevalence is 77.2%, its annual prevalence is 59.1% and its monthly prevalence is 36.7% in the region. They further found that within universities (where most youths are found) in Bolivia, life prevalence of alcohol use is 77.6%, the annual alcohol consumption prevalence is 57.6% and the monthly prevalence is 35.1%. Out of those that declared to have drunk during the last year, (57.6%) 38.7% have shown to have risky or harmful consumption, and 17.3% have shown to have alcohol dependence.

Meghdadpour, Curtis, Pettifor and MacPhail (2012) also established that the abuse of alcohol and illegal substances is rapidly growing in sub-Saharan countries such as South Africa, and has become a major health concern for the youth. Onya, Tessera, Myers and Flisher (2012) documented that in South Africa, a high proportion of

adolescents use alcohol, with rates ranging between 21.5% and 49.6% for the lifetime use of alcohol and 14.0% to 40.0% for binge drinking. Brook, Morojele, Pahl and Brook (2006) found that there are factors that influence youths to abuse substances. They identified parenting and family factors such supervision and attachment, and environmental stressors. Dishion, Véronneau and Myers (2010) identified involvement with negative peer groups as one of these factors.

According to NDMP (SA, 2006 – 2011), alcohol remains the primary drug of abuse in South Africa. Indications are that between 7.5% and 31.5% of South Africans have an alcohol problem or are at risk of having such a problem. A drinker at risk is someone whose health is likely to be affected by drinking, or who is likely to become an alcoholic. Risk drinking during weekdays involves on average 7.5% of the population and is more prevalent at weekends (“binge drinking”) with an average of 31.5% of those aged between 25 and 54 at greatest risk.

Lebese, Ramakuela and Maputle (2014) found that substance abuse has become a worrisome phenomenon in most villages and urban areas of South Africa, because youth are dying morally, socially, psychologically and physically. They further indicated that currently, drugs ranging from alcohol, cigarettes, marijuana, cocaine, heroin, glue to “*nyaope*” and many others are readily available to teenagers in almost every village or residential area in South Africa. Furthermore, Onya, Tessera, Myers and Flisher (2012) also established that amongst rural high school students in Mankweng, Limpopo Province, South Africa, the prevalence rates for alcohol, cigarettes, cannabis, glue and spirits were 6.4%, 10.5%, 1.4%, 1.2% and 0.8%, respectively.

Ayuka *et al.* (2014) also discovered that one of the factors which start to receive increased attention is access to, and the availability of, alcohol outlets and whether or not a social gradient, in both the supply and consumption of alcohol, exists. They further argued that the local availability of alcohol products is potentially important in understanding the role of place in explicating drinking behaviours for a number of reasons. The increased availability of alcohol retailers increases the opportunity to procure alcohol products and therefore providing an environment that supports ready access to alcohol, which in turn may affect purchasing and consumption behaviour.

These effects are likely to be particularly pertinent for populations bounded to their local environments (for example, younger and older age groups, those out of the work force, and full time care givers) who rely heavily on the local infrastructure. Secondly, consumers tend to be price responsive while low-income groups are particularly price sensitive. A more competitive local market may help to stimulate increased levels of consumption. Third, a high concentration of alcohol retailers in a neighbourhood may raise the scope for addiction due to greater supply and marketing of these products.

Substance use, misuse and abuse primarily revolved around locally produced substances, notably alcohol, tobacco and cannabis. During the 1990s and early 2000s, South Africa went through a major social and political transformation. During this period, links and trade with the rest of the world opened. Law authorities, social services and service providers agree that substance-related problems have increased dramatically over the past 10 years. These include road traffic accidents, mental illnesses and, most worryingly, violence and severe crime committed under the influence of substances (Van Heerden *et al.*, 2009).

The researcher has noted that in South Africa and globally, youths are faced with a growing challenge of deciding whether or not to drink. Some people drink due to family problems, some by engaging with the wrong crowd and some are born from families abusing alcohol. Given that there are programmes, e.g. “Ke Moja”, designed to curb the abuse of substance by the youth of South Africa, the trends continue to grow, hence the researcher is intrigued to explore the main causes of the growing trends in the rural areas with specific focus on youths of Solomondale community. The information collected should contribute in the body of knowledge in Social Work and assist in coming up with other programmes to complement existing substance abuse programmes.

## **1.2 OPERATIONAL DEFINITIONS OF CONCEPTS**

De-Vos (2011) states that operationalising the concepts makes it easier for the researcher and the reader to understand the key variables that are being investigated. He further indicates that the aim of the operational definition is to identify the indicators, the specific events or phenomena that truthfully represent an abstract concept.

### **1.2.1 Risk-factors**

A risk factor refers to any individual or environmental factor associated with the increased likelihood of developing negative or undesirable outcomes (Kraemer, Lowe & Kupfer, 2005). However, for the purpose of this study, the researcher defined risk factors as any attribute, characteristic or exposure of an individual that increases the likelihood of using and abusing alcohol.

### **1.2.2 Alcohol abuse**

Alcohol abuse refers to a form of substance abuse associated specifically with drinking alcohol, leading to serious problems of functioning at home, school or work (Colman, 2015). This definition is adopted for the purpose of this research study.

### **1.2.3 Youth**

Youth refers to young people who fall within the age group of 14 to 35 years (National Youth Policy, 2009-2014). The researcher adopted this definition for the purpose of this study.

### **1.2.4 Alcohol**

For the purpose of this study alcohol is defined as a drink that contains ethanol, a type of drink produced by fermentation of grains, fruits, or other sources of sugar.

## **1.3 RESEARCH PROBLEM**

Thatcher and Clark (2008) indicate that the abuse of substances in many cases would be associated with the environmental and contextual risk factors. They indicate that environmental factors include, amongst others, family-related

characteristics such as family functioning, parenting practices, and child maltreatment, whilst contextual factors include peer influences, substance availability, and consumption opportunities. In addition to this, Babor (2010) believes that a family history of substance use is a major risk factor for drug use disorders. Komro *et al.* (2007) also indicate that for some youth to drink is not just because of interpersonal factors, but that alcohol is part of their lives in their communities and mostly in their households.

Adolescents consume alcohol not just because of intrapersonal factors, such as personality type or social skills; they drink alcohol because it is part of their daily lives in their communities and, for many youth, in their homes (Komro *et al.*, 2007). Rossow, Pape and Storvoll (2005) also found that the prevalence of youth receiving alcohol from a parent or taking it from home has increased as well. The commercial availability of alcohol is also said to be one of the most contributing factors in the abuse of alcohol by young people (Forster, Murray, Wolfson & Wagenaar, 1995). These will include, amongst others, the price and alcohol content of the product (Scribner, Mackinnon & Dwyer, 1995).

Parents play a major role in the wellbeing and development of their children (Petterson, Gravesteijn & Roest, 2016). Cail and LaBrie (2010) suggest that parents also have impact on their children's drinking through early adulthood. Parental influence has been identified as another important risk factor for early substance use initiation, and that parents can affect their children's substance use both by their parenting practices and by modelling either positive or negative substance use behaviours (Trinidad & Johnson, 2002). Parents' substance use is associated with initiation of substance use among adolescents (Jester, Wong, Cranford, Buu, Fitzgerald & Zucker, 2015). Parental modelling of drinking is associated with both earlier initiation to drinking and increased later alcohol use amongst young adults (Ryan, Jorm & Lubman, 2010)

Furthermore, Dickson, Laursen, Stattin and Kerr (2015) found that inadequate parental supervision during the early adolescent years forecasts a host abstract of conduct problems, including illicit alcohol consumption because when they are not always supervised, they have a likelihood of affiliation with deviant (e.g, delinquent or

non-conforming) peers who encourage illicit alcohol consumption. Hamdan, Melhem, Porta, Song and Brent (2013) also found that parentally bereaved youth often show higher rates of alcohol and substance abuse symptoms than their non-bereaved counterparts. Freisthler, Byrnes and Gruenewald (2009) established that lack of parental monitoring is the strongest predictor of adolescent problem behaviours (i.e., substance use, deviance, and school misconduct) as compared to other parental control behaviours.

Domestic issues that cause distress also have an impact on how people engage in drinking behaviours. Grayson and Nolen-Hoeksema (2005) found that at times people resort to drinking behaviours because of traumatic events that they experience within their households. They use drinking as a coping mechanism. Macy, Renz and Pelino (2013) also found that a considerable number of partner abuse violence experiences substance abuse problems. Therefore, this study aimed to fill the gap that was identified in line with the risk factors for alcohol abuse amongst the youth. Some of the risk factors identified were, among others, distance (proximity) of alcohol facilities and physical availability of alcohol; parental indulgence in alcohol; lack of parental supervision; and domestic problems as the causes of alcohol abuse by the young people.

## **1.4 ROLE OF THEORY IN THE STUDY**

The ecosystems theory was adopted in this study. The ecosystems theory offers a comprehensive theoretical base that social service practitioners can draw upon for effective social intervention. The theory provides strategies that allow the social worker to move from a micro-level, to a macro-level, of social intervention (Payne, 2005). A client functions in more than one ecology. The client's ecosystem is the interrelationships and conglomeration of these ecologies. For example, youth in Solomondale community ecosystems consist of the self, family, friends, neighbourhood, and the entire community. The use of this theory has ensured the researcher with the tools to zoom into the lives of the youths being studied and to understand the interrelatedness of their systems and sub-systems in their community, and how they impact on their drinking behaviours.

The concept of ecosystem is that the youth's social functioning is clearly interrelated with the environment, and the youths are an inextricable part of the ecological system (Lishman, Yuill, Brannan & Gibson, 2014). Consequently, the youth's ecosystem is composed of numerous overlapping systems, including the family, school, peer group, the workplace, and the community, as well as other critical subsystems unique to each young person. The ecosystems theory departs dramatically from the traditional person-in-environment orientation through the concept of transaction. The concept of transaction suggests that a bi-directional and cyclic relationship exists between the youth and the environment. In essence, the environment contributes to the person's adjustment and development; the person's behaviours create unique responses with the environment, thus changing the environment and ultimately its effect on the person (Wu & David, 2002).

Through the concept of transaction, the ecosystems theory shifts the focus of intervention from the youth's personalities and behavioural make-up to their interrelationship with the families, community and other systems. The vast majority of people transact with the larger social ecology in such a fashion that the result is harmony and congruence. Weyers (2011) asserts that the ecosystems perspective has the ability to provide a clear conceptual lens through which human behaviour and social structures can be viewed and analysed.

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

### **1.5.1 Aim of the study**

The aim of this study was to explore risk factors that contribute to the prevalence of alcohol abuse amongst the youth of Solomondale community of Ga-Dikgale Traditional Authority, Limpopo Province.

### **1.5.2 Objectives of the study**

- To establish the impact of the distance of alcohol facilities and availability of alcohol on youths' alcohol abuse
- To assess whether parents' indulgence in alcohol may lead to their children's abuse of alcohol.

- To determine whether lack of parental supervision may contribute to alcohol abuse amongst the youth.
- To appraise how domestic problems may lead to alcohol abuse amongst the youth.

## **1.6 OUTLINE OF THE RESEARCH DISSERTATION**

Chapter 1: General Orientation of the study

Chapter 2: Risk factors for alcohol consumption, trends and consequences for the youths.

Chapter 3: Research Methodology

Chapter 4: Data presentation, analysis and interpretation

Chapter 5: Summary of the major findings, conclusions and recommendations

## **1.7 CONCLUSION**

This chapter offered an overview of the study, including definitions of concepts, problem statement, aim and objectives, the theoretical framework guiding this study, research methodology, quality criteria, ethical considerations, the rationale and the outline of the study. The essence of the chapter was to provide general orientation and lay a ground for the researcher to have a smooth transaction into the study itself. The chapter has operationalised the key concepts of the study and provided a more in-depth discussion into the problem statement which ultimately developed in the study objectives. The next chapter zooms into understanding risk factors of alcohol consumption, trends and the consequences to the youths.

# **CHAPTER TWO**

## **RISK FACTORS, TRENDS AND CONSEQUENCES FOR ALCOHOL CONSUMPTION AMONGST THE YOUTHS**

### **2.1 INTRODUCTION**

Alcohol has historically been part of human culture (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon & Patra, 2009). The researcher has also observed that in most communities, alcohol has become more like a lifestyle for the young people who ultimately suffer from chronic illnesses such as high blood pressure that comes as a result of heavy drinking and lack of exercise. This is supported by Rehm *et al.* (2009), when they noted that most societies that consume alcohol heavily have severe health and social problems that are life threatening. They further asserted that worldwide alcohol consumption and the harms associated with it have gradually increased due to the industrialisation of production and globalisation of marketing and promotion.

Furthermore, the World Health Organization [WHO] (2000) reported that the misuse of alcohol is observed to be amongst the leading causes of social and health problems that are preventable such as deaths, illnesses and injuries in many societies across the world. The report (WHO, 2000) further indicates that drunk driving and fatalities, aggressive behaviour, family disruptions, and reduced industrial productivity are some of the social consequences that are alcohol use related. Furthermore, heavy alcohol consumption impacts on brain development, increased risk of addiction in adulthood, increased risk of heart diseases, the likelihood of being disabled and dying at a young age (Goldstein, Adams, Alberts, Appel, Brass, Bushnell & Hart, 2006). These assertions are observed in our communities that most people who would suffer from chronic illnesses are those who had at some stage in their lives been involved in heavy alcohol or other drugs such as dagga and nicotine.

Heavy episodic drinking has been found to be highly connected to youths and remains an important call for public health concern due to its high level of prevalence in different countries, including Thailand at a rate of 33.0%, the United Kingdom at 47.0%, Germany at 26.9%, Sweden at 30.8%, and Brazil at 34.5% respectively (Soe, 2011). Alcohol consumption in Brazil becomes a problem for the youths because adolescents have easy access to alcohol purchases even though their laws prohibit underage drinking (Malta, Machado, Porto, Silva, Freitas, Costa & Oliveira-Campos, 2014). The trends in South Africa are worrying as well, since it is reflected in a study by Onya, Tessera, Myers and Flisher (2012), who reported that the prevalence proportion of youths alcohol use is high, with the prevalence rates ranging between 21.5% and 49.6% for the lifetime use; and 14.0% to 40.0% for binge drinking. This is an indication that alcohol amongst the youths is indeed a global problem.

The aim of this chapter is to present and review literature related to alcohol abuse by the youths. The review of literature is defined by David and Sutton (2004) as the art of selecting the available documents on the subject matter which contain information, ideas, data and evidence written from a particular standpoint to fulfil certain aims or to express certain views on the nature of the subject being studied. Therefore, this chapter further zooms into the legislative frameworks that seek to control alcohol abuse amongst the youths, the consequences that are there for engaging in such behaviours and look at the possibility of having policies that are more aggressive than the ones that are current.

## **2.2 BACKGROUND INFORMATION ON ALCOHOL CONSUMPTION AND ABUSE**

### **2.2.1 The global overview of alcohol abuse**

It is probably uncontroversial to state that all communities struggle with containing and controlling alcohol consumption by youth of today. Alcohol abuse in all parts of the world has always been of political, public and scientific concern (Tshitangano & Tosin, 2016). The most recent global estimates of alcohol consumption indicate that approximately 6.13 litres of pure alcohol are consumed per annum by each person aged 15 years or older, with more than a quarter of this alcohol (28.6%) comprised of home-brewed or informally produced alcohol (WHO, 2011). While fewer adolescents

consume alcohol than adults, there is evidence that young people in Africa who drink often do so at the same or with greater intensity than adults (Fuhr & Gmel, 2010; Siziya, Rudatskila & Muula, 2009).

According to WHO (2011), there is a large difference in youth alcohol consumption worldwide. The highest consumption levels can be found in developed countries, mostly the Northern Hemisphere, but also in Argentina, Australia and New Zealand. Medium consumption levels can be found in southern Africa, with Namibia and South Africa having the highest levels, and in North and South America. Low consumption levels can be found in the countries of North Africa and sub-Saharan Africa, the Eastern Mediterranean region, and southern Asia and the Indian Oceania. However, the Australian Institute of Health and Welfare [AIHW] (2015) contends that even though levels of alcohol consumption in many countries prove to be increasing, there is a decline in Australia with fewer people drinking on a daily basis.

The level of alcohol drinking in Australia seems to be declining due to lower number of youth drinking on a daily basis and the age of onset drinking having increased from 14 to 16 years during the years between 1988 to 2003 (AIHW, 2015). Although these trends may be encouraging, there is somewhat evidence of concerning patterns of drinking among adolescents. For example, White and Bariola (2012) found that when the Australian national secondary school survey was being conducted, it showed that 37% of 17 years olds had consumed alcohol in the previous week, and 45% of the current drinkers aged 16 to 17 years intended to get drunk whenever they drank alcohol. Furthermore, AIHW (2015) reported that the supply of alcohol and the location where the youths could have access usually involves family members, and friends and would be at private settings (such as family gatherings) where alcohol would be provided by older people (parents) or sometimes their friends.

Jensen, Kenyon and Hanson (2016) found that the American-Indian youths are reported to be having a higher rate of alcohol consumption as they are more likely to have consumed alcohol in their lifetime (72.1%) as opposed to the Caucasians (48.9%), and have a higher rate of binge drinking (15% for AI and 7% for Caucasians). A study revealed that about 90% of alcohol consumed by North

American underage drinkers occurs during binge drinking episodes (Sanchez, Martins, Opaleye, Moura, Locatelli & Noto, 2011). The very same study also found that alcohol abuse by the youths in North America is associated with at least five well-known documented complications (i.e. traffic accidents, sexual violence, memory deficits, academic impairments and a higher risk of alcoholism in adulthood).

Furthermore, studies (Pratta & Santos, 2007) reveal that in Brazil, youths from higher socio-economic statuses are more likely to engage in binge drinking as opposed to those with low socio-economic status (Pratta & Santos, 2007). Furthermore, youths from wealthy families in the said country will, at most, be enrolled in private schools, and when studies are conducted with such groups, they reveal that they are mostly involved in binge drinking activities due to factors such as low parental supervision, low quality of family communication, little parental control and a lack of clearly defined behaviour rules.

### 2.2.2 The Southern African Picture of alcohol abuse

Alcohol consumption is on the rise for the youths in Sub-Saharan countries, and has terrible health consequences such as HIV infections (Meghdadpour, Curtis, Pettifor and MacPhail, 2012). Addictions of alcohol and other substances abuse can have negative impact on the life opportunities of the youths. WHO (2014) indicates that alcohol consumers in African countries consume 13% more alcohol per capita than the average among drinkers globally, and per unit of alcohol consumed, people living in under-resourced countries experience a greater burden of diseases compared with those in higher income countries (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon & Patra, 2009). According to the World Health Organization [WHO] (2014), although a large proportion of the African population abstains from alcohol (58%), alcohol consumption among African people aged 15 and older is projected to increase throughout the next decade.

The role that alcohol has played in the lives of the people of South Africa has been central and controversial since the arrival of the Europeans. Cape Town, as one of the ship hubs in South Africa, had been made a refreshing station that allowed

passing ships to take supplies. Drunkenness and smuggling of liquor became the daily life of the citizens in the Cape (Parry, 2005). Today as it stands, alcohol has spread throughout the regions in the country, and has affected many lives of the youths and the elderly. Onya, Tessera, Myers and Flisher (2012) established in their study that in South Africa, national and regional statistics on alcohol use indicate that most high school learners have tried alcohol at some stage in their lives, and many of them are drinking on regular intervals. They further reported that the prevalence rates for current alcohol use range between 22% and 26%. Similar rates of heavy episodic or binge drinking are estimated to range from 14% to 40%. These patterns of alcohol use among South African youths is a cause for concern as the early initiation of alcohol use is associated with a range of negative consequences, including school drop-out, unprotected sexual behaviour, and the later development of alcohol use and other mental disorders. However, the National Drug Master Plan (2013-2017) points out that in South Africa, the overall prevalence of alcohol abuse could be as high as 30% in certain groups, and as low as about 5% in others, and is linked to age, gender, socioeconomic status and degree of urbanisation. It further contends that binge drinking among the youth, especially males, is high (more than 25% in many communities). Furthermore, high levels of alcohol abuse are reported among persons in certain occupations (for example, farming and mining), and in disadvantaged communities where ease of access to alcohol is a contributing factor. Home-made concoctions can also be more lethal than conventional substances.

## **2.3 THEORETICAL FRAMEWORKS**

The use of the ecosystems theory and the social learning theory has assisted the researcher in understanding the behaviour of the youths as they respond to the nature of the environment that they find themselves in.

### **2.3.1 The Ecosystems theory**

Bronfenbrenner in Greene (2017) defines the ecological approach to human behaviour as the “scientific study of the progressive, mutual accommodation throughout the life course between an active, growing human being and his or her environment”. Greene (2017) sees the approach as a broad framework that synthesises ideas from a number of human behaviour and social work practice

theories and a perspective that offers a rich, extensive social work knowledge and practice base. The eco-systems theory allows the researcher and social workers to view the behaviour of the youth as broadly influenced by the environment and the subsystems that are found in it. Spencer, Dupree and Hartmann (1997) and Maripe and Setlalentoa (2016) indicated that the perception and behaviour of one-self is influenced by experiences in different contexts such as home, school, peer groups, work, laws, policies, social rules and community.

The ecosystems theory guides the researcher's viewpoints with regard to the reciprocity and relatedness of youth alcohol users with their bio-, psych-, socio-cultural, economic, political and physical environments (Weyers, 2011). The focus of the ecosystems is on the interaction between the person and his environment, thus giving a clearer understanding of how the person's decision-making can be influenced by the environment he or she is found in (Suppes & Wells, 2003). The ecosystems approach also facilitates the exploration of diversity, gender, and cultural differences, including the effectiveness or non-effectiveness of these interactions when dealing with matters relating to the youths alcohol abuse (Maripe & Setlalentoa, 2016). For instance, alcohol consumption can be influenced by cultural practices in some communities, or issues of gender can also play a massive role on the influence of youth alcohol abuse. Furthermore, the use of this theory will enable the researcher to understand factors within the adolescents' environment that increase the likelihood of engaging in particular patterns of use. It will also enable the understanding of adolescents' use of alcohol in which characteristics of the individual, as well as those of the family, peer and community domains influence the likelihood of such involvement.

Suppes and Wells (2003) further assert that the ecosystems perspective reminds social workers to always pay attention to interactions between larger and smaller (from peers, family, schools and communities) systems as this will allow them to maintain simultaneous focus on the person and their environment. Connell, Gilreath, Aklin and Brex (2010) indicate that all these domains somehow have an influence on each other in the life of a young person. They influence the behaviour and choice making. For instance, the socio-demographic and individual characteristics of adolescents play an important role in shaping individual's decisions to engage in

substance use. Social influences of the family domain are factors associated with adolescent substance use. The perceived parental disapproval of adolescent substance use is an important proximal influence within the family domain; peer interactions and perceptions of peer behaviours and attitudes play an important role in shaping adolescent substance use attitudes and behaviours; and aspects of the contextual environment (neighbourhood) influence adolescents' attitudes and behaviours regarding substance use. High rates of substance use by community members and the ready availability of alcohol within their community is a risk factor for engaging in alcohol use by the youths. This theory is the core theory of the study as it provides the researcher with an opportunity to interrogate all the systems that are in interplay in the lives of the youths in rural communities. It allows the researcher to clearly view the alcohol abuse problem not in isolation and to have a neutral point in trying to understand the effect each sub-system has on the young person being studied.

### 2.3.2 Social learning theory

The Social Learning Theory posits that people learn from one another through observation, imitation, and modelling (Bandura, 1971). This theory is a bridge between behaviourist and cognitive learning theories because it encompasses attention, memory and motivation. Using this theory, the researcher will be able to understand why alcohol consumption is a learned activity for the youths. Bandura (1997) emphasises that people learn by observing others' behaviour, attitudes and outcomes of those behaviours. Most human behaviour is learned observationally through modelling; from observing others, one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action. The Social Learning Theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural and environmental influences. The Social Learning Theory focuses on the learning that occurs within a social context. It considers that people learn from one another, including such concepts as observational learning, imitation, and modelling.

Furthermore, Bandura (1997) also argue that even though behaviour is a learned process, it is also influenced by the expectancies and incentives. i.e. the youths who

value the perceived effects of a changed life style (incentives) will attempt to change it if they believe that it would pose threat to any of their personally valued outcomes such as health status, physical appearance, approval of others and economic gain. The use of this theory allows the researcher to study the youth alcohol drinking behaviours parallel to factors such as parents or family members who drink alcohol in front of their children, and family members who actually would re-inforce the behaviour by constantly giving their children money to buy alcohol. This viewpoint is also supported by Johnson and Bradbury (2015) as they further assert that social learning theory base its argument on the fact that behaviours are strongly influenced by reinforcements (positive or negative). Meaning that when youths positive or adaptive interpersonal behaviours are reinforced, they are more likely to continue doing them and when negative or dysfunctional behaviours are ignored or punished they are likely to stop. According to Pratt, Cullen, Sellers, Winfree, Madensen, Daigle and Gau (2010), the Social Learning Theory remains one of the core paradigms to explain the problematic behaviours portrayed by the youths.

## **2.4 FACTORS ASSOCIATED WITH YOUTH ALCOHOL ABUSE**

There are several factors that influence or play a role in youth alcohol abuse worldwide. Ayuka, Barnett and Pearce (2014) identified the social, physical and environmental conditions as key factors in the youth alcohol and other substances abuse. In addition to this, Guillén, Roth, Alfaro and Fernandez (2015) indicate that family and peer relations also play a significant role in influencing youth to take part in abusing alcohol. Ayuka *et al.* (2014) identifies access to, affordability and availability of alcohol. Living in a family with elders who abuse alcohol also plays a role in influencing alcohol abuse among the youth (Jester, Wong, Cranford, Buu, Fitzgerald & Zucker, 2015).

### **2.4.1 Availability of alcohol**

According to Babor, Robaina and Jernigan (2015), alcohol availability has often been defined in terms of physical availability, which refers to the arrangements made by governments that determine how convenient or difficult it is to obtain and consume alcoholic beverages. They further indicate that, in broader sense, alcohol availability

includes, among other things, other contraptions that regulate or facilitate access to alcohol, such as economic, subjective and social availability. Economic availability refers to how price and disposable income affect the affordability of alcohol. Social availability refers to the degree of normative support for drinking provided by a person's key social groups such as family, friends, sports clubs and the neighbourhood public house. Subjective or psychological availability refers to how accessible people perceive alcohol and their response to alcohol marketing.

Rowland, Toumbourou, Satyen, Tooley, Hall, Livingston and Williams (2014) found that the relationship between the alcohol outlets densities in a community may not have much strong effect on the increasing alcohol consumption and abuse by the youths, but rather there is a strong relationship when it comes to children under the age of 14. The researcher's opinion and observation is that the more outlets available in a community, the more youth will abuse alcohol because it now becomes easy to access even at late hours of the day. This view is supported by a study by Shortt, Tisch, Pearce, Mitchell, Richardson, Hill and Collin (2015), that the greater availability of alcohol in more socially-deprived areas, and a high density of alcohol outlets does not only increase the supply, but also raises awareness of alcohol brands; and creates competition in the community markets that results in the reduction of the cost of alcohol, making it cheaper and more accessible to everyone, including young people who may even be unemployed. On the same wavelength, traditional home-brewed alcohol as well as alcohol provided by informal vendors is available at traditional dances and festivals, providing a source of consumption independent of outlet density in one's home village. The researcher's view is also supported by Chen, Gruenewald and Remer (2009), who observed that alcohol outlet density increased a range of forms of alcohol availability for adolescents, including direct underage purchasing, asking others to purchase, and a greater availability of alcohol in homes.

Furthermore, emphasis is made on the fact that the alcohol outlet density increases physical access to alcohol, lowers alcohol prices due to competition, and shapes youth social behaviour around drinking, and overall alcohol consumption and alcohol-related harms are higher in areas with greater outlet density (Campbell, Hahn, Elder, Brewer, Chattopadhyay, Fielding, Naimi, Toomey, Lawrence &

Middleton, 2009; Popova, Giesbrecht, Bekmuradov & Patra, 2009). Cain, Pare, Kalichman, Harel, Mthembu, Carey, Mehlomakulu, Simbayi, Mwaba (2012), Morojele, Kachieng'a, Mokoko, Nkoko, Nkowane, Moshia, Saxena (2006) and Scott-Sheldon, Carey, Carey, Cain, Simbayi and Kalichman (2014) also argue that the association of outlet density with potential problem drinking suggests that formal and informal taverns may shape social behaviour around drinking in ways that result in greater perceived dependence and harms. A difference of just one outlet per square kilometre is associated with a meaningful difference in the prevalence of potential problem drinking.

#### 2.4.2 Affordability of alcohol's impact on youth alcohol consumption

Despite reductions in youth alcohol consumption that are being observed throughout the world, drinking among teens is still high in some parts of the globe (Johnston, O'Malley & Bachman, 2003). Wagenaar, Toomey and Erickson (2005) assert that the main cause of this is that youth have easy access to alcohol from various sources, including directly purchasing alcohol from commercial establishments, despite laws prohibiting such sales to young people under the age of 18. Wagenaar *et al.* (2005) further indicate that underage buyers are able to purchase alcohol without producing identification documents to prove their age. This assertion is observed even in rural communities in South Africa, that the laws that prohibit young children from accessing alcohol is ignored by tavern owners and government officials who are designated to enforce these laws. Young children are allowed to enter and purchase alcohol in local taverns without any form of questioning. Some children would ask an elder person to buy alcohol on their behalf so that they may get the opportunity to enjoy it.

Alcohol consumption, like any other commodity, is sensitive to the price at which it is sold at (Hawkins, Catalano & Miller, 1992). However, alcohol is not an ordinary commodity. It is an addictive, psychoactive substance that can cause significant harm to the individual and wider society if consumed excessively (Wilson, Stearne, Gray & Siggers, 2010). There is limited data on the effect of pricing on consumption, but through interactive observation of youth's drinking behaviour from well off families, the researcher is able to argue that when a young person has money and is

able to purchase alcohol, they are more likely to engage in excessive drinking because money is not a problem. Furthermore, the researcher is also able to argue that even those who work small time “piece jobs”, after getting paid, they go to taverns or informal liquor outlets available in their vicinity. The researcher’s viewpoint is supported by findings of a study conducted by Anderson and Baumberg (2006), which found that the cheaper the price the more the consumption of alcohol will be amongst the youths. Rabinovich, Brutscher, Vries, Tiessen, Clift and Reding (2009) also argue that young people are sensitive to alcohol price changes, and that price increases lead not only to reduced frequency of drinking, but also to smaller quantities drunk in each drinking event.

### 2.4.3 Parenting practices and indulgence in alcohol

Arria, Mericle, Meyers and Winters (2012) found that 8.3 million youth younger than 18 years (11.9%) live with a parent who abuses alcohol and other substances at some stage in their lives. They further found that children who come from families whose parents abuse substances often experience drastic consequences due to the fact that such families are often characterised as traumatic, chaotic and unpredictable, so they resort to abusing alcohol and other substances as a way of seeking comfort. Furthermore, Shakya, Christakis and Fowler (2012) documented that parents have the ability to influence alcohol abuse on their children through their parenting styles. This clearly indicates that the parenting style that a parent adopt can either have positive or negative influence on the youth alcohol abuse. For instance, if a parent’s relationship with their children is centred on alcohol consumption, such children are more likely to have problematic drinking behaviour in future. Walsh, Harel-Fisch and Fogel-Grinvald (2010) indicate that parental support and elevated parental monitoring may be negatively related to various forms of risk behaviour, including substance abuse, smoking and alcohol.

Yu (2003) found that parental use of alcohol increases the chances of early onset of alcohol amongst their children, and that children may have problematic drinking behaviours when they grow up. The researcher agrees with the above finding due to the fact that his experience as a member of a community has taught him that the more parents drink alcohol with their children, the higher the chances for those

children to be heavy drinkers in future. Yu (2003) continues further to argue that parental attitude towards alcohol has an influence on the youth's drinking behaviour, particularly when there is a strong relationship between the parents and the children. Ryan *et al.* (2010) also found that parental modelling, limiting the availability of alcohol to the child, parental monitoring, a good parent-child relationship quality, parental involvement and general communication are associated with delaying early alcohol initiation and future problems in consumption. Peterson, Hawkins, Abbott and Catalano (1994) also assert that parental alcohol consumption is associated with adolescent alcohol initiation, current use and anticipated future use.

#### 2.4.3.1 The lack of parental supervision, support and guidance

According to Carroll, Heleniak, Witkiewitz, Eakins, Staples and Larimer (2016), parental monitoring is a set of correlated parenting behaviours involving attention to and tracking of the child's whereabouts, activities and adaptations. They further argue that parental supervision is relevant to the safety of young children and the development of childhood's antisocial behaviour and substance use; and that parental supervision is associated with positive dimensions of children's adjustment in middle childhood, including self-esteem and academic achievement. Young people require parental guidance so that they have good development without negative attitudes and behaviours. This assertion is supported by Racz and McMahon (2011), who documented that inadequate parental monitoring is a risk factor for the development of child and adolescent conduct problems, including alcohol abuse. They further argue that poor parenting is one of the many risk factors implicated in the development of conduct problems.

Negative parenting behaviours that predict child conduct problems include low parental involvement in their children's lives, poor supervision and harsh and inconsistent discipline. An observation by the researcher is that in most cases, children who grow up apart from their parents lack support and guidance in most spheres of their lives, especially when it comes to decision-making. Dishion, Bullock and Kiesner (2008) and Friedman, Lichtenstein and Biglan (1985) argue that children tend to engage in deviant behaviours when they are unsupervised (for instance after-school unsupervised time with friends is a high-risk context for the initiation and

growth of adolescent substance use). Furthermore, Thompson and Hasin (2011) alluded to the fact that homeless children will obviously lack parental supervision and support, therefore being homeless increases the likelihood of young people engaging in alcohol abuse seeking to forget about the challenges they face due to staying away from home and being parentless. Thompson *et al.* (2010) further support the above statement when they documented that alcohol abuse prevails more in young people who are homeless, and pointed out that approximately 39% to 70% of young people without homes abuse alcohol and other substances.

#### 2.4.4 Family functioning

Families are the most critical units in shaping the behaviour of everybody, including the youths. Meghdadpour, Curtis, Pettifor and MacPhail (2012) assert that families provide the primary influences for behaviour of adolescents. They further indicate that strong family bonds contribute to bonds with positive, pro-peers and curtail risky behaviour as opposed to weak family bonds. A number of studies (Slomkowski, Conger, Rende, Heylen, Little, Shebloski & Conger, 2009; Weichold & Silbereisen, 2006) have asserted that the likelihood of children who are from homes/families characterised by poor family functioning to engage in early substance use initiation and progression to heavy/problem use in the future is very high. The researcher has observed while practising as a social worker that youths from families with domestic problems such as divorce and parental quarrels at all times are usually the ones who drink more excessively than youths coming from normal families. Ledoux, Miller, Choquet and Plant (2002) also found that youths from divorced families experience poorer mental health than those from intact families and report more alcohol and other drug use and antisocial behaviours.

Furthermore, poor positive communication between parent and child coupled with poor parental monitoring have increased the likelihood of initiating adolescent substance abuse (Dishion, Nelson & Bullock, 2004; Kaltiala-Heino, Koivisto, Marttunen & Frojd, 2011). The above statement shows that good parental relationships are very important because if they are negative, there is high chance that the youth may resort to alcohol abuse so that they may find pleasure that they are missing at home. Weichold and Silbereisen (2006) also assert that adolescents

from non-supportive homes may also be more likely to engage with deviant peers to gain social support and a sense of belonging. Shelton and Van Den Bree (2010) suggest that adolescents use substances as a way of coping with family relationships characterised by hostility and low levels of warmth and affection.

Lucenko, Sharkova, Huber, Jemelka and Mancuso (2015) also indicate that youths from families that are involved in multiple social and health services often have a likelihood of engaging in problematic behaviours, including the abuse of alcohol and other substances. In addition to this, Tommyr, Thornton, Draca and Wekerle (2010) found that early childhood abuse and other childhood problems experienced at home also serve as a significant risk factor for youth alcohol abuse. Moreover, the abuse in childhood has a serious impact on the development and severity of alcohol dependence amongst the youth (Schwandt, Heilig, Hommer, George & Ramchandani, 2013); and that youths who have had adverse experiences such as incidences of emotional abuse, physical neglect, violence witness and substance abuses by parents in childhood are likely to abuse substances in future (Frankenberger, Clements-Nolle & Yang, 2015; Liang & Lu, 2014). The above sources prove that the relationship between domestic problems and alcohol abuse is positive, and that domestic abuse and bad relations in families lead to the youths abusing alcohol and other substances. However, the researcher's view is that the majority of youth could resort to alcohol and other drugs to try to deal with the circumstances they face at home. However, that may not be the only way they could deal with this. Youth could find other ways of dealing with the home circumstances rather than resorting to alcohol. Peterson *et al.* (1994) also argue that poor family management practices are amongst factors that create adolescent problem behaviours, including alcohol initiation and abuse.

#### 2.4.5 Peer relations

Peer relationships are the most critical predictor of alcohol abuse amongst the youth because their relationships are mostly centred on fitting-in and pleasing each other. According to Brooks-Russell, Simons-Morton, Haynie, Farhat and Wang (2014), peer alcohol use has always been at the centre of the youth's drinking behaviour because drinking with peers is always associated with behaviour approval, a shared group

identity, and a belief that there will be social benefits from the behaviour. Borsari and Carey (2001) avow to this when they found that adolescents believe that drinking alcohol heavily is normal, and that they encourage each member of their group is initiated with alcohol and other drugs. The researcher has also observed, through interaction with the youth in communities and during his practice as social worker, that indeed peer pressure plays a magnificent role in encouraging youths to abuse alcohol. This happens more on non-assertive youths that try very hard to fit-in.

However, Santor, Messervey and Kusumakar (2000) argue that peer groups are there to encourage adolescent socialisation and identity by allowing young persons to explore individual interests and uncertainties while retaining a sense of belonging and continuity within a group of friends. They are for the developmental purposes. Furthermore, Ryan (2000) also argue that peer groups would, at times, provide an opportunity for the youths to think about their future and how they want it to be shaped, and that the reactions of the peers serve to affirm, sustain or change such decisions. Further argument is raised that peer relations are also there to better influence each other as peers to do well academically and in life generally (Ryan, 2000).

## **2.5 Patterns of youth drinking**

### **2.5.1 Consumption patterns and most consumed alcohol beverages**

According to Makhubele (2012), alcohol intake in South Africa has a long history that could date back to prehistoric years. The fact that there has been changes in the economy of many African countries, the social sphere and the political influences, has had severe implications with regard to alcohol and other substances becoming major public health apprehensions (Makhubele, 2012). South Africa has experienced escalating levels of alcohol and other drug (AOD) use during its transition from apartheid to democracy (Burnhams, Myers & Parry, 2009). Unrecorded alcohol consumption was also found to be considerably higher in developing countries. However, half of all alcohol consumption in Africa, two-thirds in the Indian sub-continent and one-third in Eastern Europe and Latin America remained unrecorded (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon & Patra, 2009).

WHO (2018) points out that there will be a geographical location variance in terms of the type of alcohol beverages people may consume. In the different parts of the world, people may consume either of the following: beer, wine, spirits or other alcoholic beverages (for example, fortified wines, rice wine or other fermented beverages made of sorghum, millet or maize). This report further indicates that the global picture of alcohol consumption is worrying as it reflected that in many developing and developed countries, alcohol is largely consumed in the form of spirits, followed by beer and wine being the least, particularly in the European region. The high levels of alcohol consumption can be associated with a number of health challenges that the world is facing, particularly amongst the youths who sometimes engage in binge drinking (WHO, 2014; & Makhubele, 2017). At times, the type of beverage consumption goes with advantages, depending on the locality in which the consumers find themselves in. For instance, in South Africa, although they are a bit more expensive, the industrially produced beverages, particularly lager beer, are gradually gaining ground against indigenous beverages on the basis of prestige, promotion and other advantages (Peltzer & Ramlagan, 2009). The youths in South Africa prefers beer more than home-brewed alcohol beverages.

## **2.6 CONSEQUENCES OF YOUTH ALCOHOL ABUSE**

### **2.6.1 Health consequences of youth alcohol abuse**

While the use of alcohol by the youths may seem enjoyable, it becomes problematic when one finds himself or herself in an addiction dilemma. Alcohol consumption is one of the most critically worrying concerns and is causing the health, social, familial, educational and economic problems (Aspy, Vesley, Roy, Oman, Tolma, Rodine, Mashall & Fluhr, 2012). While, to some extent, it is believed that alcohol is a need for the body to function optimally, to a larger extent, it is related to a number of illnesses that most of the youths suffer from. Reynolds, Lewis, Nolen, Kinney, Sathya and He (2003) identify the relationship between alcohol consumption and stroke. They argue in their meta-analysis study that over or heavy consumption of alcohol has a positive relationship with stroke. On the contrary, Mazzaglia, Britton, Altmann and Chenet (2001) argue that alcohol consumption has both beneficial and harmful effects on stroke occurrence. The argument presented in the study is that the more one drinks or engage in regular episodic drinking, the more chances that person can get stroke

at an earlier age. But moderate drinking is said to be ok and can reduce the chances of getting stroke.

This is supported by Bardach, Caporale, Rubinstein and Danaei (2017), who argued that alcohol contributes to over 200 diseases, and that the relationship is mostly related to the level at which one consumes the alcohol. They further state that the more alcohol is consumed, the greater the risk of the disease. However, regular light alcohol consumption seems to confer protective effects on coronary heart diseases and ischemic stroke. This protection is, however, limited to those who do not engage in binge drinking (Eidelman, Vignola & Hennekens, 2002). According to Roerecke and Rehm (2014), coronary diseases are leading causes of deaths in most countries across the globe, and alcohol consumption is one of the leading risk factors.

### 2.6.2 Occurrence of death due to driving under the influence of alcohol

Driving under the influence of alcohol is one of the most important factors in the likelihood and severity of motor vehicle accidents involving youths (Asbridge, Hayden & Cartwright, 2012). The National Centre for Health statistics (NCHS, 2009) explicitly indicates that excessive alcohol consumption is amongst the leading causes of youth deaths across the world. Most youths aged 15 to 20 years and are able to drive while under the influence of alcohol die annually due to motor vehicle accidents. This is despite the laws of government that prohibit drinking and driving. Alcohol, for example, was found to increase the chances of accidents due to that fact that it has negative influence on the driver's vision, awareness, perception, reaction time and concentration. In addition, alcohol has also been found to have effects on drowsiness, increasing the chances of accidents to happen at night when the driver probably needs to be asleep (Moskowitz & Fiorentino, 2000). Behnood and Mannering (2017) also argue that alcohol limits the thinking capacity, and therefore when youths are drunk, they find themselves in risky driving behaviour, they find themselves driving at high speed and are less likely to use safety belts and when there are crashes, they are less likely to survive.

### 2.6.3 Risky sexual behaviour, unprotected sex and sexually transmitted infections

The association of alcohol and risky sexual behaviours has been demonstrated and observed in various populations across the globe (Lan, Scott-Sheldon, Carey, Johnson & Carey, 2017). This assertion is supported by Jensen, Kenyon and Hanson (2016), who documented that youth alcohol abuse often goes hand-in hand with risky sexual behaviour. The researcher has also observed this even in the rural areas of Limpopo Province, South Africa, that the behaviour that is portrayed by the youths when they are intoxicated in taverns is worrying as they are even able to leave with any random person that they meet. Aspy *et al.* (2012) also assert that youths that consume alcohol are more likely to engage in risky sexual behaviour than those who do not, and the likelihood of not using condoms is high. Furthermore, Polimanti, Wang, Meda, Patel, Pearlson, Zhao and Gelernter (2017) pointed out that risky sexual behaviour has a strong association with youth alcohol abuse and has a lot to do with the high number of new cases of sexually transmitted infections in the United States of America and across the world.

The spread of Human Immunodeficiency Virus (HIV) is also high among young people because of engaging in unprotected sex while under the influence of alcohol as it obscures the ability to make decisions and increases the chances of not using condoms. The World Health Organization (2009) asserted to this when they documented that youths who are sexually active and engage in unprotected sexual activities are at a higher risk for unintended pregnancies, HIV and other sexually transmitted infections.

## **2.7 ALCOHOL POLICIES AND LEGISLATIONS IN SOUTH AFRICA**

### 2.7.1 The National Drug Master Plan

The National Drug Master Plan (NDMP) 2013 – 2017 of South Africa was formulated by the Central Drug Authority in terms of the Prevention and Treatment of Drug Dependency Act (20 of 1992), as amended, as well as the Prevention of and Treatment for Substance Abuse Act (70 of 2008), as amended, as approved by

Parliament to meet the requirements of the international bodies concerned and the specific needs of South African communities, which sometimes differ from those of other countries. The NDMP has the responsibility to provide guidance in the establishment of committees from the national, provincial and local levels, which are aimed at addressing issues related to alcohol and other drug abuse. The implementation of NDMP will differ as responsibilities of these committees differ. However, the people elected into these committees are somewhat not capable or may not have the qualifications to assume responsibilities associated with their positions, as the NDMP does not specify who should be allocated such responsibilities. To a particular extent, the researcher believes that if qualifications for people who assume responsibilities in the execution of the objectives of the NDMP were to be stipulated and adhered to, it would have greater effect on the reduction of alcohol and other drugs abuse by the youths in South Africa.

### 2.7.2 The South African Liquor Act 59 of 2003

This Act was established with good intentions for the control of the country's alcohol consumption trends and effects. Its objectives are, *inter alia*, to reduce socio-economic and other costs of alcohol abuse through: setting essential norms and standards in the liquor industry; and regulation of the manufacturing and distribution of liquor and the retail sale of liquor (Liquor Act, 2003). The act prohibits access to, and consumption of, alcohol to persons under the age of 18 years. It also plays a role in the monitoring of compliance to its mandates in as far as operation of liquor outlets is concerned. It is, however, a worrying fact when an observation is made in communities in the country (RSA) wherein children younger than the prescribed age of 18 years are allowed to gain access into liquor restaurants, and actually purchase liquor for own consumption. Generally, one may attribute this non-compliance by the liquor restaurant owners to poverty in the country. Distributors are chasing money and do not care about the health of the people of South Africa; it is now about making profits. It becomes worrying even more when inspectors are seen in taverns that do not comply with the requirement of the act but still do nothing about it. Section 20 of the act stipulates the conditions under which the registration of the liquor outlet may be cancelled, but such decisions are not taken against liquor outlets that do not comply.

### 2.7.3 The Prevention and Treatment of Drug Dependency Act 20 of 1992

The intentions of this Act are set out clearly as to provide for the establishment of a Drug Advisory Board; the establishment of programmes for the prevention and treatment of drug dependency; the establishment of treatment centres and hostels; the registration of institutions as treatment centres and hostels; the committal of certain persons in detention, treatment and training in such treatment centres or registered treatment centres; and incidental matters. As per this act, entities are registered for the purpose stipulated, but what actually happens in these entities will remain a shock to the nation.

### 2.7.4 The National Road Traffic Amendment Act (No. 21 of 1998)

This Act makes provision for the mandatory testing of vehicle drivers for alcohol and drugs. The legally acceptable blood alcohol level has been reduced from 80 mg to 50 mg of alcohol per 100 ml of blood. It is, however, disturbing to witness the unsuccessful implementation of this act by traffic officers who receive bribes from offenders of what is stipulated in the act with regard to drinking and driving. Even if drivers' blood can be tested, the results may not comeback for the driver to be prosecuted.

## **2.8 SOCIAL WORK INTERVENTION IN THE FIELD OF YOUTH ALCOHOL ABUSE IN RURAL COMMUNITIES**

Trevithick (2000) alludes to the fact that the context of social work is changing rapidly. However, one fundamental element remains the same, namely that social work is located within some of the most complex problems and perplexing areas of human experience such as alcohol abuse. For this reason, social work is, and has to be, a highly skilled activity. Furthermore, he also indicates that the complex nature of social work is due, in part, to the fact that it involves working across differences of class, race, gender, age, disability, sexual orientation, religion, culture, health, geography, expectations and outlook on life. Zastrow (2003) points out that through the intervention process, social workers are able to work with people who are

affected by alcohol abuse through three different levels of intervention. These are micro (working on a one-on-one basis with an individual), mezzo (working with families and other small groups) and macro (working with organisations and communities or seeking change in statutes and social policies).

### 2.8.1 Micro and Mezzo levels of intervention

Professional social workers are expected to conduct a comprehensive assessment of the youth who abuse alcohol when they work with them at a micro level to understand their needs and to develop the intervention plan (Maripe & Setlalentoa, 2016). Suppes and Wells (2003) highlighted that the most critical thing to do at this stage of assessment is relationship building (establishing rapport) because the people abusing alcohol may be frightened, suspicious, angry, defensive and possibly in physical pain. Butcher, Mineka and Hooley (2007) assert to this by indicating that alcohol abusers' behaviour is usually uneven and inappropriate; they often assume increasingly less responsibility and neglect the people they care about; they lose pride in their own appearance and more unwilling to discuss the problem.

Suppes and Wells (2003) further discuss that for the social worker to be successful in completing the assessment process, there is a need for them to be prepared cognitively and emotionally so that they can begin to work with the person, family or the group. The assessment of the youths abusing alcohol requires that they work together with their clients as a team that is working towards a common goal, which is to understand the causes of the very client who abuses alcohol and to work on a contingency plan that will alleviate that problem. Hepworth, Rooney, Rooney and Strom-Gottfried (2010) assert that this requires social workers together with the youths abusing alcohol to gather, analyse and synthesise information that will provide a concise picture of the causes of youths' alcohol abuse at an individual level.

### 2.8.2 Macro level of intervention

Intervention at a macro level allows the participation of individuals, groups and community members in making inputs on white papers and draft legislations, and to take legislative issues relating to alcohol abuse to the constitutional court (Weyers,

2011). It is at this level that social workers would look at an opportunity to have substance abuse centres established in rural communities or even have the government to review the funding policies to allow the said centre to operate smoothly and achieve their goals. This assertion is supported by Suppes and Wells (2003) that when policies and legislation are developed to effect organisational change, the change is usually beneficial to a larger population than a one-on-one counselling or group work because when there is a good change in organisations, prevention and treatment programmes would improve.

## **2.9 PREVENTION MEASURES IN ALCOHOL ABUSE SECTOR**

Prevention strategies should be aimed at the reduction of alcohol-related harm to individuals, families and communities with the intention of having safer and healthy drinking cultures. This is usually done by people who do not drink, or organisations that have the responsibility to act on the reduction of alcohol abuse amongst the general populations. These prevention measures can begin at a primary level, secondary level and then move to the tertiary level (Wilson, Stearne, Gray and Sherry, 2010). According to Suppes and Wells (2013), prevention is done differently in the world, where laws of other countries are regarded as strict. For example, Singapore has achieved the greatest with regard to being able to reduce drinking trends amongst the youth through their laws. They subject who ever reacts positively to tests conducted to hefty punishment of mandatory treatment that includes “cold turkey detoxification” in rehabilitation centres for up to 36 months. Furthermore, these authors also indicate that Germany has the longest history of alcohol tolerance, and in its prevention strategies, has used social workers since time immemorial. Social workers that are employed in schools serve as part of the team for prevention programmes and assist teachers when they prepare educational programmes for children.

In South Africa, apart from the laws and legislative frameworks regarding the procuring and consuming of alcohol by the general population, there is involvement of what is labelled community support networks (Setlalentoa, Ryke & Strydom,

2015). These networks provide services that help communities to meet their own social, economic and emotional needs for their wellbeing. Furthermore, they use a variety of approaches and strategies that are aligned in different policies and programmes to address the problem of alcohol abuse. Their focus is on reducing the harm that is caused by alcohol abuse by pointing out the way to precise targeting of services (Robson & Marlatt, 2006). Setlalentoa, Ryke and Strydom (2015) further avows that there is also involvement of public servants such as social workers, police officers and educators in addressing socio-economic problems such as alcohol abuse. They further found that some of the strategies used by the said professional include, among others, the provision of information on alcohol, positive engagements with youth in and out of school, promotion of responsible use, and treatment and rehabilitation.

### 2.9.1 Primary level of prevention

This level of prevention should begin with prenatal and postnatal care, and should include programmes that seek to teach pregnant women of the risks of alcohol to the unborn child (for example, alcohol Syndrome and Foetal Alcohol Spectrum Disorder) and to serve as support systems to parents with newly born children (Gray & Wilkes, 2010). Loxley, Toumbourou, Stockwell, Haines, Scott, Godfrey and Marshall (2004) further proclaim that measures at this stage of prevention should also include programmes that are aimed at creating a smooth transition into schooling for the children as they grow, because there is some level of understanding that parents must have in as far as alcohol consumption is concerned. It will have severe implications on the health and social development of a child.

Primary prevention also includes, among others, school and parent education programmes, and activities that provide alternatives to alcohol consumption (such as sporting, recreational and cultural activities). These programmes also have the capacity to enhance positive family relationships, and the development of young people's self-esteem, self-worth and cultural connectedness (Gray, Stearne, Wilson & Doyle, 2010). Agabio, Trincas, Floris, Mura, Sancassiani and Angermeyer (2015) support the above statement when they documented that educational facilities (for example, schools) are perfect places where health promoting services for young

people may be successful. The said services may be in the form of school lessons or behaviour management programmes. Agabio *et al.* (2015) further indicate that the content may also comprise of educational and psychosocial programmes or both.

Another way that alcohol intake among populations (including the youth) can be reduced is the general limitations in terms of alcohol supply. Loxley *et al.* (2004) also suggests that restrictions of the supply of psychoactive substances are effective in the reduction of alcohol intakes and harm. In most countries in the world, the sale of alcohol is subject to various state and territory legal restrictions (for example, who can sell alcohol and at what times; where it can and cannot be consumed; and the age at which persons can legally purchase it). In addition to these universal constrictions, numerous state and territory liquor licensing authorities have introduced additional local strategies aimed at reducing supply and, thus, consumption and related harm (Chikritzhs, Pascal, Gray, Stearne & Siggers, 2007). Other forms of consumption reduction strategies may be to have restrictions on low-cost high-alcohol-content beverages such as cask wine, restrictions on hours of trading, and bans on the consumption of alcohol in particular public locations. This statement is supported by d'Abbs and Togni (2000), who found that such strategies have been found to be working as some levels of reduction of intake have been observed in some drinkers. Some level of delay in alcohol consumption and alcohol related harms among young people has also been observed.

### 2.9.2 Secondary level of prevention

Agabio *et al.* (2015) refer to the secondary level of prevention as the level at which the implementation of its programmes are aimed at limiting harm in the early stages of alcohol consumption. Gray, Stearne, Wilson and Doyle (2010) suggests that brief interventions strategies are the most important features of the secondary level of prevention as they include the provision of educational information about alcohol related harms and recommended drinking guidelines, and the support and advice for those attempting to reduce or abstain from use. Rowland and Toumbourou (2004) also assert that prevention of risky and problematic consumption, and avoidance of use developing into dependence are at the core of the secondary level of alcohol abuse prevention. To this end, the implementation of programmes aimed at reducing

harm are very key at this level of prevention. Programmes that involve social workers and other stakeholders are found to be effective in South Africa, wherein the implementation of the National Drug Master Plan, the use of community organisations such as the Teenagers Against Drug Use (TADA), Young Adults Against Drug Use (YAADA) and the Local Drug Action Committee (Setlalentoa, Ryke & Strydom, 2015) are found to be positively impacting on the lives of the youths in the streets. These organisations have key integrated strategies that are focused on reducing supply, demand and harm to users, their families and communities at large. Therefore, their services are succeeding in reducing drinking behaviour and harm caused by high levels of consumption.

Kivlahan, Marlatt, Fromme, Coppel and Williams (1990) further support the above statement with an assertion that programmes rendered by the above mentioned organisations may include, among others, disseminating knowledge on self-monitoring of alcohol consumption, instruction about blood alcohol levels and appropriate limit setting, identification of situations in which the risk of heavy drinking is increased, and the practice of specific cognitive and behavioural responses to high risk situations without excessive drinking.

### 2.9.3 Tertiary prevention

According to Rowland and Toumbourou (2004), intervention strategies at the tertiary level of prevention are needed when alcohol use is consolidated, and the main aim would be reduction of harms from use, or reduction or cessation of use. At this level, we are generally talking rehabilitation services in centres that are licensed to provide such services. Hence, the main focus of tertiary prevention is treatment. Loxley *et al.* (2004) further support the above assertions, arguing that the treatment of alcohol among the youth can result in many positive outcomes, including reduction in criminal behaviour, reduced drug use and improved physical and psychological health. The treatment of alcohol use disorders or treatment that seeks to address cessation of drinking may include a wide range of intervention approaches. The services at this level of prevention may be delivered by different types of healthcare providers, including physicians, nurses, social workers and psychologists (Morojele & Ramsoomar, 2016).

Services received at the rehabilitations for the youth abusing alcohol may differ according to the centre where one finds themselves in, but they are generally more or less the same. Morojele and Ramsoomar (2016) mentioned some of the services that may be offered to the youth in centres that address prevention at tertiary level as psychosocial treatments alone or in combination with pharmacotherapy. They further indicate that the most common types of psychosocial treatments for adolescents have been identified as family-based therapy, and individual and group therapy. These mainly include cognitive behavioural therapy, brief interventions and motivational approaches, and contingency management reinforcement approaches. Different types of pharmacological therapies may be used for treating and managing AUDs. According to Clark (2012), these are most effective in conjunction with psychotherapy, and are used to address withdrawal, reduce craving, minimise alcohol's reinforcing properties, and address other mental health conditions.

For interventions to be successful at this level of prevention, Setlalentoa, Ryke and Strydom (2015) suggest that alcohol harm reduction should be informed by proper assessment of the risk and risk environment that is performed by all role players, such as social workers, police, health workers, educationists, traditional leaders and policymakers. Furthermore, Medina-Mora (2005) states that risk factors should be identified at all levels such as individual, family, school, among peers and in the community. Evidence from the environment would provide relevant information that guides in developing a strategy that focuses on interventions that are likely to be effective (Stimson, 2006). A proper assessment of the environment, taking into consideration culture, human, financial and infrastructural resources and the socio-economic status of the community is important. It would determine the kind of intervention that is appropriate to reduce harm. In order to reduce the harm caused by alcohol, individuals, families, communities, organisations and government need to accept that the problem exists and are willing to take action to address it.

## **2.10 CONCLUSION**

This chapter presented literature showing trends of alcohol abuse among the youths. It is evident that youth alcohol abuse is an international problem and all countries are fighting against this common problem. This chapter presented factors contributing to alcohol abuse and their consequences, and zoomed a bit into social workers' intervention in the alcohol abuse sector. Furthermore, the abuse of alcohol by the youths in rural communities is seen to be escalating in line with increase in liquor outlets.

# **CHAPTER THREE**

## **RESEARCH METHODOLOGY**

### **3.1 INTRODUCTION**

Generally, research methodologies are classified into three broad categories, qualitative, quantitative and mixed research methodologies (Leedy & Ormrod, 2016). In this chapter, the discussion on research design, method, data collection and analysis is expanded. This chapter also provides the rationale for the methodology approach used. O'leary (2014) discusses that understanding methodologies in research requires distinction of three interrelated concepts, namely methodology, methods, and tools which will form the plan or design to conduct the research project. Babbie and Mouton (2001) use the term methodological approaches and methodological paradigms interchangeably referring to “the actual methods and techniques that social science researchers use, as well as the underlying principles and assumptions regarding their use”.

### **3.2 RESEARCH APPROACH**

Creswell and Creswell (2018) state that there are three distinct research approaches that the researcher has to select from depending on the nature of the research study. These are qualitative (an approach for exploring and understanding the meaning individual or groups ascribe to a social or a human problem); quantitative (an approach for testing objective theories by examining the relationships among variables which can be measured using an instrument and of which the outcome is numbered data that can be analysed using statistical procedures); and mixed methods (an approach to enquiry that involves collecting both qualitative and quantitative data, integrating the two forms of data and using distinct designs that may involve philosophical assumptions and theoretical frameworks). Creswell and Creswell (2018) further state that quantitative and qualitative approaches represent different ends of a continuum, therefore they should not be viewed as rigid, distinct categories, polar opposite or dichotomies.

This study adopted a qualitative research approach as it focused on a phenomenon that needed an in-depth engagement with the respondents. Babbie and Mouton (2001) indicate that qualitative research possesses the following key features: it is conducted in the natural environment of social actors; it focuses much on processes rather than the outcomes; the primary aim is in-depth descriptions and understanding of actions and events; the main aim is to understand social action in terms of its specific context rather than attempting to generalise to some theoretical population; the research process is often inductive in its approach, resulting in the generation of new hypotheses and theories; and the qualitative researcher is seen as the main instrument in the research process. It was critical for the researcher to have adopted a qualitative research approach as it assisted with an in-depth exploration of the phenomenon and awarded the respondents an opportunity to discuss and pose questions on anything that they found to be unclear before giving out responses to any question (Leedy & Omrod, 2016). The qualitative approach creates an opportunity to have a conversation, and to share ideas while the researcher records the respondents' insights.

There are quite a number of benefits for choosing the qualitative research approach. Qualitative research is believed to be able to uncover trends in thoughts and to dive deeper into the researched phenomenon as it has the capacity to gain more understanding of underlying reasons, opinions and motivations (Defranzo, 2011). Qualitative approach contributes to the realisation of the flexibility of data collection, hence it was preferred in this study. Domminic and Wimmer (2000) attest to this, indicating that the qualitative approach is flexible as it allows the researcher to modify the questions or to have follow-up questions as the interview is in progress to allow the researcher to get as much data as possible on the phenomenon being studied.

### **3.3 RESEARCH DESIGN**

In an attempt to explore risk factors related to alcohol abuse amongst the youths, the researcher used the exploratory research design. Bless, Higson-Smith and Sithole (2013) assert that the main purpose of exploratory research design to be applied is

to determine the broadness and scope of a particular field of research. The applicability of an exploratory research design is necessary and possible when there is limited knowledge or information on the subject being studied. Babbie and Mouton (2001) also assert that exploratory research design is typical when the researcher examines a new interest or when the subject of study is relatively new. These authors even went further to identify the following reasons why exploratory research designed can be mostly done:

- To satisfy the researcher's curiosity and desire for better understanding.
- To test the feasibility of undertaking a more extensive study.
- To develop methods to be employed in any sub-sequent study.
- To explicate the central concepts and contrasts of a study.
- To determine priorities for future research.
- To develop new hypotheses about an existing phenomenon.

Using this type of design, the researcher familiarised himself with the phenomenon he was studying so as to allow further probing when the interview was in progress.

## **3.4 POPULATION AND SAMPLING METHODS**

### **3.4.1 Population**

Strydom (2005) defines population as individuals in the world who have specific characteristics. In contrast, Babbie and Mouton (2001) define population as the theoretically specified group of the study elements. To this end, the population of this study was youths of Solomondale community between the ages of 14 and 35 years who consume alcohol. The researcher has used youth who resided at Solomondale community to further identify other youths who indulge in alcohol. These youths were selected for their significance to the proposed study, and the selection ended when data saturation was reached. Data saturation is the term used to describe when data collection has reached a point where a sense of closure has been achieved as new data start yielding redundant information (Strydom & Delpont, 2011).

### **3.4.2 Sampling**

Sampling essentially means being able to draw a smaller number of individuals from a larger population of the study target within which the results of the sample selected

will be generalised to the entire population being studied (De Vos *et al.*, 2011). The population of this study comprised of six youth of Solomondale community of Ga-Dikgale Traditional Authority who were interviewed through a direct individual face to face interviews. The researcher used a non-probability sampling method through the application of a snowball sampling technique as it suggested that each person interviewed may be asked to provide information that may suggest how other respondents maybe located for interview (Babbie & Mouton, 2001; Babbie & Mouton, 2010). These authors further indicate that snowball sampling is usually used when the members of a population being studied are difficult to locate. Stuwig and Stead (2001) also refer to snowball sampling as different ways in which first respondents are selected by using probability methods. The other respondents are therefore sourced from the data provided by the first respondents. They further indicate that this the referral system technique is used to locate members of rare populations. To this end, a snowball sampling technique is therefore applicable in studies that are targeting, for example, populations that may not have listings. Youth at Solomondale were interviewed until data saturation was reached.

- **Inclusion criteria**

The sample comprised of youth between the age of 14 and 35 who may have had observational experience about the abuse of alcohol in the community where the study was conducted, or who may be having first-hand experience of alcohol abuse within the same community.

- **Exclusion criteria**

Any person who is either below or above the given age group was exempted from taking part in the study. Any person who do not reside at the study location.

### **3.5 DATA COLLECTION METHODS**

There are two categories in which data collection can be classified, qualitative data collection and quantitative data collection (Neuman, 2000). Terre Blanche and Painter (2006) add that data are basic material with which researchers work. Data are generated from observation, which can take the form of numbers (quantitative) or language (qualitative). For the purposes of this study, a qualitative approach was used. Creswell and Creswell (2018) state that data collection steps may include

having to set boundaries for the study through the use of sampling and recruitment; collecting information through unstructured or semi-structured observations and interviews, documents, and visual materials; as well as establishing a protocol for recording.

To obtain qualitative data in this study, the researcher conducted semi-structured face-to-face interviews. The researcher developed an interview schedule which was followed during the semi-structured face to face interviews with the respondents. Bless, Higson-Smith and Kagee (2006) show that a semi-structured interview is a useful technique used during an exploratory research process as it helps to clarify concepts and problems as well as create possible answers or solutions to a problem.

### 3.5.1 Semi-structured face to face interview

De Vos *et al.* (2011) state that an interview is the predominant mode of data collection in qualitative research. Interviewing entails direct exchange with the individual or group that is known or expected to possess the knowledge being sought. In this study, the researcher opted for one-to-one semi-structured interview. Semi-structured interviews are utilised to gain a picture of the participants' beliefs about or perceptions of or accounts on a particular topic (Botma *et al.*, 2010; Greeff, 2011). Semi-structured interviews encouraged flexibility in this study in that it helped both the researcher and the respondents to follow up every interesting issue that emerged during the interview and the respondents were enabled to give a clear picture. A semi-structured interview involves a basic individual interview that is open and allows the object of the study to speak for him/herself rather than to provide respondents with a battery of own predetermined hypothesis-based research questions. The interviews were guided rather than dictated by the interview schedule (Babbie & Mouton, 2001; Greeff, 2011).

The research schedule consisted of open-ended questions for semi-structured interviews until data saturation was reached. Creswell and Creswell (2018) indicate that open-ended questions should be few in number and are intended to elicit views and opinions from the respondents. Open-ended questions have made the respondents to be at ease, to feel free and to express their answers as they wished

in detail (Bless *et al.*, 2013). The researcher did not suggest or guide the respondents about how to respond to the questions. The use of open-ended questions is the most recommended when conducting qualitative studies. Bless *et al.* (2013) support this statement that open-ended questions enable researchers to follow up using respondents' ordering and phrasing. For example, it involves attentive listening and possibly some note-taking during the process of narration to enable the researcher to follow up themes in a narrated order. By so doing, the respondents own words and phrases are used to show respect and to retain the interviewees' meaning frames. The interview schedule is a written questionnaire that guide interviews (Greeff, 2011). The researcher compiled the interview schedule himself. The schedule was evaluated by experts from the Department of Social Work at the University of Limpopo.

Audiotape recordings were made during the interviews with the consent of the respondents. The main task, according to Monette *et al.* (2005), is to record responses of the respondents. Greeff (2005) feels that a tape recorder is a powerful tool because it allows the interviewer to pay full attention, and to focus on respondents. Greeff *et al.* (2011) state that recorded interviews allow much fuller record than notes taken during the interview. These help later during data transcription, leading to data analysis. Field notes by the researcher were written in English after each interview (Greeff, 2011).

### **3.6 DATA ANALYSIS**

After data collection had been completed, it was necessary to quantify and interpret the qualitative data. It was imperative to organise the raw data and to present them in a way that would provide answers to the research questions and objectives. Data analysis is the process of bringing order, structure and meaning to the mass of collected data (Strydom, 2005). This involves data reduction, presentation and interpretation. Babbie and Mouton (2001) expanded on this definition by explaining that data analysis involves all forms of analysis of data gathered using techniques regardless of the paradigms used to govern the research.

Data was analysed through thematic content analysis. The raw data from interview transcripts, field notes and recordings was coded, and themes were developed so that meanings could be interpreted and conclusions made. These included knowledge and perceptions of the respondents on the subject matter. The researcher followed O’Leary’s five steps of analysing data. According to O’Leary (2017), the process of reflective qualitative data analysis requires researchers to:

- Organise their own raw data
- Enter and code that data
- Search for meanings through thematic analysis
- Interpret meaning
- Draw conclusions.

The researcher analysed data using the NVivo software for valid interpretations. The constant comparative coding method will also be utilised, which is merely the manual coding of themes for an audit trail. An audit trail, according to Lincoln and Guba cited in Struwig and Stead (2013:116) “allows your co-researchers and, at a later date, researchers to check the process you used to arrive at your findings and conclusions.”

### **3.7 SIGNIFICANCE OF THE STUDY**

Griffin, Lowe, Acevedo and Botvin (2015) established that alcohol, tobacco, and marijuana use have been associated with a host of negative social and health risk behaviours in adolescence and emerging adulthood, including poor academic and vocational performance, relationship difficulties, risky sexual behaviour, aggressive and violent behaviour, the abuse of illicit and prescription drugs, and other physical and mental health problems. Substance use has become one of the most prevalent social problems amongst the youths worldwide.

Ayuka, Barnett and Pearce (2014) established that alcohol consumption is also influenced by a complex system of factors, including characteristics of the social, physical and cultural environments in which people live, work and socialise. They further found that in recent decades, the increasing availability and affordability of alcohol products in a number of countries has been accompanied by rising

population level consumption to historically high quantities. Excessive consumption has become an increasingly normalised activity, particularly for some socio-demographic groups such as younger people, women and ethnic minorities.

The findings of this study will be shared with community members of Solomondale and other communities surrounding Ga-Dikgale Traditional Authority in order to assist the families with knowledge relating to contributing factors toward alcohol abuse in their communities. The findings of this study will add to the knowledge base of the social work profession with special reference to the field of alcohol and other substances abuse. Policy makers may also use the findings to formulate or improve on the existing policies on prevention of alcohol abuse amongst the youth in general.

### 3.8 QUALITY CRITERIA/TRUSTWORTHINESS

Lincoln and Guba's model as cited in Morse and Field (1995) addresses four aspects of trustworthiness: truth-value, applicability, consistency and neutrality. They use the terms credibility, transferability, dependability and conformability to establish trustworthiness (Creswell, 1998).

Epistemological standards	Strategies	Application
Truth Value	Credibility	Credibility is related to internal validity. In qualitative research, one recognises multiple realities, hence the researcher must report the perspectives of the informants very clearly as possible. For purposes of this study, the researcher ensured credibility through prolonged engagement, member checking and peer reviews (Morse & Field, 1995).
Consistency	Dependability	Emphasis with consistency is whether the findings will be consistent if the study was replicated with the same participants and in the same context. Dependability and consistency are established through auditing of

		the research process. The researcher used an audit trail, namely field notes, audio records, involvement of the moderator and data encoding (Creswell 1998; Morse & Field, 1995).
Applicability	Transferability	Applicability and transferability refer to the degree to which findings can be generalised to the larger population and how the detailed description of the respondents and their setting enables readers to transfer information to other settings because of shared characteristics (Creswell, 1998; Morse & Field, 1995). The researcher provided a detailed description of the participants and their context to determine transferability. This was possible due to the small sample size.
Neutrality	Conformability	Neutrality or conformability is the criterion used to establish the freedom from bias in the research procedure and results (Morse & Field, 1995). The researcher demonstrated and ensured neutrality and conformability by making available field notes and memoranda, and through prolonged contact with the respondents.

Table 1: Standards, strategies and applied criteria to ensure trustworthiness

### 3.9 ETHICAL CONSIDERATIONS

Strydom (2011) suggests that ethics are a set of moral principles suggested by an individual or group, which offer rules and behaviour expectations about the current conduct towards experimental subjects and respondents. To this end, for the researcher to ensure that the study is ethical, he had to pay more attention to ethical issues, including, amongst others, informed consent and voluntary participation, confidentiality and anonymity, benefits and risks, deception of participants, release and publication of the findings, and information dissemination.

### 3.9.1 Permission to conduct the study

Written permission was obtained from Turfloop Research Ethics Committee of the University of Limpopo to conduct the research as part of an umbrella project with the project number **TREC/280/2017: PG**. The researcher also requested permission from the leadership of the traditional authority of Ga-Dikgale community.

### 3.9.2 Avoidance of Harm to Participants

De Vos *et al.* (2002) state that it is very important for researchers to take note that in social sciences research, respondents can be harmed both emotionally and physically. Therefore, the researcher carried the responsibility to ensure that participants were protected from any possible physical and emotional harm. The researcher informed the respondents in time about the potential impact of the study. In the case of any harm, respondents would have been referred to appropriate service providers such as social workers and psychologists. Fortunately, during the process of this study, there was no harm encountered by the respondents, hence there was no referral made.

### 3.9.3 Informed Consent and Voluntary participation

Informed consent involves telling the participants about the procedures that will be followed, advantages and disadvantages and dangers to which the respondents may be exposed to during the study (Strydom, 2011; Monette *et al.*, 2005). In this study, the researcher gave adequate information to the respondents regarding the expected duration of involvement, confidential and voluntary participation and self-termination. Written consent was obtained from the respondents to show that they agree to the terms and conditions of the research. The respondents were informed that they may freely participate in the study and that they are able to withdraw from research at any stage of the research without negative consequences (Butz, 2008). This was done prior to them consenting to participate in the study. Adequate opportunity was provided for questions before the study commenced.

### 3.9.4 Confidentiality and Anonymity

As it is, confidentiality is linked to the principle of anonymity. Therefore, the identity of respondents should not be publicly divulged. Bless *et al.* (2013) explain that

information provided by participants, particularly sensitive and personal information, should be protected and not made available to anyone other than researchers. This is further supported by Bless *et al.* (2006), who also made note that the participants' data must not be associated immediately and obviously with his/her name or any other identifier. The researcher preserved the confidentiality of the respondents' identity and data. All tape-recorded materials and completed interview schedules were safely stored in a locked cabinet in the researcher's office to which no one has access. Thereafter, it will be stored in a storeroom at the Department of Social Work at the University of Limpopo for five years, prohibiting all people, including the researcher and study leader, from having access to the material. Interviews were held with each respondent separately in a quiet, private space, to avoid interruptions. Each respondent was allocated a number in advance, such as respondent 1, 2 etcetera, to maintain confidentiality. The information provided remained confidential, and the results of the respondents were reported anonymously in order to protect their identity. The researcher is a registered social worker and adheres to the code of conduct laid down by the South African Council for Social Services Professions. This code emphasises the issue of confidentiality between professionals and clients.

### 3.9.5 Beneficence

The study aims to benefit both the researcher and the respondents in that after the study, the former will resume the role of an educator in conjunction with other stakeholders in raising awareness about the prevalence and risk factors of the abuse of alcohol and other substances in South African rural communities.

## 3.10 LIMITATIONS OF STUDY

The study was conducted at Solomondale community of Ga-dikgale traditional authority only. Therefore, the finding of this study cannot be generalized to other communities. As a sole researcher, the research was subject to time and logistical constraints.

### **3.11 CONCLUSION**

This chapter presented an analysis of research methodologies adopted in this study. Qualitative approach and exploratory design were used because of their ability to provide in-depth engagement on risk factors that contribute to the prevalence of alcohol abuse amongst the youth. Data was analysed thematically to bring order and structure in the study.

# **CHAPTER FOUR**

## **DATA PRESENTATION, ANALYSIS AND INTERPRETATION**

### **4.1 INTRODUCTION**

The previous chapter discussed the research methodology. This chapter will focus on the presentation, analysis and interpretation of explorative-qualitative data collected through face-to-face semi-structured individual interviews with the youths who consume alcohol at Solomondale community of Ga-Dikgale Traditional Authority. The respondents were selected through a snowball sampling technique. Data is analyzed thematically. The researcher used the NVivo software to manage and organise data, which generated the following themes and sub-themes:

### **4.2 SECTION A: DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS**

The study aimed to understand the following demographic characteristics as they were deemed relevant to the study population. The age characteristic assisted the study in understanding the age group that was more susceptible to alcohol abuse in the study location. The Gender characteristic ensured that the study reveals which of the genders in the study location is more at risk of abusing alcohol. The educational status also was important as it assisted in understanding how far had the people susceptible to alcohol abuse have went in terms of formal education. The employment status of the respondents also played a role in the study demographics as it pointed out how the status of employment may affect the youths in terms of drinking.

## 4.2.1 Age

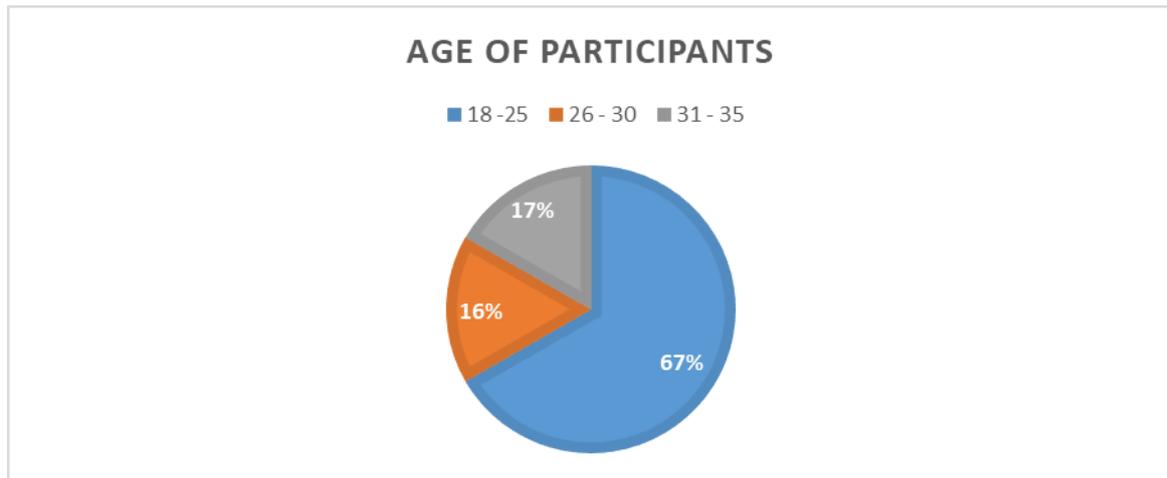


Figure 1: Age of participants

Figure 1 outlines the age demographics of the respondents. The racial composition of the respondents was black. The total number of respondents in this study was six, and their age group ranged between eighteen and thirty-five years. More young people engage in alcohol use at a tender age due to issues relating to initiation and fitting in, and they often have alcohol use challenges later in their lives (Ramsoomar, Morojele & Norris, 2013). The study conducted by Tavalacci, Boerg, Richard, Meyrignac, Dechelotte and Ladner (2016) had an effect on the selection of the respondents as they asserted that young people across the world engage in binge drinking, which has severe health effects on their lives (Tavalacci, Boerg, Richard, Meyrignac, Dechelotte & Ladner, 2016). The graph above indicates that the majority of respondents (67%) were between the ages 18 and 25; followed by 31 to 35 (17%); and then 26 to 30 (16%).

## 4.2.2 Gender orientation

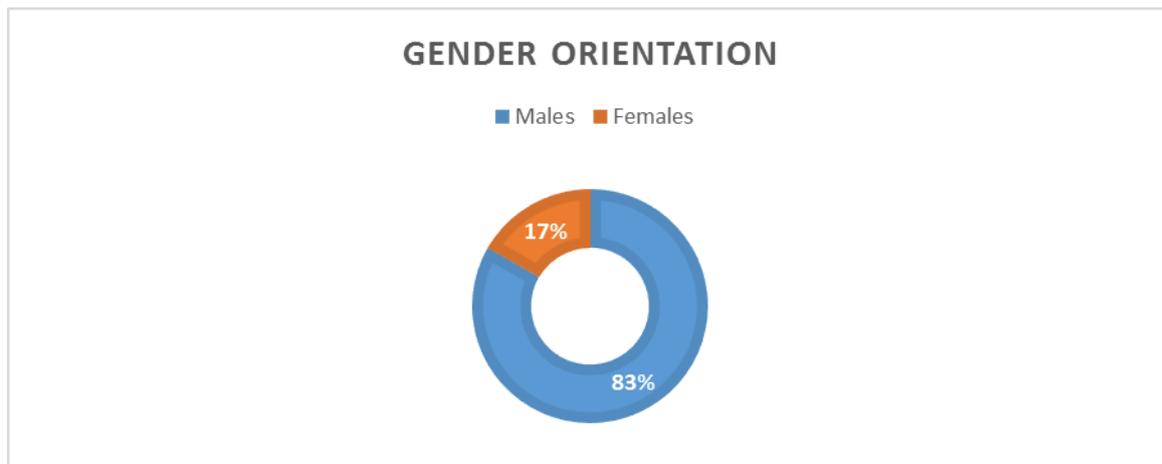


Figure 2: Gender orientation of the respondents

The study sample consisted of more males than females. There were five (05) males who constituted 83%, and one (01) female who constituted 17%, of the sampled population. The gender orientation and selection of the study was influenced by Wilsnack, Vogeltanz, Wilsnack and Harris (2000), who indicated that in many societies where alcohol consumption and abuse has been studied in relation to gender differences, males have always been found to consume and abuse more alcohol than females. This assertion is also supported by Ramsoomar, Morojele and Norris (2013), who mentioned that there is global evidence proving males to consume more alcohol than females, and suffer health challenges caused by binge drinking and frequent alcohol use. Although these numbers are promising, the researcher cannot conclude that amongst the community of Solomondale, there is male domination in terms of alcohol consumption.

### 4.2.3 Educational status

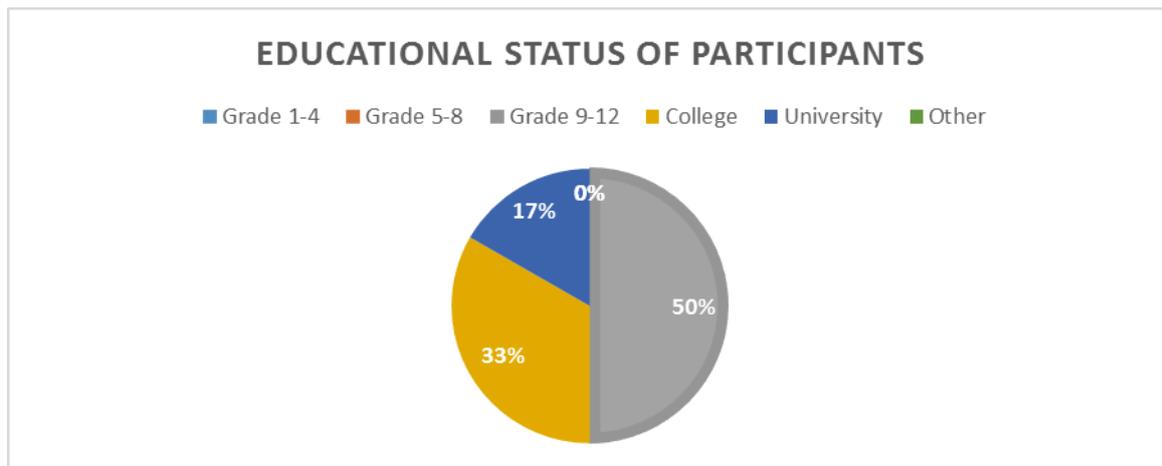


Figure 3: Educational status of participants

The above figure indicates that the respondents have received formal education, and that they have made 100% of the sample representation. Out of this sample population, three of the respondents, who made half of the sample representation, actually went up to high school level (between grade 9 and 12); while the other two went to the level of a college; and only one studied up to university level. This variable has assisted this study in the sense that the respondents were people who had information and possessed knowledge received through formal education. Heavy drinking episodes (binge drinking) are mostly observed among the college students. Their reasons have always been for enjoyment of life moments (Tavolacci, Boeg, Richard, Meyrignac, Dechelotte & Lander, 2016). Even though the sample was not representative enough, the researcher cannot conclude that the composition of this population sample would clearly indicate that lack of formal education cannot be attributed to alcohol abuse amongst the youths in Solomondale.

#### 4.2.4 Employment status



Figure 4: Employment status of the participants

The figure above proclaims that education in Solomondale is being taken seriously because it shows that the majority of the respondents were students (one at university and two at college levels). This is followed by few of the participants who are self-employed; and then the very few who are unemployed. Virtanen, Lintonen, Westerlund, Nummi, Janlert and Hammarström (2016) assert that people who are not busy with anything in their lives, particularly the unemployed, tend to engage in unhealthy behaviours that include the harmful use of alcohol as a form of passing time. They further argue that this is also a result of increased distress and feelings of frustrations due to lack of occupation in their lives. This variable assisted the study to evaluate if one of the causes of youth drinking problems could be related to unemployment.

## 4.3 SECTION B: DISCUSSION OF THE FINDINGS

Theme based presentation of findings from the participants

The section analyses and interprets data obtained from interviews. The themes are derived from key questions raised with the participants.

### 4.3.1 Theme 1: The impact of the distance of alcohol facilities and availability of alcohol on youths' alcohol abuse

#### 4.3.1.1 Subtheme: Number of alcohol facilities and the distance between can have effect on drinking behaviour of the youths

The majority of the respondents have reported to be not far from liquor outlets in the community. They said that they are about 500m away from the liquor outlet, whereas few indicated that they were not sure but it could be less than a kilometre; and the very few was just not sure of the distance. Fewer respondents do not believe that being closer to a liquor outlet has a positive influence on their drinking behaviour. Those who believe the number of liquor outlets in the community and the distance between them have a positive impact on their drinking behaviour reported the following responses:

“For the fact that I find my home to be closer to a few taverns in my community, it makes it easier for me to access alcohol because I do not have to travel far. When the nearby tavern start playing music on weekends, I am always persuaded to go there and have a drink”.

The other respondents said:

“When I want to drink I just rush there and get myself beers and it does not even take me more than ten (10) minutes”.

Setlalentoa, Pisa, Thekisho, Ryke and Loots Du (2010) supported these findings, indicating that the relationship between the distance of a liquor outlet in the community has a huge impact on community members' decision to drink because for one to decide to drink, the location, time, and affordability of alcohol matter the most. Moreover, there is a high number (seven) of liquor outlets in this community. These

outlets are said to be less than a kilometre away from each other throughout the community. The liquor outlets in this community serve as systems with greater effect on the lives of families and children in the community. The lives of the youth in this community are affected because of the number and the distance of the liquor outlets in the village. There are taverns, bottle stores and shebeens. This simply implies that alcohol in Solomondale is easily accessible.

#### 4.3.1.2 Subtheme: Strategies or mechanisms used to acquire alcohol

The majority of respondents reported that they usually use the money that they get from parents when they go to school for pocket money and transport. For instance, some of the respondents said:

“I would put aside money every day to make up for the weekend. When my parents give me R40.00 for transport and pocket money daily, I put ten rands (R10.00) aside every day. So by Friday afternoon I have R50.00 to buy alcohol. My friends will do the same and we bring the money together so that we can buy more alcohol and enjoy the weekend”.

This finding indicated that perhaps parents give their children more money than they are supposed to. The government of the Republic of South Africa has a feeding scheme programme for schools, but parents still give their children more money when they go to school. This is likely to promote alcohol consumption by young people. Babor, Robaina and Jernigan (2015) also reported that alcohol is sometimes made available to the youth by the significant other who purchases it for their loved ones or give them resources to acquire alcohol.

They further argue that family, friends and social clubs make it seem normal for young people to engage in alcohol consumption and to ensure that it is available. This argument relates very well with Bandura’s argument that people learn to drink by observing and being part of social groups in their communities. The fact that the youth of Solomondale find drinking a normal thing to do as they learn from their

contemporaries is a clear indication that they learn from each other, including techniques that they use to get more alcohol.

Other respondents reported to be having piece jobs that assist them to buy alcohol. Some of the respondents were vehicle mechanisms and the others would, time and again, find themselves piece jobs at the local warehouse where they would be offloading and loading cement into trucks for delivery purposes.

#### 4.3.2 Theme 2: The use of alcohol by significant others

##### 4.3.2.1 Sub-theme: Significant others (Parents, Siblings and extended family members)

The function of the significant others in the lives of the youths is to be support systems that ensure that the youth do not lose morals and give room for economical, emotional and psychosocial support, but when one or more members of the family start to abuse alcohol, the family itself becomes destabilised and imbalanced (Setlalentoa *et al.* 2010). Half of the respondents reported to be having either brothers or sisters in their families who consume alcohol with them. For instance:

“There are four of us who drink alcohol at home; my two older brothers and my other uncle who is mentally impaired, but he does not drink the kind we drink.”

Shakya, Christakis and Fowler (2012) found that the kind of relationship that family members have among themselves serves strongly as a determining factor towards alcohol abuse. That is, if family relations are centred on drinking alcohol, chances of children in that family to become drunkards when they grow up is very high.

The other half of the respondents reported to be the only ones who drink alcohol in their families, and that when their significant others are around, they find it hard to drink because sometimes they do not approve. Ryan *et al.* (2010) also found that parental modelling, limited availability of alcohol to the child, parental monitoring, a good parent-child relationship, parental involvement and general communication are associated with delays in early alcohol initiation and future problems in consumption.

#### 4.3.2.2 Sub-theme: Frequency of alcohol consumption in the family and with friends

Most of the respondents indicated that they usually drink over the weekend when they are not busy with anything. Others seemed to come up with very strange responses when they reported to be drinking daily with their friends when they are busy with their piece jobs and when they have knocked off. They drink more excessively when they have nothing to do. One of the respondents reported that he was sleeping when the researcher arrived because he was dinking in the morning. He also indicated that he was actually resting and he will be going back to drink later because he had nothing else to do.

Unemployment and dropping out of school are some of the major problems our youths are facing. They become major contributors to alcohol abuse in the rural communities. Setlalentoa *et al.* (2010) pointed out that although the use of alcohol or heavy drinking may cause people to lose their jobs, and that this may affect their performance negatively, it is also important to note that unemployment also increases drinking problem amongst the youth. This is to argue that if our youth find it difficult to find employment, they are likely to engage in excessive alcohol consumption in an attempt to pass time.

Brooks-Russell, Simons-Morton, Haynie, Farhat and Wang (2014) argue that peer alcohol use has always been at the centre of the youth's drinking behaviour because drinking with peers is always associated with behavioural approval, a shared group identity, and a belief that there will be social benefits from the behaviour. Alcohol is said to feel much better when you drink with your friends to such an extent that it is vied as normal by young people to drink alcohol daily as long as it is available. Brooks-Russell *et al.* (2014) further ague that having drinks with friends has a positive influence on alcohol abuse by the youth because it increases the belief that there are benefits that one gets from using alcohol. Such benefits may include fitting in, among others.

#### 4.3.2.3 Sub-theme: Parents sharing alcohol with children

The majority of respondents have observed their neighbours and fellow community members who would share alcohol with their own children. Some would share it when they have a party and others would literally send the child to go and buy alcohol so that they can drink with them. One participant reported...

“Yes, I can say it happens because my mother used to drink with me, I used to go with her to the liquor stores at some time and return home late with her. Sometimes I would go and fetch her from the outlet even though they would deny me access since the law was tougher back then that it is now.”

The finding is in consonant with views by Shakya, Christakis and Fowler (2012), who indicated that parents have the ability to influence alcohol abuse on their children through their parenting styles.

Some respondents have never seen family members sharing alcohol with their children in any occasion. Parents may be aware that their children drink alcohol but will never share it with them.

#### 4.3.3 Theme 3: Parental supervision

##### 4.3.3.1 Sub-theme: When parents are around and when they are not around

Very few respondents reported to be staying away from alcohol when their parents or caregivers are around as they do not approve of their drinking. One of these respondents reported that she stays with her uncle and grandmother, and that they are aware of her drinking but she cannot drink in their presence. When she wants to drink, she would rather make up a story of her having to visit her friends so that she can be able to enjoy drinking without being disrespectful.

She further indicated that even when they are not around, she still drinks moderately because she does not want to be drunk up to a point that she loses her way home. There are participants who have reported to be drinking whether the parents are there or not since they are aware of their drinking. But this is just a very small

number of participants as compared to those who do not drink when the guardians or parents are present. But the majority of respondents indicated that when their parents are around, they drink moderately because even though the parents are aware of the fact that they drink, they still feel that they need to respect them. But the minute the parents leave them, they drink much more heavily. These findings are supported by Dishion, Bullock and Kiesner (2008) and Friedman, Lichtenstein and Biglan (1985), who argue that young people would often engage in unwanted behaviours when they are not properly parented or supervised.

#### 4.3.4 Theme 4: Domestic problems and alcohol use

##### 4.3.4.1 Sub-theme: Using alcohol to escape domestic problems

Even though few studies have shown that there is a positive relationship between problems experienced at home and the use of alcohol by the youth (Tonmyr, Thornton, Draca and Wekerle, 2010), this appears not to be the same with the majority of the youth in Solomondale. This is because amongst the respondents, a very large number of them reported that they did not see alcohol as something that can be used as a coping mechanism to deal with domestic problems. They believe that domestic problems need to be dealt with head-on because alcohol can only add more problems. Some of them reported that they do not hide behind alcohol because it does not solve problems.

Some other respondents said:

“I drink out of boredom, because alcohol does not relieve stress but it adds more stress. For instance, after drinking I would go straight to bed but I will be awake in the middle of the night and start thinking of how useful the money I used for alcohol could have been.”

One of the respondents also made mention that when they are stressed, they would rather speak to the people whom they had an argument with, or go jogging to relieve stress. On the contrary, another one indicated that he finds alcohol consoling after a fight with his siblings or after something has gone wrong in his life. He reported...

“Yes it does help. Someone who is a drunkard is different from the one who is not. When i am sober i am always thinking of what had happened, but the minute I am drunk I will forget for those few hours, so I do take alcohol to help me forget about problems at home.”

This finding correlates with what Schwandt, Heilig, Hommer, George and Ramchandani (2013) found, that children who are from families that experience massive load of problems, be it abuse or neglect, are likely to develop problematic behaviours in future, and alcohol abuse becomes predominant in their lives.

#### **4.4 CONCLUSION**

The data indicate that there are worrying risk factors for youth alcohol abuse in our rural communities in South Africa as a country. This calls for departments in the government sector to design and to implement robust programmes aimed at intervention techniques. Plans should also be strengthened throughout the spheres of government. The results also showed that though parents of the youth may not be aware, they are somewhat contributing to abuse of alcohol by their children as they give them more money when they go to school, which is ultimately saved for use on alcohol on weekends. Programmes aimed at educating the youth on the dangers of abusing alcohol should be prioritised in this community. So is the establishment of alcohol abuse centres so that services relating to alcohol abuse may be accessible at all times.

# **CHAPTER FIVE**

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

### **5.1 INTRODUCTION**

The researcher has conducted a thorough investigation of, and observed all ethical considerations on, *“Risk Factors Contributing towards Alcohol Abuse amongst the Youth of Solomondale Community of Ga-Dikgale Traditional Authority, Limpopo Province”*. This chapter therefore aims to provide summary of the findings, conclusions and recommendations. The aim and objectives of the study are re-stated. The major findings are drawn from face to face semi-structured interviews guided by an interview schedule conducted with the youth of Solomondale community.

### **5.2 RESTATEMENT OF THE RESEARCH PROBLEM**

Thatcher and Clark (2008) indicate that in many cases, the abuse of substances would be associated with environmental and contextual risk factors. They indicate that environmental factors include, amongst others, family-related characteristics such as family functioning, parenting practices, and child maltreatment, whilst contextual factors include peer influences, substance availability, and consumption opportunities. In addition, Babor (2010) believes that a family history of substance use is a major risk factor for drug use disorders. Komro *et al.* (2007) also indicate that for some youth to drink is not just because of interpersonal factors, but that alcohol is part of their lives in their communities and mostly in their households.

Adolescents consume alcohol not just because of intrapersonal factors such as personality type or social skills; they drink alcohol because it is part of their daily lives in their communities and, for many youth, in their homes (Komro *et al.*, 2007). Rossow, Pape and Storvoll (2005) also found that the chances of youth receiving alcohol from a parent or taking it from home have increased as well. The commercial availability of alcohol is also said to be one of the most contributing factors in the

abuse of alcohol by young people (Forster, Murray, Wolfson & Wagenaar, 1995). This will include, amongst others, the price and alcohol content of the product (Scribner, Mackinnon & Dwyer, 1995).

Parents play a role in the wellbeing and development of their children (Pettersson, Gravesteyn & Roest, 2016). The above statement is supported by Cail and LaBrie (2010), who suggest that parents have an impact on their children's drinking behavior through their parenting practices. Parental influence has been identified as another important risk factor for early substance use initiation, and parents can affect their children's substance use both by their parenting practices and by modelling either positive or negative substance use behaviours (Trinidad & Johnson, 2002). Parents' substance use is associated with initiation of substance use among adolescents (Jester, Wong, Cranford, Buu, Fitzgerald & Zucker, 2015). Parental modelling of drinking is associated with both earlier initiations to drinking and increased later alcohol use amongst young adults (Ryan, Jorm & Lubman, 2010).

Furthermore, Dickson, Laursen, Stattin and Kerr (2015) found that inadequate parental supervision during the early adolescent years forecasts a host of conduct problems, including illicit alcohol consumption because when they are not always supervised, they have a likelihood of affiliation with deviant (e.g., delinquent or non-conforming) peers who encourage illicit alcohol consumption. Hamdan, Melhem, Porta, Song and Brent (2013) also found that parentally bereaved youth often show higher rates of alcohol and substance abuse symptoms than their non-bereaved counterparts. Freisthler, Byrnes and Gruenewald (2009) established that lack of parental monitoring is the strongest predictor of adolescent problem behaviours (i.e., substance use, deviance and school misconduct) as compared to other parental control behaviours.

Domestic issues cause distress, and have an impact on how people engage in drinking behaviours. Grayson and Nolen-Hoeksema (2005) found that at times people resort to drinking behaviours because of traumatic events that they experience within their households. They use drinking as a coping mechanism. Macy, Renz and Pelino (2013) also found that a considerable number of victims of domestic violence later experience alcohol and other substances abuse problems.

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

### **5.3.1. Aim of the Study**

The aim of this study was to explore risk factors that contribute to the prevalence of alcohol abuse amongst the youth of Solomondale community of GaDikgale Traditional Authority, Limpopo Province.

### **5.3.2. Objectives of the study**

The objectives of this study were:

- To establish whether the availability of alcohol leads to its abuse amongst the youth. This objective was achieved through section 4.3.1, which is theme one of chapter four of this study.
- To assess whether parents' indulgence in alcohol may lead to their children's abuse of alcohol. This objective was achieved through section 4.3.2 which is theme two of chapter four of this study.
- To determine whether lack of parental supervision may contribute to alcohol abuse amongst the youth. This objective was achieved through section 4.3.3, which is theme three of chapter four of this study.
- To appraise how domestic problems may lead to alcohol abuse amongst the youth. This objective was achieved through section 4.3.4, which is theme four of chapter four of this study.

## **5.4 MAJOR FINDINGS OF THE STUDY**

A summary of the major findings is presented as follows:

### **5.4.1 The availability of alcohol facilities and their proximity**

The findings of this study show that there is a positive relationship between the availability of alcohol, distance (proximity) of the liquor outlets and the drinking behaviour of the youth. However, there were few respondents who contradicted this. The findings indicate that youths use the money that they get from parents when they go to school as pocket money and transport to buy alcohol. This is supported by

Babor, Robaina and Jernigan (2015), who established that alcohol is sometimes made available to the youth by significant others who would either purchase alcohol for their loved ones or give them resources to acquire alcohol. Such significant others were reported to be family, friends and social clubs, which makes it seem normal for young people to engage in alcohol consumption, making it readily available. Piece jobs were also stated to be some of the strategies that assist youths to buy alcohol through their earnings.

#### 5.4.2 The use and sharing of alcohol with significant others

The findings of this study show that if relationships between parents and their children and those close to them are centred on drinking alcohol, such behaviour is strengthened and the youth is likely to engage in drinking behaviour most of their time. The findings further indicate that there are families in which most members of the family drink alcohol. This factor has a positive effect on drinking because children in these families grow up knowing that it is normal to drink alcohol. Shakya, Christakis and Fowler (2012) found that the kind of relationship that family members have amongst each other serves strongly as a determining factor towards alcohol abuse. There are also family members who share alcohol with their children, or give them money to buy alcohol, which further normalises the activity.

Furthermore, the frequency of engaging in alcohol has also shown to be dependent on the hectic schedule of the person drinking. There are respondents who agreed with the said statement when they reported to be drinking during weekends because they will not be busy with anything. There were those who drink daily due to issues of unemployment and dropping out of school. These youth have all the time in their hands but fail to use it constructively. Setälä *et al.* (2010) pointed out that the use of alcohol or heavy drinking may cause people to lose their jobs, and may affect their performance negatively. Therefore, it is also important to note that unemployment also increases drinking problem amongst the youth.

### 5.4.3 Parental supervision

The findings of this study on this variable show that lack of parental supervision leaves young people feeling freedom to drink at whatever time they feel like it. Some respondents reported to be drinking less when their guardians are around, and there are those who reported that the availability of their guardians serves no purpose as they drink equally because their guardians are aware of the fact that they drink.

Furthermore, there are respondents who felt that they need to show some respect to their guardians. Therefore, such youth drink moderately when their guardians are around even though they are aware of the fact that they drink. But the minute the parents leave them, they drink much more heavily. These findings are supported by Dishion, Bullock and Kiesner (2008) and Friedman Lichtenstein and Biglan (1985), who argue that young people would often engage in unwanted behaviours when they are not properly parented or supervised.

### 5.4.4 Alcohol use as an escape route from domestic problems

Even though few studies have shown that there is a positive relationship between problems experienced at home and the use of alcohol by the youth (Tommyr, Thornton, Draca & Wekerle, 2010), it appears not to be the case with the majority of the youth in Solomondale. Amongst the respondents interviewed, a very large number of them reported that they did not see alcohol as something that can be used as a coping mechanism to deal with domestic problems. They believe that domestic problems need to be dealt with directly because alcohol can only add more problems instead. Some of them reported that they do not hide behind alcohol because it does not solve problems. Some respondents reported to only drink due to boredom, and believe that alcohol does not solve problems.

Although there are some respondents who contradicted this finding, they are a minority. They reported that alcohol does help them deal with stress at times, but when they are sober, the stress re-surfaces.

## **5.5 CONCLUSIONS**

Based on the findings of this study, the following conclusions can be drawn:

- Young people are influenced by the availability of alcohol to engage in the drinking behaviours.
- Unemployment and dropping out of school are some of the major problems our youths are facing and they become major contributors to alcohol abuse in the rural communities.
- As long as alcohol consumption is normalised in the communities, the fight against alcohol consumption by the youths is far from over.
- Young people who are not busy with anything find pleasure in drinking alcohol rather than using their time constructively.
- Lack of parental supervision creates chances of increasing alcohol consumption and abuse by the youth.
- There is little relationship between domestic problems and the abuse of alcohol by the youth.

## **5.6 RECOMMENDATIONS**

The following recommendations are drawn based on the findings of the study:

- Alcohol and other substance abuse calls for the strengthening of preventative and intervention measures in rural communities. Issues such as educating the parents and guardians on how to improve their parenting skills in relation to alcohol consumption and the dangers thereof can go a long way if taken into consideration.
- The government of the Republic of South Africa should create programmes that are aimed at keeping young people off the streets and at improving their wellbeing, and ultimately improving communities in the country.
- There is a need for the establishment of more substance abuse service centres in rural communities to ensure that community members have easy access to educational materials on alcohol and other substance abuse.
- Educational youth programmes on the use of substances should be strengthened in rural communities to help young people understand the risks of abusing substances.

- Counselling services should be marketed by different stakeholders in rural communities to assist young people who abuse alcohol in order to deal with stress caused by violence which they go through.

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# **ANNEXURE A: CONSENT FORM**

**Title of research project: Risk factors contributing towards alcohol abuse amongst the youths of Solomondale community of GaDikgale Traditional Authority, Limpopo Province**

## **CONSENT FORM**

*I am Nthabanele Enoch Rabotata, an MA student at the University of Limpopo, my research is about Risk factors contributing towards alcohol abuse amongst the youths of Solomondale community of GaDikgale Traditional Authority. My study leader is Prof JC Makhubele. The following is information about the study so that you can make an informed decision.*

### **1. PURPOSE OF THE STUDY**

To explore risk factors that contribute to the prevalence of alcohol abuse amongst the youth of Solomondale community of GaDikgale Traditional Authority, Limpopo Province.

### **2. PROCEDURE**

- Participation in this study is voluntary. Therefore, you have the choice to discontinue with the interview at any stage should you feel uncomfortable without providing any reason.
- You have the right to choose the place of the interview within the village where confidentiality will be possible.
- With your permission, the interview will take 45-60 minutes long.
- The interview will be audio- recorded

### **3. CONFIDENTIALITY**

All the information, including your identity and responses in this interview, will be kept confidential and only used for research. All audio-recorded materials, transcripts of the interview and completed interview schedules will be safely stored in a locked cabinet in the researcher's office and in her computer, which is password protected. All materials will then be stored in a storeroom at the Department of

Social Work at the University of Limpopo, prohibiting all people, including the researcher and study leader, from having access to the material. Individual interviews will be conducted in a quiet place to avoid interruptions. The researcher will maintain anonymity as far as possible during the research process.

#### **4. DECEPTION OF RESPONDENTS**

You as the participant will be briefed about the aim of the research and no information will be withheld from you in order to allow you to make an informed decision regarding your participation in the research and to avoid deception.

#### **5. BENEFITS AND RISKS**

- The information gained from the research can assist social workers in healthcare settings and health professionals to identify gaps in risk factors of alcohol abuse in rural communities, and will encourage the development or enhancement of relevant programmes.
- It can also add on the existing body of knowledge regarding the role of social workers in the prevention of alcohol abuse amongst the youth.

#### **6. COSTS**

There will be no cost to you as a result of your participation in this study.

#### **7. PAYMENT**

You will receive no payment for participation.

You are welcome to ask the researcher any questions before you decide to give consent. You are also welcome to contact me as a student or my study leader if you have any further questions concerning your participation in the study.

#### **8. VOLUNTEER STATEMENT**

I agree that the procedures and processes of the interview have been clearly explained to me; that my identity and responses will be kept private and confidential; and that I may choose to discontinue with the interview at any stage should I feel uncomfortable without providing any reason. I also consent that the interview be audio recorded digitally and electronically so that data provided be analysed and findings of the study reported for research purposes. This is the only place where your name will appear otherwise you can mark with an "X".

Name of Participant\_\_\_\_\_

Signature of Participant\_\_\_\_\_

I, Nthabanele Enoch Rabotata as an interviewer have explained all procedures to be followed in the interview, risks and benefits involved and my ethical obligations.

Signature of Interviewer\_\_\_\_\_

Cell no: Mr. N.E Rabotata            0839547877

Cell no: Prof. J.C Makhubele        084 712 2913/015 268 2291

### **9. FEEDBACK OF FINDINGS**

The findings of the research will be shared with you as soon as it is available if you are interested.

We want to thank you for your participation in this study.

.....

Mr. N.E Rabotata: MA student in Social Work

.....

Prof JC Makhubele

Study Leader

## **ANNEXURE B: INTERVIEW GUIDE**

**Risk factors contributing towards alcohol abuse amongst the youths of Solomondale community of GaDikgale Traditional Authority, Limpopo Province**

### **1. Information on participants' demographics**

#### **1.1 Age**

18 – 25	
26 – 30	
31 – 35	

#### **1.2 Level of education**

Grade 1 – 4	
Grade 5 – 8	
Grade 9 – 12	
College	
University	
Other	

#### **1.3 Years residing at Solomondale**

0 – 5	
5 – 10	
11 – 14	
15 – 20	
20 +	
Other (Specify)	

#### 1.4 Marital status

Single	
Married	
Divorced	
Widowed	
Other (Specify)	

#### 1.5 Employment status

Employed	
Unemployed	
Self-employed	
Other (Specify)	

### 2. Availability and affordability of alcohol

2.1. How far are you from the liquor outlet?

2.2. Do you have a problem about sharing with me about how many liquor outlets are there in your community?

2.3. Will you kindly explain to me the strategies or mechanisms you use to obtain alcohol?

### 3. Parents' indulgence in alcohol

3.1. Who in your family takes or drinks alcohol, including your parents, if they do?

3.2. In a week, how many times do your significant others, including your parents, drink alcohol?

3.3. Would you share your experiences about when alcohol was given to you by your parents and significant others?

### 4. Lack of parental supervision

4.1. Will you share with us about the difference in terms of the level at which you consume alcohol when your parents are there and when they are not present.

4.2. Will you share with us about your parents' views on your drinking behaviour?

## **5. Domestic problems and alcohol**

5.1. How would you link your drinking behaviour to problems that you experience in your household?

5.2. Can you please share how you handle stressful life situations experienced at home?

## SEGOMARETŠWA SA A

**Thaetlele ya projeke ya dinyakišišo: Mabaka a kotsi ao a ba go le seabe go tšhomišompe ya dinotagi magareng ga baswa ba setšhabeng sa Solomondale go la Mošate wa GaDikgale, Profentshe ya Limpopo**

### **FOROMO YA BOITLAMO**

*Nna ke le Nthabanele Enoch Rabotata, moithuti wa Masethase (MA) wa Yunibetsithi ya Limpopo ke nyakišiša ka Mabaka a kotsi ao a ba go le seabe go tšhomišompe ya dinotagi magareng ga baswa ba setšhabeng sa Solomondale go la Mošate wa GaDikgale, Profentshe ya Limpopo. Moetapele waka ke Moprofesara JC Makhubele. Tše di latelago ke ditaba ka ga thuto ye gore o tle o kgone go tšea sephetho sa maleba.*

### **1. MAIKEMIŠETŠO A THUTO**

Go utolla mabaka a kotsi ao a ba go le seabe go tšhomišompe ya dinotagi magareng ga baswa ba setšhabeng sa Solomondale go la Mošate wa GaDikgale, Profentshe ya Limpopo.

### **2. TSHEPEDIŠO**

- Go tšea karolo mo thutong ye ke go ithaopa, o na le kgetho ya go se tšwelepele le dipotšišo nako ye ngwe le ye ngwe yeo o ratago, ntle le go fa mabaka.
- Na le tokelo ya go kgetha lefelo la moo o ka dirago gona dipotšišo mo motseng moo e le go gore o tla ba le sephiri.
- Ka tumelelo ya gago, dipotšišo di tla ba metsotso 45 – 60 ka botelele.
- Dipotšišo di tla gatišwa ka segatiša mantšu.

### **3. POTEGO / SEPHIRI**

Ditaba ka moka go akaretša boitsebišo le dikarabo e tla ba sephiri ebile di tla šomišwa fela mo nyakišišong ye. Didirišwa (ditlabakelo) ka moka tša tšeo di gatišitšego mantšu, mongwalollo wa di dipotšišo le lenaneo la dipotšišo tšeo di

tladitšwego di tla beiwa lefelong leo le bolokegilego, ka gare ga kabinete yeo e notletšwego ka kantorong ya monyakišiši le ka gare ga khomphuthara yeo e šireleditšwego ke nomoro ya sephiri. Didirišwa (ditlabakelo) tše ka moka di tla beiwa ka phaphošing ya bobolokelo ka Kgorong ya Badirelaleago ka mo Yunibesithing ya Limpopo, go tla iletšwa go tsena batho ka moka, go akaretša le yena monyakišiši le moetapele wa thuto ye ka lefelong leo gonago le didirišwa (ditlabakelo). Dipotšišo go yo mongwe le yo mongwe di tla botšišwa lefelong leo le rilego tuu go thibela go tshwenywa. Monyakišiši o tla netefatša gore go ba le sephiri nakong ka moka ya nyakišišo ye.

#### **4. PHORO (THETŠO) YA BATŠEAKAROLO**

Wena bjalo ka motšekarolo, o tla botšwa ka maikemišetšo a nyakišišo ye le gore ga o na ditaba tšeo o tla fihlelwago tšona gore o tle o kgone go tšea karolo ka mo nyakišišong ye ka monagano wo o fodilego le gore o se ke gwa ba le phoro (thetšo).

#### **5. MEHOLA LE DIKOTSI**

- Tsebo yeo e hweditšwego mo nyakišišong ye e tla thuša Badirelaleago go mafelo a tlhokomelo ya tša kalafi le ba tša maphelo go bontšha dikgoba tša kotsi ya tšhomišompe ya dinotagi metse magaeng le go hlohleletša tšwelopele ya mafapha a maleba.
- E bile e ka oketša godimo ga tsebo ye e šetšego e le gona mabapi le karolo yeo Badirelaleago ba thibelago tšhomišompe ya dinotagi magareng ga baswa.

#### **6. TSHENYEGELO**

- A gona tshenyegelo yeo o tla lefišwago yona ge o tšere karalo mo thutong ye.

#### **7. TEFO**

- ka se hwetše tefo go tšeeng karolo ga gago.
- dumeletšwe go botšiša monyakišiši potšišo ye ngwe le ye ngwe pele o nagana go fa tumelelo ya gago. O dumeletšwe gape go ikopanya le nna bjalo ka moithuti goba moetapele wa thuto ye ge o na le dipotšišo tše di ngwe tšeo di amanago le gore o tšee karolo mo thutong ye.

## 8. SETATAMENTE SA GO ITHAOPA

Ke a dumela gore tshepedišo le peakanyo ya poledišano ye ke e hlalošitšwe ka botlalo le gore boitsebišo bjaka le dikarabo di tla beiwa lefelong la ka sephiring, le gore nka kgetha go se sa tšwelapele le dipotšišo nako ye ngwe le ye ngwe ge ke ekwa ke sa swarwe gabotse ntle le go fa mabaka. E bile ke a dumela gore poledišano ye e gatišwe ka digatiša mantšu go direla gore tšohle tšeo di hweditšwego mo thutong ye di tle di fetlekwe le gore dipoelo tša thuto ye di dirišwe mabakeng a dinyakišišo. Le ke lona lefelo leo e lego gore leina la gago le tla tšwelela gona goba o ka swaya ka "X".

Leina la Motšeakarolo \_\_\_\_\_

Mosaeno wa Motšeakarolo \_\_\_\_\_

Nna, Nthabanele Enoch Rabotata bjalo ka yo a botšišago dipotšišo ke hlalošitše tshepedišo ka moka yeo e tlogo go latelwa go dipotšišo, dikotsi ka moka le mehola yeo e amanago le maitshwaro a kgapeletšo.

Mosaeno wa Mmotšiši wa dipotšišo \_\_\_\_\_

Nomoro ya Sellathekeng: Mna. N.E Rabotata (0839547877)

Nomoro ya Sellathekeng: Moprofesara J.C Makhubele (0847122913/ 015 268 2291)

## 9. DIPOELO TŠA DINYAKIŠIŠO

Dipoelo tša nyakišišo ye o tla fiwa tšona morago ga gore di lokollwe ge o di nyaka.

Re rata go o leboga go tšea karolo ga gago mo thutong ye.

.....

Mna. N.E Rabotata: Moithuti wa Masethase (MA) wa Bodirelaleago

.....

Moprofesara JC Makhubele

Moetapele wa Thuto

# SEGOMARETŠWA SA B

Tlhahlo ya Dipotšišo:

Mabaka a kotsi ao a ba go le seabe go tšhomišompe ya dinotagi magareng ga baswa ba setšhabeng sa Solomondale go la Mošate wa GaDikgale, Profentshe ya Limpopo

## 1. Taodišophelo ya motšeakarolo

### 1.1 Mengwaga

18 – 25	
26 – 30	
31 – 35	

### 1.2 Maemo a thuto

Kreiti 1 – 4	
Kreiti 5 – 8	
Kreiti 9 – 12	
Kholetšhe	
Yunibesithi	
-Ngwe	

### 1.3 Mengwaga o dula Solomondale

0 – 5	
5 – 10	
11 – 14	
15 – 20	
20	
-Ngwe (laetša)	

#### 1.4 Maemo a lenyalo

Ga se o nyale (nyalwe)	
Nyetše (Nyetšwe)	
Hlalane	
Mohlolo(gadi)	
-Ngwe (Laetša)	

#### 1.5 Maemo a mošomo

O a šoma	
Ga o šome	
Moipereke	
-Ngwe (Laetša)	

### 2. Go ba gona le go hwetšagala ga dinotagi

- 2.1. A o bokgole bjo bokanakang le mo go rekišwago bjälwa naa?
- 2.2. A o na le bothata bja go mpošša gore ke mafelo a ma kae a go rekiša bjälwa mo setšhabeng sa geno?
- 2.3. Ke kgopela o ntlhalošetše gore ke mekgwa e fe yeo o e šomišago go hwetša bjälwa.

### 3. Batswadi ba go ikgafela go tšhomišompe ya dinotagi

- 3.1. Ke mang ka lapeng la geno yo a nwago bjälwa go akaretšwa le batswadi ba gago ge e le gore ba a nwa.
- 3.2. Mo bekeng, ke gakaee moo batswadi ba gago ba nwago bjälwa?
- 3.3. A o ka hlaloša maitemogelo a gago ka moo o fiwago bjälwa ka gona ke batswadi ba gago goba bangwe ba ba leloko?

### 4. Go hloka tlhokomelo ya batswadi

- 4.1. A o ka hlaloša ka mokgwa wa tekanyetšo, ka moo o nwago bjälwa ka gona ge batswadi ba gago ba le gona, le ge ba se gona.

4.2. A o ka hlaloša maikutlo a batswadi ba gago go ya mokgwa woo wena o nwago

bjalwa ka gona.

**5. Mathata a ka gae (lapeng) le a dinotagi**

5.1. A o ka amanya bjang mekgwa ya gago ya go nwa bjalwa le mathata ao o a hwetša go tšwa ka gae goba lapeng?

5.2. Ka kgopelo, a nke o hlaloše ka moo o rarolla mathata a kgatetelo ya bophelo ao o a hwetšago go tšwa ka gae (lapeng).