

**THE PERCEPTION OF COMMUNITY TOWARDS ALCOHOL ABUSE AMONG TEENAGERS
IN SHAYANDIMA TOWNSHIP, LIMPOPO PROVINCE**

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**THE PERCEPTION OF COMMUNITY TOWARDS ALCOHOL ABUSE AMONG TEENAGERS
IN SHAYANDIMA TOWNSHIP, LIMPOPO PROVINCE**

by

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2020

DECLARATION

I declare that the mini-dissertation on "**The Perception of Community towards Alcohol Abuse among Teenagers in Shayandima Township, Limpopo Province**" is my own work and that all the sources used have been indicated and acknowledged. The research report is submitted to the University of Limpopo, in fulfillment of the requirements of the degree of Master in Public Administration and Management and has not been previously submitted by me for any examination at this or any other university.

.....

DAU, M (Ms)

.....

DATE

DEDICATION

This mini-dissertation is dedicated to my mother, Grace Maalazwanda Dau, and my partner, Ndivhuwo Madzusa, for supporting me, believing in me and being my pillars of strength.

ACKNOWLEDGEMENTS

“God My Creator, from whom heaven and earth originates, my allegiance is owed to Him”.

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- I would like to thank the Limpopo Office of the Premier for permitting me to conduct the research, and I would also like to thank the participants for participating in this research: their willingness to accommodate and assist me despite their hectic schedules is highly appreciated.

ABSTRACT

Alcoholism among teenagers has become a major public health issue worldwide. South Africa is amongst the countries that are experiencing this problem. Abuse of alcohol has caused many social ills, namely road crashes, intentional and unintentional injuries, raping, and petty and high end crime in the community. Drinking amongst teenagers could be linked to personal and environmental factors including dysfunctional family structures and alcohol perception of elders in a particular community, which may view it as socially acceptable to drink, among other factors.

The purpose of the study is to explore the perception of the community towards alcohol abuse among teenagers in Shayandima Township, Limpopo Province. The current study adopted a convergent mixed research design (both qualitative and quantitative) as well as a self-administered questionnaire and semi-structured interview for data collection. A one-on-one interview was also conducted with 12 key informants in order to gather detailed qualitative data on the perception of the community regarding teenage alcohol abuse. In addition, a total of 50 respondents were involved in the quantitative study. They include social workers, ward councillors, members of Shayandima victim empowerment and community police forum members.

The findings of this study revealed that there are policies put in place by government to address alcohol abuse by teenagers; however, the liquor sellers and the community members did not adhere to the rules and regulations. Liquor sellers violate the rules by selling liquor to teenagers, while the parents allow teenagers to go and buy liquor and enjoy the very same liquor with them. It was also found that that there was more violence in the community because of alcohol abuse. Parents tend to protect their children rather than supporting local authorities. Teenagers have access to alcohol at any time and any day because parents give them more money to spend, which makes it cheaper for them to buy alcohol. The findings further highlighted that the community was not well informed about the support rendered by those organizations that deal with teenage alcohol abuse. The study recommends that drastic measures should be taken against the liquor sellers who sell alcohol to teenagers. Their liquor licence should be revoked permanently. Government should strengthen their monitoring system regarding the liquor outlets. Only a business area must have liquor outlets, not the township residential areas and near public schools. Community-based organisations should be promoted to enhance community awareness and act against teenage alcohol abuse.

Key words: Alcohol, Teenage, Alcohol Abuse, Community Perception, Shayandima Township.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Alcohol abuse is one of the major social problems that affect communities at large. It is argued that alcohol abuse among learners remains a persistent problem across the world today (Boyd, Howard, & Zucker, 2013). It has become so worrisome that it has gained prominence in social discourse (Scott-Sheldon, Carey, Elliott, Garey & Carey, 2014).

According to Onya, Tessera, Meyer and Flisher (2012), the South African national and regional statistics on alcohol consumption indicate that most high school learners have tried alcohol and many of them are drinking at regular intervals. This shows that alcohol consumption among South African teenagers is a cause for concern as the early initiation of alcohol consumption is associated with a range of negative consequences. Morojele and Ramsooma (2016) assert that excessive alcohol consumption constitutes a significant public health problem among adolescents (age 10-19) in South Africa.

South Africa is said to have the highest rate when it comes to alcohol abuse. It is reckoned that South Africans consume 5 billion litres of alcohol annually; this figure is likely to be higher still if sorghum beer is included and equates to 9 - 10 litres of pure alcohol per person (Seggie, 2012). According to the World Health Organization (WHO), cited in Seggie (2012), in 2011 only this consumption rate is among the highest per capita consumption rates in the world, and it is predicted to rise in future. The author further argues that alcoholism among South African teenagers is a particular concern, given that at least half of SA's population are categorised as teenagers. The main reasons for high consumption and misuse of alcohol include: peer pressure

and a desire to fit in; poor home environments and boredom; ignorance of what effect alcohol has in one's body; and the relative cheapness of alcohol products and their ease of access.

South Africa is not the only country that faces the aforementioned challenges. There are many countries which had suffered from adolescent alcohol drinking patterns and have alcohol control policies that take into consideration the potentially harmful effects of binge drinking and adopt specific measures to discourage this type of drinking may have significant public health value (Gilligan, Kuntsche and Gmel, 2012). Morojele and Ramsoomar (2016) report that binge drinking has important implications for long-term progression to problem drinking and acute alcohol-related harms, and this is highlighted in both the global and the national literature. The authors further indicated that binge drinking is a major risk factor for a range of alcohol-related harms in South Africa, including traffic-related accidents and deaths, interpersonal violence, foetal alcohol syndrome, crime, sexual risk, tuberculosis, pneumonia and the resultant burden of all these harms on the economy. Morojele and Ramsooma (2016) also state that the most recent findings of the South African Community Epidemiological Network on Drug Use (SACENDU) revealed that, with the exception of one site, between 11% and 19% of patients being treated were <20 years of age. In light of SA's status as one of the countries with the most risky drinking patterns, it is essential to address binge and problem drinking early in life to prevent both its direct effects on individual health and wellbeing and the associated harms.

1.2. PROBLEM STATEMENT

According to *the National Liquor Act No. 59* of 2003, it is illegal to sell or supply liquor to a minor, meaning that teenagers are not allowed to drink alcohol in South Africa. Despite the fact that policy and legal frameworks are in place, the country is facing a serious challenge of alcohol abuse by teenagers and adults. Alcohol abuse has been reported as a major concern and is a source of social and economic problems in many developing countries such as South Africa (Monteiro, 2001; WHO, 2014). According to

the South African National Council on Alcoholism and Drug Dependence (SANCA, 2009-2010), there was an increase of alcohol consumers among underage young people. The trend is that young people abuse more than one substance of primary alcohol.

The teenagers of Shayandima Township in Limpopo Province are not immune to the above-mentioned challenge. The researcher is originally from the township and has observed alcohol abuse by the teenagers of the Township. Most of the time, teenagers of Shayandima Township gather in different outlets that sells alcohol. In this regard, community and religious organisations have expressed their concern. For instance, under the auspices of the African Methodist Church (AMC) members of the community marched through the streets of Shayandima Township in Vhembe District to protest against the easy sale of alcohol and drugs to the teenagers in the community and also expressed their dissatisfaction with the consumption of alcohol by teenagers (Tshikhudo, A. 2016). Hence, this study focuses on investigating the perception of the community towards alcohol abuse among teenagers in Shayandima Township in Limpopo province.

The root causes of the problem of teenage alcohol abuse in shayandima are as follows:

- Peer pressure or conformity to peer behaviour is a significant reason that many teenagers in Shayandima Township use alcohol.
- Stress reduction is also one of the common reasons that teenagers begin and continue to use alcohol.
- Learning by association is a common reason that many teenagers in Shayandima Township begin drinking alcohol. They observe their peers, family, and other adults drinking alcohol to feel good or reduce stress, and they attempt to drink for the same reasons.

1.3. MOTIVATION OF THE STUDY

Since 1994, alcohol outlets in Shayandima Township have been mushrooming. Born and bred in Shayandima Township, the researcher has noticed a change in behaviour among the teenagers caused by the influence of alcohol abuse. The Researcher has observed that coincidentally, while the liquor outlets were mushrooming, teenage pregnancy and crime committed in and around the Township also increases. It is therefore the objective of the researcher that, through the findings and recommendations of this study, the authorities within Thulamela Local Municipality in Vhembe district of Limpopo Province will be able to deal with the challenges associated with alcohol abuse by teenagers in and around Shayandima Township.

1.4. SIGNIFICANCE OF THE STUDY

The research on the effects of alcohol abuse by the teenagers of Shayandima is very important to the community and the country as a whole. This challenge is affecting the country in a very negative way because alcohol addiction or abuse by teenagers results in many negative consequences. As such, the chance of our teenagers being successful in life is very slim. The study will contribute to eradicating the epidemic by reviewing the strategies put in place on addressing alcohol abuse to make them effective which will therefore minimise the abuse of alcohol by teenagers.

1.5 AIM OF THE STUDY

The aim of the study is to explore the perception of the community towards alcohol abuse among teenagers in Shayandima Township, Limpopo Province.

1.5.1 Objectives

The specific objectives of this study are:

- To ascertain the policies and the strategies put in place by government to address alcohol abuse by teenagers.

- To examine challenges experienced by the community regarding alcohol abuse by teenagers.
- To recommend appropriate strategies to address the problem of alcohol abuse among teenagers.

1.5.2 Research Questions

The specific research questions of this study are:

- What policies and strategies are put in place by government to address alcohol abuse by teenagers?
- What are the challenges faced by the community regarding alcohol abuse by teenagers?
- What should be done to address the problem of alcohol abuse by teenagers?

1.6 DEFINITION OF CONCEPTS

Alcohol. Alcohol is an addictive, destructive and the most widely used psychoactive drug that involves a risk to the consumer and community at large (Coomber, Mcelrath, Measham and Moore, 2013; Gossop, 2013).

Alcohol abuse. Alcohol abuse entails the non-medical use (or misuse) of a psychoactive drug to such an extent that it results in problems for the consumer (Coomber et.al, 2013).

Community. A community is a small or large social unit (group of people) who have something in common, such as norms, religion, values or identity (Van Pelt, 2009).

Liquor Outlets. A liquor outlet is a retail shop that sells pre-packaged alcoholic beverages typically in bottles, intended to be consumed off the store's premises (Republic of South Africa, 2003).

Teenager. A teenager or a teen is a young person whose age falls between the ranges of 13 to 19. They are called teenagers because their age number ends with “teen” (Van Pelt, 2009). Teenagers are said to be at secondary school, in the early years of university or doing post study and training. During this changing stage in one life that is from child to young adult, there is physical and mental development and teenagers tend to seek independence and experiment with risk behaviours (Jackson, 2005)

1.7 OUTLINE OF RESEARCH REPORT

The study consists of five (5) chapters as outlined below:

Chapter 1: Overview of the study: This chapter serves to orientate the study. The researcher introduces the topic and provides background on how the problem emanated. The problem identified is clearly stated in this chapter and it focuses on obtaining reliable findings so that informed conclusions can be drawn.

Chapter 2: Literature review: This chapter will discuss the relevant literature on the perception of the community towards alcohol abuse among teenagers. The objective of this chapter is to present a sound theoretical basis that serves as a guide in responding to the research questions.

Chapter 3: Research methodology: The chapter on methodological design will state the methods to be employed in collecting data and will explore the analyses of collected data. It will also be explicit as to what instruments are going to be used in the data collection and analysis, including the demographic profiles such as age and gender of the sample population.

Chapter 4: Data analysis and presentation of findings: This chapter will present raw data obtained from the interviews and questionnaire documents retrieved from community members, the liquor buyers and the liquor outlet owners.

Chapter 5: Summary, conclusion and recommendations: The final chapter will deal with the findings from data analysis and conclusions and

make recommendations as well as point out other aspects for possible further research.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The purpose of this chapter is to provide a literature review for the study. This chapter will start by looking at key concepts namely: alcohol abuse and binge drinking. It deals with the theoretical framework which is the social learning theory. The chapter will also address teenager alcohol abuse and the motives that drive alcohol abuse, particularly why young people drink and the following elements such as coping motives, enhancement motives and conformity motives. Furthermore, the causes and effects of alcohol use and the desirable and undesirable effects of alcohol use will be addressed, and the legislative framework in South Africa will also be addressed. Finally, the chapter will provide some insight on international perspectives, the legislative framework in South Africa and conclusive remarks.

2.2. CONCEPTUALISING ALCOHOL ABUSE AND BINGE DRINKING

Alcohol abuse refers to drinks containing ethyl alcohol such as spirits, beer and wine (Jackson, 2005). Alcohol is made from the fermentation of yeast, sugars, and starches and these substances that are used to make alcohol are the substances that cause one to be drunk, change in consciousness, moods and emotions (Craig, 2003). Alcohol is a drug that has dangers such as dependence and intoxication (Babor, Caetano, Casswell, Edwards, Giesbrecht, Graham, Grube, Hill, Holder, Homel, Livingston, Österberg, Jurgen, Robin & Ingeborg, 2010: 14). Mostly, alcohol abuse is due to interconnected factors such as the social environment, upbringing and emotional health and it creates many negative consequences among teenagers (Jackson, 2005). For example, many teenagers drink and drive causing accidents or deaths. Teenagers' alcohol abuse also plays a role in other types of injuries as well as contributing to higher incidence of unwanted or unplanned sex. According to the WHO, nearly 10 million teenagers

between the ages of 12 to 20 consume alcohol every day; hence alcohol consumption among teenagers is still at an alarming level worldwide (WHO, 2012). The rate of alcohol consumption increases every day, and current data show that in the past decade it has increased rapidly (National Institute on Alcohol Abuse and Alcoholism, 2011).

South Africa has been reported to have one of the highest per capita alcohol consumption rates in the world, with over 30% of the population struggling with an alcohol problem or on the verge of having one (Creamer, 2012). Moreover, alcohol-related harm is a major public health concern in South Africa with statistics showing that alcohol affects 17.5 million South Africans, and it is the main cause of road accident deaths and injuries in the country (NIDA, 2012). According to Creamer (2012:1), "in 2009, the WHO Status Report on Road Safety in Countries of the WHO African Region reported that 60% of road traffic deaths in South Africa involve alcohol, while the South African Medical Research Council suggests that alcohol is a factor in 50% of all road accidents". Most teenagers of today start to use alcohol or other drugs when they are at high school due to peer pressure.

According to the National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. Most people who binge drink are not alcohol dependent.

2.3. THEORETICAL FRAMEWORK

In order to explore the perception that the Community has towards Alcohol Abuse among Teenagers in Shayandima Township, Limpopo Province, one needs to understand the existing aetiology on substance abuse. The current study employs the use of the social learning theory in order to understand the phenomenon under study. This theory is deemed suitable for this study as it seems to capture important aspects that are central to the current study (such as family, environment, culture and social structures) and attempts to explain

them. Moreover, social learning has been identified as playing an important role in the knowledge and attitudes of teenagers regarding substance abuse (Craig, 2003).

Social learning has been considered as the means by which societies transmit their acquired cultural capital and also as the study of the human mind (Jackson, 2005). As we speak of social learning nowadays, we speak of representation of knowledge and attitudes and specific structures of the mind. Conversely, social learning can be regarded as the potential solution of knowledge and attitudes of an individual (Bandura, 1976). The social learning theory states that behaviour is moulded by rewards and punishment or reinforcement (Craig, 2003). This theory explains that the environment, social groups and social interactions play an important role in substance use and abuse. Bandura (1976) asserts that teenagers learn aggressive responses from observing others, either personally or through the media and environment. Bandura argues that individuals do not actually inherit knowledge or attitudes, but that they learn them from others.

2.4. TEENAGE ALCOHOL ABUSE

According to Ordonez (2011), teenagers are more susceptible to alcohol intoxication than adults. At the initiation of alcohol consumption, teenagers have not yet developed a behavioural or physiological tolerance to alcohol and its effects. Due to their smaller body sizes and lower body weight compared to adults, they usually do not need to consume a very large amount of alcohol before becoming intoxicated (Spear, 2002). The environment to which teenagers are exposed plays a major role in the formation and development of their future life (Ordonez, 2011). For example, it is evident that parents that are unable to pay school fees reluctantly withdraw their children from school, leaving them with nothing to do and making them vulnerable to substance abuse.

According to Sarantakos (2005), teenagers are exposed to alcohol in different situations including cultural and religious ceremonies. Culturally, alcohol plays

an important role in weddings, baptism, birth and other public and private events. Religiously for example in catholic churches, consuming some alcohol is part of celebrations such as the Holy Communion but only minimal levels of consumption are encouraged. In African and Brazillian traditional religions alcohol is used to prepare people for rituals and dances. There are communities where alcohol is mandatory in the celebration of events because it is an important element of social cohesion as well as a sign of power and opulence for the person able to provide enough alcohol (Babor et al. 2010, 11). Also, in Kenya a wedding should not take place if the groom has not brought alcohol to the bride's home since it is an important part of the celebration process.

Teenagers consider alcohol consumption as part of fun during parties and a way of coping with life difficulties. At different stages in life, alcohol consumption has different meanings. For example, for adults it is just for relaxation and socialization, but for teenagers, it can be a form of rebellion and a way of having fun. It has been observed that in most cases, as teenagers grow up, their alcohol consumption can become less, although this depends on cultural and demographic factors. Nevertheless, societies all over the world are concerned about teenagers. Even in countries like China where alcohol consumption has been normalized, they do not allow teenagers to buy it. This is because, in the process of having fun and being rebellious, they get involved in car accidents, fights and other dangers (Babor et al. 2010, 12).

2.5. ALCOHOL CONSUMPTION

Alcohol consumption is referred to as the act of drinking beverages that contain ethyl alcohol (Keller & Vaillant, 2016). In a legal sense, alcoholic beverages are described as any beverage containing ethanol or ethyl alcohol capable of being consumed (US Legal, 2016). Within the South African context, generally it is accepted that a drink consisting of 12g pure alcohol is regarded as a standard beverage (Industry Association for Responsible Alcohol Use (ARA), 2016). Typical alcoholic beverages include brandy, white

spirits, fortified wines, beer and RTDs, which are beverages that are to some extent a combination of distilled liquor, wine or malt and a non-alcoholic beverage, supplied in a pre-constructed format ready for consumption (Holtzkampf, 2012).

Excessive alcohol consumption is costly to the government (Van Walbeek & Blecher, 2014) and the efforts to reduce this effect, for instance excise tax on alcohol and age restrictions, among other examples, have not significantly changed the drinking patterns among South African consumers; consumption levels are predicted to increase in coming years (WHO, 2014).

2.5.1. Alcohol consumption patterns among teenagers

The manner in which alcohol is consumed in a country or within a group is an essential determinant of the types as well as the degree of possible complications associated with drinking. Furthermore, alcohol consumption should be recognised in the context of patterns of drinking, which differ greatly between societies (Peltzer, Davids & Njuho, 2011). The indicators used to assess drinking patterns are the number of heavy drinking occasions, drinking in public places, typical high volume of alcohol consumed and drinking at community festivals (Obot, 2006). WHO, explains a combined measure of drinking patterns (WHO, 2011), which reflects the manner in which teenagers drink as opposed to the volume they consume.

Worldwide, teenagers drink a significant amount of alcohol (National Council on Alcoholism and Drug Dependence, 2011). The Global Status Report on Alcohol and Health (WHO, 2014) indicates that the total (recorded and unrecorded) amount of alcohol consumed per teenager worldwide equalled to 6.2 litres of pure alcohol in 2010. This translates to 13.5 grams of pure alcohol consumed per teenager daily. Furthermore, the prevalent tendency worldwide is an increase in recorded alcohol consumption (WHO, 2014). The higher risk patterns of consumption are found in Belarus, Belize, Grenada, Guatemala, Kazakhstan, Mexico, Namibia, the Russian Federation, Ukraine, Zimbabwe and South Africa (WHO, 2014).

The amount of alcohol consumed by South African teenagers averaged 11 litres of pure alcohol, which is 4.8 litres higher than the world average as recorded in 2010 (Seggie, 2012). Furthermore, the ten million South African teenagers who consumed alcoholic beverages consumed the equivalent of 1 176 cans or bottles of beer and 62 bottles of distilled liquor. This translates to approximately 20.1 litres of pure alcohol per teenager in 2013 (Addiction statistics, 2013). The amount of alcohol consumed by South African teenagers is projected to increase to 11.9 litres and 12.1 litres per teenager for the years 2020 and 2025 respectively (WHO, 2014).

The great concern in South Africa is the prevalence of young individuals who are of the heaviest consumers of alcohol. The country is considered a medium consumption nation regarding per capita adult alcohol consumption. However, an increase in current binge drinking and hazardous or harmful drinking prevalence was observed from 2005 to 2008 (Peltzer et al., 2011). Moreover, alcohol is the third most important social concern globally, and even though seventy percent of individuals do not drink, those who do, drink excessively (Kasolo, 2012).

According to the Global Health Observatory Data Repository (WHO, 2016), the average daily intake of alcohol for the year 2010 in South Africa was 58.5 grams. However, the noticeable differences in the statistics were between genders. It is further indicated that male teenagers were responsible for consuming 70.7 grams of pure alcohol daily, which converts to between 6 to 7 standard drinks. Female teenagers, on the other hand, only consumed 34.6 grams of pure alcohol in the same period, which is almost half of what male teenagers consumed.

2.5.2. Motives that drive alcohol consumption by teenagers

There are endless motives why teenagers would consume alcohol. Several different motives for drinking may include drinking to improve sociability, to increase power, become intoxicated, for enjoyment, as well as for ritualistic reasons (Abbey, Smith & Scott, 1993), to be sociable, celebrating a special

occasion with friends, to forget about problems (Cooper, 1994), curing depression, imitating role models and acquiring relief from loneliness or self-doubt (Kyei & Ramagoma, 2013). Among these many motives, the top ten motives amongst general consumers were identified as: the ease of access, to feel or be treated like an adult, social and religious duties, as an act of revolt, to alleviate discomfort /self-medicating, to avoid unhappiness and isolation, for experimental purposes, for party and celebratory reasons, for its euphoric effect and due to peer pressure (Priyadharshini, 2014).

However, regardless of all the possible motives, most researchers focus on two broad categories of motivation, namely negative reinforcement drinking, also known as escape drinking, and positive reinforcement drinking or social drinking (Abbey, et al. 1993; Farber, Khavari, & Douglas, 1980). Negative reinforcement drinking refers to the tendency to drink as a means to escape, evade, or control unpleasant emotions. Positive reinforcement drinking, on the other hand, involves drinking to be companionable, to celebrate special occasions and to have an enjoyable experience with other individuals (Abbey et al., 1993).

Cox and Klinger (1988) maintain that the final pathway to alcohol consumption is motivational and that a teenager decides, consciously or unconsciously, either to consume or not to consume any particular alcoholic beverage. This is based on whether or not a teenager expects that the positive affective consequences of drinking will offset those of not drinking. In a later study, Cox and Klinger (2004) illustrate this decision in a motivational model of alcohol consumption, which includes the various factors that are present leading up to the decision between drinking and not drinking, under any given circumstance.

Szmigin, I., Hackley, C. Bengry-Howell, A., Griffin, C. & Mistral, W. (2011) express that an important context for drinking among teenagers is the social environment and that, if alcohol is consumed in the immediate environment, it will likely reinforce social and peer acceptability and normality. Langner, Hennigs, and Wiedmann (2013) argue that teenagers who define themselves

as members of a certain social group will often incorporate the main attributes of that social group. Teenagers, therefore, will be tempted to take the collective's interest to heart and will adapt to the social group behaviour. Rimal and Real (2005) concur, adding that it is possible for teenagers to believe that, when others, with reference to peers, engage in a specific behaviour, they will believe it is acceptable, but simultaneously believe that others – with reference to authoritative figures such as parents – would disapprove of that exact same behaviour. For instance, young adults may see that most of their peers, older adults, consume alcohol but at the same time, they consider that some of their important social referents (parents, brothers, sisters and/or close friends) would disapprove if they themselves engage in these alcohol consuming behaviours. This may cause them to refrain from engaging in these drinking activities. It is also likely that the influence of peers will be so enormous to them that they will comply, because to them maintaining new friendships becomes their priority.

Research done by Kyei and Ramagoma (2013) conveys a strong relationship between alcohol consumption and peer pressure among teenagers in the Limpopo province within South Africa. Peer pressure plays a major role in high alcohol consumption due to teenagers having the need to feel accepted and form part of the perceived "in-group" (Mogotsi et al., 2014).

Crutzen, Kuntsche, and Schelleman-Offermans (2013) have shown that drinking motives evolve over time, even in three months, and influence each other. The authors argue that the influence of drinking motives on each other over time might possibly reflect different event and level of drinking contexts. Read, Wood, Kahler, Maddock & Palfai (2003) analysed the inclusion of drinking motives on the second wave (after a year) and comparing these motives to previously endorsed motives. According to these authors, it is possible that someone who drank for social reasons one year did not drink for those reasons the next year (or at equivalent levels). Thus, the reduced drinking levels would not be associated with the previously endorsed social

drinking motives. Therefore, exploring changes in motives over times seems important to consider.

a) Coping motives

Drinking to cope refers to the propensity to consume alcoholic beverages to escape, evade, or else control unpleasant feelings (Abbey et al., 1993) and, therefore, is characterised as escape drinking (Williams & Clark, 1998). Several cross-sectional studies, using community samples, have revealed a correlation between avoidant methods of coping with emotional distress and not only alcohol consumption, but drinking problems and abuse as well (Cooper, 1994; Cooper, Frone, Russell, & Mudar, 1995.; Grunberg, Moore, Anderson-Connolly, & Greenberg, 1999). Holahan, Moos, Holahan, Cronkite and Randall, (2003) concur, stating that drinking to cope has been associated with alcohol consumption as well as alcohol-related problems in several community samples involving teenagers with psychiatric disorders.

b) Enhancement motives

Enhancement motives are described as “drinking to enhance positive emotional states” and are determined by substances, for example drinking alcohol, because it is fun, and drinking for the reason that it is exhilarating (Kuntsche, Knibbe, Gmel & Engels, 2006). Studies found that enhancement motives are related to sensation seeking and can be defined as a personality factor that reflects a desire for intense and unique experiences (Comeau, Stewart & Loba, 2001; Cooper et al., 1990). Furthermore, research suggests that enhancement motivated drinkers are carefree teenagers inclined to consume alcohol as a means of fulfilling originality and stimulation needs as well as the need for exciting interpersonal interactions (Mezquita, Stewart & Ruiperez, 2010). One study also suggests that teenagers who drink for the purpose of enhancement are shown to be extraverted, impulsive, have low inhibitory control and questionable levels of responsibility, are sensation seekers as well as aggressive in nature (Kuntsche et al., 2006).

In addition to enhancement being an alcohol-consumption motive, a more recent study found that it also leads to increased consumption. For example, moderate drinkers were more motivated by enhancement than light drinkers were and heavy drinkers were motivated more by enhancement than moderate drinkers (Mobach & Macaskill, 2011). Thus, sensation-seeking teenagers who drink for the purpose of enhancement are also likely to consume larger quantities of alcohol.

c) Conformity motives

Conformity plays a major role in a teenager's life when trying to find friends, fit in, as well as progress through the changes into adulthood. Guandong, Qin Hai, Fangfei & Lin (2012) define conformity as a person's behaviour or attitudes that follow those of the object, which can be another teenager or situation that directly or indirectly influences the teenager. According to Tolley (2013), conformity can be divided into several different components including compliance. Compliance refers to a condition, in which a teenager does not internally believe a group's opinions or actions are morally right, but agrees with the group outwardly and subsequently assumes the same opinions and actions.

Conformity is the result of a teenager altering his or her behaviour, attitude, feelings and/or beliefs to fit into a certain group standard (Fabrigar & Norris, 2012). Johnston and White (2003) concur that when a teenager strongly identifies with the norms of a behaviourally relevant group, it is likely that they will engage in a certain activity since their behaviour is influenced through the mediating role of the group's norms.

The previous section revealed that there are various motives for alcohol consumption. The next section will look at the causes and effects of teenage alcohol abuse.

2.6. CAUSES AND EFFECTS OF ALCOHOL ABUSE BY TEENAGERS

Alcohol consumption has several sources such as culture, peer pressure, family background or individual preferences. For example, urban areas shape the opinion and attitude of teenagers on drugs in a different way from rural areas whereby it is more acceptable in urban areas. Reasons behind the disparity in alcohol consumption habits between urban and rural area teenagers can also be explained by other factors such as family breakup and differences in income (Sher, 2010). In most cases, patterns of alcohol consumption transcend across nations and territories and now they have become part of globalization (Sher, 2010).

According to Bryant-Jefferies (2001), there are two broad categories of reasons why teenagers consume alcohol which are either to gain something from it or to avoid something through it. Gains are, for example, having fun, socializing and attaining a certain image. Things that can be avoided by teenagers by consuming alcohol are stress, people, loneliness and responsibilities among others. The only good reason for consuming alcohol is to enjoy it, but when someone feels that he or she badly needs to consume alcohol, this is a sign that there is an underlying problem. According to Bryant-Jefferies (2001), if a teenager feels like alcohol is easing the problem, he/she continues to drink with the aim of meeting this need and is likely to become dependent. Consuming alcohol causes many intense reactions within the body and brain which is why the same teenager will behave differently after drinking wine than when drunk from spirits. This is because the brain and body associate present surroundings and emotions with the drinking experience, chemical make-up, flavour and alcohol content of the drink. Therefore, when any of these things are different, the reaction is likely to be different (Bryant-Jefferies, 2001). In the process, alcohol causes structural harm to the part of brain known as the hippocampus that is responsible for learning, especially in teenagers whose brains are still developing (WHO, 2007).

Environmental factors contributing to alcohol consumption are many, for example, if one's parents and culture is made up of alcohol consumers, if he or she went through a rough childhood of abuse and neglect and also as a result of feeling like a failure in life economically or socially (WHO, 2007). Social exclusion and poverty are other environmental factors that correlate to dependent alcohol consumption but they cannot be proven as the main cause (WHO, 2007).

According to sociological theorists, alcohol consumption became prevalent after the post-war era among capitalists due to anomie. When the pressure to get a good education, well-paying job and raise a family in a good neighbourhood becomes excessive, some people become alienated and look for a different cultural status away from society and in a drug lifestyle (Coomber et al., 2013). The rest of society sees them as rebellious and labels them as deviant, and this pushes them deeper into drugs and alcohol dependence in an attempt to survive the stigma. This is the breaking down of values, norms and morals in a society leading to personal alienation (Coomber et al., 2013). For example, when a teenager goes from developing to developed nations to study, there is anomie because the values, norms and morals in the new country are new and his/her own are no longer present and this can lead to alcohol consumption. In addition to this, globalization has been found to be the fuel behind use of substances among teenagers who learn modern ways of using it through the media (Puuronen & Hakamies 2007).

According to Denning, Little & Glickman, (2004) alcohol is a legal drug that has some benefits such as mental relaxation, stress reduction, memory inhibition for those who have gone through trauma, muscle relaxation, lessening pain and as an element of a social cohesion it encourages interaction and creativity. Therefore, it has been used to calm down, soothe babies who are teething, dull pain or enhance the effect of other drugs and for religious rituals. However, it brings harm to more body organs than any other drug including heart, liver, stomach, pancreas and digestive tract (Denning,

Little & Glickman, 2004). When taken in moderate amounts, wine has some health benefits such as being an antioxidant which prevents cardiovascular diseases, coronary heart diseases, inflammation and mutagenesis. This is because red wine is made from grapes, yeast and wood which are rich in phenol (Mazzei & D'Arco, 2009). Alcohol is also a stimulant that can be useful for medicinal purposes such as maintaining good mental health and improving blood circulation when taken moderately (Smith, 2012).

Primarily, alcohol is a depressant that slows down the rate of activity in the central nervous system which produces a feeling of relaxation. After drinking, a teenager is relaxed, has more confidence and starts to enjoy the social environment (Plant & Plant, 1992). Although alcohol consumption brings pleasure and fun to many teenagers, consuming it excessively brings many harmful effects. According to Lassiter, (2009) excessive consumption of alcohol refers to both the amounts and patterns of alcohol consumed. For example, taking 10 units of alcohol, each 8-14 Grams per week, is good and moderate drinking that could not lead to personal or health problems. However, if those 10 units are consumed in one day instead of being distributed over the week, it is likely to cause personal and health problems. Therefore, alcohol consumption is not bad but its daily intake should be moderate in order to get only the positive effects of alcohol use that are stated above (Lassiter, 2009).

The positive effects of alcohol consumption are very few compared to the harmful ones. It is important to understand the harmful effects of alcohol by looking into them in detail so that they can stop being overlooked. The pattern and volume of alcohol consumption leads to different problems. For example, heavy drinking for a long period of time is a toxic effect of alcohol on the brain and other body organs (Sher, Kandel and Merrick, 2009). According to Lassiter, (2009) Sustained heavy drinking that is common in countries whose culture is wine drinking can lead to dependence and tissue damage. Excessive alcohol consumption can have long-lasting effects on neurotransmitters in the brain, decreasing their effectiveness or even

mimicking them. Alcohol also destroys brain cells and contracts brain tissue. Some people with a history of excessive alcohol use develop nutritional deficiencies that further damage brain function. Drinking some alcohol every day or occasionally but over a long period of time will result in liver cirrhosis due to the cumulative effect of alcohol on liver. Taking a lot of alcohol only on occasions can cause social and medical problems like injuries, accidents, violence and aggression towards friends, family or spouses. Sustained drinking may lead to dependence and at this level the amount of alcohol consumed increases, leading to a different pattern of drinking for example on a daily basis. Dependence on alcohol is a major source of either acute or chronic social problems as well as medical complications (Babor, et.al. 2010).

Alcohol causes many social problems such as trauma for teenagers. It can lead to problems in the school environment such not completing work on time, being late and eventually dropping out of school. Interpersonal problems with friends and relatives are common among drinkers whose habits affect those around them. Social marginalization can take place due to for example homelessness and crime which normally leads to being jailed. Drunken assaults and rowdiness from teenagers put a society in fear of insecurity (Babor, et.al. 2010).

2.7 INTERNATIONAL PERSPECTIVE ON ALCOHOL CONSUMPTION

Globally, excessive alcohol consumption is the primary risk factor for premature death and disability among teenagers. (Lim, Vos, Flaxman, Danaei, Shibuya, Adair-Rohani, AlMazroa, Amann, Anderson, Andrews, Aryee, Atkinson, Bacchus, Bahali &, Balakrishnan, 2012). There are several types of excessive alcohol consumption, including binge drinking, heavy drinking, and any drinking by pregnant teenagers or any other teenagers (White & Hingson, 2014). Excessive drinking in teenagers causes many alcohol-related problems. In particular, alcohol-related injuries that require emergency medical care are especially frequent in teenagers (Kowalenko, Burgess, Szpunar & Irvin-Babcock, 2013).

Worldwide, the average teenager per capita consumption of alcohol is 6.13 litres of pure alcohol per teenager aged 15 years and above. Alcohol consumption among teenagers in the United States is growing rapidly. About 10.4 million teenagers are reported to be consuming alcohol, while 6.9 million binge drink (WHO, 2011).

Atkinson, Elliot, Bellis and Sumnall (2011) did a survey among teenagers in the United Kingdom. A total of 90% of teenagers reported having drunk alcohol at least once in their lifetimes, while 85% reported having drunk alcohol in the last twelve months and 65% in the last thirty days. The survey also revealed that the majority (85%) of teenagers admitted that alcohol is fairly or very easy to obtain.

The researcher decided for these two countries which is the United Kingdom and the United States of America because these are the countries that dominate in the programmes of our Television channels. South African teenagers are so obsessed with watching their movies as most of them are Action movies. According to British Medical Journal, (2012) teenagers who watch a lot of movies featuring alcohol are twice as likely to start drinking compared to peers who watch relatively few such movies. And these teenagers are significantly more likely to progress to binge drinking. Reiner Hanewinkel, Susanne Tanski and James Sargent, (2007) also indicated that, with regard to movies, alcohol use is often depicted. Even in movies intended for teenagers. Authors also examined alcohol use in top 200 video rental movies, showing that alcohol use appeared in 93% of the movies.

2.8. ALCOHOL CONSUMPTION IN DEVELOPING COUNTRIES

WHO reports that Uganda has one of the highest estimated rates of per capita alcohol consumption in the world (WHO, 2011), which further exacerbates many of the health concerns already present in that country and speaks to the urgency of interdisciplinary research and action (Swahn & Tumwesigye, 2013). It is well documented that alcohol and drug consumption in teenage populations are linked to other risky behaviours, such as fighting, unsafe sex,

or increased and unprotected sexual activity (Khan, Berger, Wells, & Cleland, 2012; Raffaelli, Koller, Reppold, Kuschick, Krum, Bandeira & Simões, 2000; Stueve & O'Donnell, 2005).

According to Nutt, D.; King, L.A.; Saulsbury, C.; and Blakemore, Colin (*March 2007*) a study in Ethiopia found that, Khat and alcoholic beverages have been part of Ethiopia's tradition for centuries. Khat is a stimulant drug, which means it speeds up the messages going between the brain and the body. The drug is the leaves and buds of the Khat plant. WHO classified it in 1980 as a drug of abuse that can produce psychological dependence although the WHO does not consider khat addiction to be seriously problematic. Alcohol which was some years back, limited to some cultures and regions, is recently spreading throughout the country at an alarming rate and abused especially by teenagers irrespective of culture and religion (National Drug Control Master Plan of FMHCACA, 2005).

Pelzer (2009) recently analysed data from six African countries: Zambia, Kenya, Uganda, Swaziland, Namibia and Zimbabwe. Learners were drawn from grades 6, 7, 8, 9 and 10 and sample size was 20,765 learners. This was part of the Global School-based Health Survey. He reported 12.6% past month tobacco use, 6.6% alcohol use at harmful or potentially harmful levels (2 or more per day for at least 20 days in the past 30 days) and 10.5% use of illicit drugs (3 or more times).

In one study in Nigeria, Igwe, Ojinnaka, Ejiofor, Emechebe and Ibe (2009) examined the pattern and prevalence of substance use among secondary learners in the Enugu metropolis, Enugu state, Nigeria. Nine Hundred (900) learners were recruited from a sample frame of 8,856 in the participating schools. Igwe et al. (2009) furthermore go on to state that the learners involved were drawn from both public and private schools. Learners ranged in age between 13 and 19 years. Igwe et al. (2009) aver that the substances under investigation were alcohol, dagga, cocaine, tobacco, amphetamine or other stimulants, phencyclidine, LSD, inhalants, sedatives, tranquillizers, opiates, kola nuts (*cola nitida*) and coffee. 860 learners returned completed

usable questionnaires (response rate 95%). Lifetime use of any substance was 29.5%. Igwe et al. (2009) make a point that alcohol abuse was top with 31.6% and dagga was the least (4.1%). Data was analysed for only alcohol, coffee, cola nuts, cigarette, inhalants, tranquillizers and dagga. Males were found to abuse all substances more than females, except for inhalants and tranquillizers. There was no significant difference in the use of alcohol between the different age ranges. 75% of students who indicated using any substance were using more than one substance.

In another study conducted in Harare, Zimbabwe, as part of the Global School-based Health Survey, Rudatsikira, Maposa, Mukadavire and Muula (2009) analysed a sample of 1 984 learners. Here, the agents under investigation were illicit drugs – dagga or glue, alcohol and cigarette. Females constituted 50.7% and male 49.3%; 15-year-olds constituted 30.3% participants.

2.9. ALCOHOL CONSUMPTION IN SOUTH AFRICA

Alcohol consumption in South Africa is a social and clinical reality with direct physiological consequences and indirect ramifications. The annual pure alcohol per capita consumption in the country was estimated at 11.0 litres which was among the highest rates in the world (WHO, 2014). Furthermore, alcohol was the most abused substance in substance abuse treatment sites across all but three South African provinces (Limpopo, Kwazulu-Natal and Gauteng Province) South African Community Epidemiology Network on Drug Use, (SACENDU), 2014, with estimates of teenage alcohol abuse and dependence hovering at 7%-11% and 2.3%-15%, respectively (Herman et al., 2009; Kleintjes, Flisher & Fick, 2006).

Substance Abuse Report in Africa NICRO (2015) stated that South Africa faces an on-going challenge with the prevalence of substance abuse and addiction. Alcohol is the most common primary drug of abuse at treatment centres across South Africa, except for the Western Cape, Limpopo and Mpumalanga. NICRO (2015) also estimated the economic cost of alcohol

abuse at between 1% and 2% of the annual GDP. The cost of illicit drug use is estimated to be over R100,000 million, and the estimated social and economic cost of illicit drug and alcohol abuse is approximately 6.4% of the annual GDP.

According to Ellis, Stein, Meintjes and Thomas (2012), substance abuse is “an enormous social problem in South Africa, as elsewhere” (p. 3). In the South African context, alcohol and drug abuse have proved to have devastating consequences in society which may aggravate poverty, crime and contribute to child abuse and gender violence (Adnam, 2012). A recent report titled “Alcohol, drug use in South Africa” indicates that the prevalence of substance abuse in South Africa is twice the global average, and that the Western Cape reportedly has the highest prevalence of alcohol and drug use (Van Zyl, 2013). Teenagers become addicted to alcohol or drugs so as to cope with their circumstances. According to Moodley, Matjila, and Moosa (2012), teenagers in South Africa are more vulnerable to drug and alcohol abuse than other sectors of the population. Prevention efforts to treat affected teenagers have been developed, and they include in-school talks and lessons, increased research, and awareness programmes.

2.10. LEGISLATIVE FRAMEWORK IN SOUTH AFRICA

The abuse and over-consumption of liquor products can lead to a variety of negative effects, including the breakdown of a family unit, unwanted pregnancies, and accidents as a result of persons driving under the influence of alcohol and general disruption and nuisance. Liquor products are taxed quite heavily. The manufacture and sale of these products need to be controlled in order to ensure that all taxes are correctly and timeously paid. There is a series of liquor laws in South Africa which seek to regulate the manufacture, distribution and sale of liquor products. *The Liquor Act No. 59* of 2003 applies across the whole of South Africa and regulates the manufacture and wholesale sale of liquor products. There are also Provincial Liquor Acts that apply in the provinces of South Africa and seek to control the distribution and retail sale of liquor to consumers. These Acts (National and Provincial

Liquor Acts) seek to reduce the socio-economic and other costs of alcohol abuse by setting national and provincial norms and standards in the liquor industry. The regulation of the manufacture, wholesale and retail distribution and sale of liquor is done through a strictly controlled licensing regime. These Acts seek to promote the development of a responsible and sustainable liquor industry in a manner that facilitates the entry of new participants into the industry, encourages diversity of ownership in the industry and establishes an ethos of social responsibility (RSA, 2003) .

2.10.1 Legal drinking age

According to the *Liquor Act No. 59* of 2003, the legal drinking age is the minimum age at which a person can legally consume alcoholic beverages. The minimum age at which alcohol can be legally consumed can be different from the age when it can be purchased in some countries. These laws vary between different countries and many laws have exemptions or special circumstances. Most laws apply only to drinking alcohol in public places with alcohol consumption in the home being mostly unregulated (RSA, 2003).

In Limpopo Province, according to the *Amended Limpopo Liquor Bill* of 2018, the bill proposes banning the supply of liquor and methylated spirits to persons under the age of 21 – up from 18 currently. This includes any and all alcoholic advertisements which are aimed at people under the age of 21.

Addressing parliament about the Bill in October 2016, Trade and Industry Minister Rob Davies explained that the change was introduced both to curb early on-set alcoholism and to prevent any potential brain damage as the human brain did not fully develop until the mid-twenties (RSA, 2018)

2.10.2. Changes to where alcohol can be sold

The new bill calls for the prohibition of the manufacturing, distribution or retail sale of liquor in both rural and urban communities, on any location that is less than 500 meters away from schools, place of worship, recreational facilities,

rehabilitation or treatment centers, residential areas and public institutions (RSA, 2018)

2.10.3 Damages

Manufacturers and suppliers of alcohol to illegal or unlicensed outlets will effectively be liable for all damages caused by their unlawful distribution. This includes any unlawful conduct, death or injury and/or the loss of or physical damage to property caused by a person who has been sold alcohol from an illegal distributor. While legal experts and industry associations have praised the hard-line stance on illegal sellers, they have warned it could have serious social and legal repercussions and would negatively impact alcohol sold in townships, which forms a significant part of their economies (RSA, 2018)

2.10.4. Advertising

According to the Amended Limpopo Liquor Bill of 2018, in relation to advertising, the bill prohibits the airing of adverts featuring alcohol between 2pm and 5pm on week days and before 12pm on weekends on TV. On radio the restrictions are 6am-9am and 2pm-5pm on week days and no advertising before 12pm on weekends. The new Bill will ban all alcohol advertisements on radio and TV between 6am and 7pm. In addition, it will ban any billboard advertising placed less than 100 meters away from junctions, street corners or traffic circles (RSA, 2018)

2.10.5. Industry objections and the alternative plan

The South African Liquor Brand Owners Association (2018) – which represents producers, manufacturers, distributors and retailers of alcoholic beverages – has offered its own national strategic plan to reduce alcohol-related harm.

This includes a R150 million combined annual contribution from members of the association, with a focus on addressing teenage alcohol abuse, alcohol syndrome disorder, driving under the influence, binge drinking, interpersonal and domestic violence and unlicensed outlets. This “alternative plan” also

features less restrictive advertising rules, following the revelation that the proposed new time-slots and billboard rules would see an estimated R2.38 billion loss in annual advertising spend by liquor manufacturers and distributors.

It also highlighted the dangers of increasing the drinking age and further criminalization of illegal alcohol trading which would have “the unintended consequence of shifting the consumption of alcohol from licensed outlets to homes and learners’ residences as well as other areas that are outside the public domain” (RSA, 2018)

2.10.6. Provincial issues

Provincial legislators have also specifically pointed to the new distribution laws which could be a significant blow to township economies and their shebeen culture. They warn that township communities are still unlikely to follow the new laws and that it would severely impact how government is perceived in these areas. The Limpopo province also tabled its own proposed regulations in September 2016. These are set to include higher prices, tighter trading hours, and a zero-tolerance approach to drinking among teenagers (RSA, 2018)

2.11. CONCLUSION

The purpose of this chapter was to provide a literature review for the study. The chapter looked at conceptualising alcohol abuse and binge drinking, the theoretical framework which is the social learning theory was also looked at and it formed the basis of the study. Teenage alcohol abuse and the consumption of alcohol as well as the causes and effects of alcohol by teenagers were also addressed. The international perspective on alcohol consumption, alcohol consumption in developing countries as well as South Africa was also addressed and the legislative framework in South Africa.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

In the previous chapter, the researcher discussed social learning theories and literature relevant to the study topic from international and national perspectives. This chapter focused on the research design and methodology used in this study. A research design refers to the path and direction that is used by a researcher in the quest to gather information or data about a particular problem or phenomenon (Creswell & Creswell, 2017). Furthermore, a research design also refers to a plan that describes how, when and where data is going to be collected and analysed (Couper, 2017). The first section describes the research design adopted for this study, followed by the research methods, the study area, the population, sampling, data collection analysis and ethical consideration.

3.2. RESEARCH DESIGN

According to Creswell & Clark (2011), the main reason for using a mixed research design is to provide a sufficient, more evidence-based and multiple angled arguments by employing combined quantitative and qualitative approaches in a study. Mixed research uses observable facts and numbers whilst concurrently looking at subjective perspectives to generate a solution to the research paradigm (Borrego, Douglas & Amelink, 2009).

This study adopted a convergent mixed research design. The reason for adopting a convergent mixed research design is to generalise the finding to the study population and to obtain detailed information on the topic under investigation. The convergent mixed research design entails that the researcher concurrently conducts the quantitative and qualitative elements in the same phase of the research process, weighs the methods equally, analyses the two components independently, and interprets the results together (Creswell & Plano Clark, 2011).

A convergent mixed research design assimilates both qualitative and quantitative research approaches in a study (Saunders, Lewis & Thornhill, 2009). This approach focuses on eliminating the weaknesses of both the qualitative and quantitative research methods, and on bringing their strengths together to achieve a better result in research. Creswell (2013) and Yin (2013) maintains that researchers who adopt a convergent mixed method approach lean towards assertions of knowledge on a pragmatic premise. A convergent mixed method research has not emerged to replace both qualitative and quantitative research methods, but to harmonize their strengths for better research results (Johnson & Onwuegbuzie, 2004).

3.3. QUALITATIVE AND QUANTITATIVE APPROACHES

3.3.1 Qualitative research approach

In this study, the researcher used a qualitative research approach for collecting data. According to Brynard and Hanekom (2006), qualitative research refers to research that produces descriptive data, generally the participants' own written or spoken words pertaining to their experience or perception. For the purposes of this research study, a qualitative research approach was used to enable the researcher to gain first-hand information from the participants. Yin (2015), states that this approach allowed the researcher to probe the participants' world view more effectively. Moreover, the qualitative approach has provided the researcher with an opportunity to assemble a detailed description of the social reality from the participants' point of view.

According to Creswell (2009), the characteristics of a qualitative research approach are as follows:

- Qualitative research takes place in a natural setting environment. Qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study.
- In qualitative research the researcher is the key instrument in the process of data collection.

- Qualitative researchers collect data themselves through examining documents, observing behaviour, or interviewing participants. They may use a protocol - an instrument for collecting data - but the researchers are the ones who actually gather the information. They do not use or rely on questionnaires or instruments developed by other researchers, such as used in quantitative research.
- Multiple sources of data are employed for the purpose of data collection.
- Qualitative researchers typically gather multiple forms of data, such as interviews, observations, and documents, rather than relying on a single data source. Then the researchers review all of the data, make sense of it, and organize it into categories or themes that cut across all of the data sources.
- During qualitative research an inductive approach to data analysis is followed. Qualitative researchers build their patterns, categories, and themes from the bottom up, by organizing the data into increasingly more abstract units of information. This inductive process illustrates working back and forth between the themes and database until the researchers have established a comprehensive set of themes. It may involve collaborating with the participants interactively, so that participants have a chance to shape the theme or abstractions that emerge from the process.
- Participants' meanings are central in qualitative research. In the entire qualitative process, the researcher focused on learning the meaning that the participants hold about the problem or issue being studied.
- In a qualitative research, an emergent research design is preferred. This means that the initial plan for research cannot be tightly prescribed, and all phases of the process may change or shift after the researcher enters the field and begins to collect data. For example, the questions may change, the forms of data collection may shift, and the individuals studied and the sites visited may be modified. The key idea

behind qualitative research was to learn about the problem from a participant's point of view.

3.3.2 Quantitative research approach

Quantitative research is an approach preoccupied with numerical data, numbers and figures that are measurable and quantifiable (Blumberg, Cooper & Schindler, 2008; Cant, Gerber-Nel, Nel & Kotze, 2005). Grix (2010) characterises quantitative research as a three-phase research methodology which involves the identification of variables or concepts, the operationalisation of these variables, and the measurement and analysis of the variables. As indicated by Morgan (2014), quantitative research is typically as follows:

- Deductive (utilises researcher observations to test theory);
- Objective (minimises the impact of the researcher on the generation of data and the results); and
- General (data can be applied to a wide variety of contexts and a wider population).

As Palinkas, Horwitz, Green, Wisdom Duan and Hoagwood (2013) conclude, quantitative research is primarily concerned with the testing and confirmation of hypotheses based on existing conceptual models.

3.4 STUDY AREA AND POPULATION

The study was conducted in Shayandima Township which is situated in Thulamela local municipality under Vhembe District municipality within Limpopo Province.

The population of a study is the total assemblage of respondents from which the sample is drawn (Saunders, Saunders, Lewis, & Thornhill, 2011). Sekaran and Bougie (2010) describe the population of a study as the sum total of the variables, elements, people and things of interest that a researcher wishes to investigate. The population of this study includes all the 66 community representatives and local officials such as Community Policing Forum (CPF),

Social Workers who work at a local clinic, ward councillors and members of the Shayandima Victim Empowerment Forum (SVEF). The researcher chose these categories of people because these are the people who are hired by the government to help the community, like professional social workers, and some are elected by the community members to serve and protect and represent them in whichever way they can so that people in Shayandima Township can live in harmony. All these different categories of people play a major role in the everyday life of the community members and they are aware of all the challenges in the community. These are the people who are close to the people. The table below (3.1) shows the composition and characteristics of the study population.

Table 3.1: Composition of study population and sample size

Characteristics	Target Population	Sample size
Members of the Community Policing Forum	17	3
Social workers who works at a local clinic	18	3
Ward Councillors	21	3
Members of the Shayandima Victim Empowerment Forum	10	3
TOTAL	66	12

3.5. SAMPLING

Sampling techniques provide different ways for the researcher to collect data for the study. There are basically two sampling approaches a researcher can use for data collection, namely probability and non-probability sampling. Saunders et al. (2011) maintain that the possibility of an element being selected from the population in a probability sampling technique is known and all elements have an equal chance of being selected for the study. The authors further explain that in non-probability sampling, however, the chance of elements being selected from the population for the study is not known and

elements in the population do not have an equal chance of being selected for the study.

This study used both quantitative and qualitative sampling techniques. Quantitative sampling involves the use of probability methods such as simple random, systematic random, stratified random and cluster sampling techniques (Welman, Kruger & Mitchell, 2005). In this study, the researcher used simple random sampling to select 50 respondents out of the 66 population frame of the study.

On the other hand, a purposive sampling technique was used to select 12 key informants for qualitative interviews from the population of this study. Purposive sampling, which is also known as judgment sampling, enables the researcher to pick the most productive sample to achieve the objectives of the study (Marshall, 1996). Purposive sampling is a more intellectual approach to adopt in research than other forms of non-probability sampling techniques (Marshall, 1996). The respondents and key informants were selected because of their knowledge and role within the community as key stakeholders in fighting crime and substance abuse. The 12 key informants consist of 3 members of the community policing forum, 3 social workers who works at a local clinic, 3 ward councillors and 3 members of the shayandima victim empowerment forum. It is only 6 members who fall among the 50 respondents and the other 6 are not part of the respondents, and the 6 members who falls under the 50 respondents are the Social workers and the ward councillors.

3.6. DATA COLLECTION

A data collection method relates to the tools that the researcher utilizes for data collection in the study. The data collection technique simply entails the route the researcher navigates in gathering data for the purpose of tendering solutions to the research questions of the study (Creswell, 2009; Saunders et al., 2009). In this study the researcher used a self-administered questionnaire and a semi-structured interview schedule as detailed below.

3.6.1 Self-administered questionnaire

According to Annum (2016) defined a questionnaire as the systematically prepared form or document with a set of question deliberately designed to elicit responses from respondents or informants for the purpose of collecting data or information. Self-administered questionnaires are the most widely used data collection tools due to their efficiency in obtaining responses from large sample sizes (Saunders et al., 2009).

Questionnaires were personally administered by the respondents as it was less time consuming, inexpensive and was used over wide geographic areas. In this study, the questionnaires are personally-administered and the researcher merely distributed, followed-up and collected the completed questionnaire from 50 respondents of this study.

3.6.2 Semi-structured interviews

Interview involves an interaction in which oral questions are posed by the interviewer to elicit oral response from the interviewee (Annum, 2016). According to Bernard (2000), semi-structured Interviews are used to gather focused, qualitative textual data. The author further explains that this method offers a balance between the flexibility of an open-ended interview and the focus of a structured ethnographic survey. It is used during both the early and late stages of exploring the research domain for clarifying the research domain or the specific research question.

Generally, this method can uncover rich descriptive data on the personal experiences of participants. In this study, the researcher employed a one-on-one semi-structured interview method to collect data from 12 key informants who were selected purposively. Field notes were taken during the interview process.

3.7. DATA ANALYSIS

The process of data analysis involves making sense out of text and image data (Creswell, 2003). Saunders et al. (2009) describes data analysis as the

process of unpacking the object, phenomenon, entity, process or event that the researcher will be investigating. In this study, the researcher used both quantitative descriptive data analysis and qualitative thematic analysis techniques.

The quantitative data which was collected using a self-administered questionnaire was analysed using a descriptive data analysis technique to determine the frequencies and percentages. The findings were presented using tables. On the other hand, qualitative data collected through a semi-structured interview schedule was analysed using a thematic approach and data was transcribed, coded and classified into sub-themes through interpreting emerging themes.

3.8. ETHICAL CONSIDERATIONS

The purpose of the study was explained to each participant before commencing with the in-depth one-on-one semi-structured interview sessions. The participants signed a consent form to protect themselves and were advised that they can withdraw their participation if they so wished. Permission to conduct the interviews was also obtained from the local municipality (Thulamela Local Municipality). The participants were also made aware that they were not forced to answer any questions if they felt the questions would be violating their rights of confidentiality. For the interview, the participants were informed that field notes would be written and that a tape recorder would be used during interviews to capture the proceedings of interview sessions. Participants were also informed that their real names would not be used to ensure confidentiality and anonymity in the entire research project.

3.9. CONCLUSION

This chapter presented the research methodology that was used in this study. Firstly, the research design was discussed followed by the qualitative and quantitative approaches. The study area and population was also discussed,

followed by sampling, data collection and lastly, data analysis employed in this study was presented with ethical considerations.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

The previous chapter outlined the research design and methodology of this study. Firstly, what was particularly important was the presentation of the research approach, followed by the research design. Secondly, data collection methods used in the study were discussed, followed by questionnaire design and the population and sampling techniques. Lastly, data analyses employed in this study were presented.

This chapter presents the findings from both quantitative and qualitative data analysis. The analysis is based on the data from the self-administered questionnaires and semi-structured interviews. The first section presents findings from the quantitative data analysis, followed by the presentation of findings from qualitative semi-structured interviews. Section three presents a summary of key findings. The last section provides conclusive remarks.

4.2 QUANTITATIVE DATA ANALYSIS AND INTERPRETATION

A total of 50 respondents correctly completed and returned the questionnaires that were handed to them. The questionnaire was self-administered and the researcher made a follow-up to collect the completed questionnaires from respondents.

4.2.1 Profile of respondents

The demographic profiles of the respondents included age, gender, ethnicity and residence. These variables are summarised in Table 4.1.

Age

The respondents were asked to state their age. A total of 50 participants responded to the question. The majority of the age group in terms of the respondents were between the ages of 33-38 (40% n=20).

Gender

A total of 50 respondents stated their gender. Female participants were more compared to their male counter parts. The proportions of female and male respondents were 52% (n=26) and 24% (n=48) respectively.

Residence

All of the respondents resided in Shayandima Township.

Ethnicity

The high proportion of the population was composed of Venda speaking people (78%, n=39), followed by Tsonga speaking people (12%, n=6) and Pedi speaking people were (10%, n=5).

Demographics of the population sample in terms of age, gender and ethnicity are expressed in the next section.

Table 4.1 Detailed demographic characteristics of the sample

Variables	Frequency	Percentage
Age		
15-20	1	2
21-26	6	12
27-32	1	2
33-38	20	40
39-44	11	22
45+	11	22
Gender		
Male	24	48
Female	26	52

Ethnicity		
Venda	39	78
Tsonga	6	12
Pedi	5	10
Other	0	0

4.2.2 The rate of knowledge about teenage alcohol abuse in the community

Table 4.2 Knowledge rate about teenage alcohol abuse

DESCRIPTION	FREQUENCY	PERCENTAGE
Excellent	10	20%
Good	38	72%
Average	2	4%
Poor	0	0%
Very poor	0	0%

Table 4.2 depicts that the majority of the respondents (72%) have a good understanding about teenage alcohol abuse; 20% of the respondents have an excellent understanding and 4% of the respondents have little knowledge.

The analysis of the response from the respondents shows that everyone knows what teenage alcohol abuse is and everyone has a better understanding of what alcohol abuse is even though the rate of knowledge is not equal.

Participants had their different views and opinions about abusing alcohol. The majority of them had a very clear and a very good understanding of the term with the following similar responses:

-“Alcohol abuse is a pattern of drinking alcohol continuously in such a way that your body ends up not taking it anymore and it damages your brains”;

- “Alcohol abuse is the irresponsible drinking of alcoholic beverages”;
- “it is the excessive drinking of alcohol, where one forget the important things and considers alcohol as the best thing that has ever happened”;
- “too much intake of alcohol regularly”;
- “it is a way of drinking that is not allowed or tolerated by the people around you and you do it on a daily basis”;
- “Abusing alcohol is when you are a liquor slave and you cannot leave without alcohol”;

Alcohol abuse is a serious problem. From the analysis of the response of the respondents it is clear that teenage alcohol abuse is a pattern of drinking too much alcohol too often. It interferes with your daily life. You may be suffering from alcohol abuse if you drink too much alcohol at one time or too often throughout the week. It also is a problem if you cannot stop drinking and it harms your relationships. It can cause you to be unable to function at school and in other areas of your life. It can lead to physical dependency on alcohol, or alcoholism.

4.2.3 Reasons why teenagers in the community abuse alcohol

Table 4.3 Reasons for teenage alcohol abuse

Description	Frequency	Percentage
Peer pressure	27	54%
Breakdown of families	4	8%
To reduce stress and forget about problems	4	8%
Conflict with parents and friends	1	2%
Too much money	8	16%
Influence from the media	3	6%
Lack of role models in the community/home	3	6%

According to table 4.3, 54% of the respondents, which is the majority, said that peer pressure is the main reason for teenage alcohol abuse. 16% of

respondents said that teenagers have too much money to spend; 8% said that teenage alcohol abuse is caused by breakdown of families and also that teenager's abuse alcohol in order to reduce stress. 6% said that teenagers are being influenced by the media and that they lack role models in the community. 2% of the respondents said that teenagers are abusing alcohol because of conflict with parents and friends.

The analysis of the response from the respondents is that there are so many factors that are pushing teenagers to abuse alcohol, that they themselves contribute more due to the pressure that they get from each other, their parents and also the media does play a role in teenage alcohol abuse.

4.2.4 The kind of problems the community experience due to alcohol abuse by teenagers

Table 4.4 Problems the community experience due to teenage alcohol abuse

Description	Frequency	Percentage
Violence	22	44%
House break-ins and robberies	12	24%
Rape cases	10	20%
Murders	6	12%

Table 4.4 shows that majority of respondents (44%) said that violence is the main problem that is experienced by the community due to teenage alcohol abuse. 24% of the respondents said that it is house break-ins and robberies; 20% of the respondents said that the problem they encounter is rape cases; and 12% said that it is murder. All these things are committed by teenagers when they are under the influence of alcohol.

The analysis of the responses from the respondents is that the community is experiencing serious challenges because of teenage alcohol abuse. Both these challenges are affecting the community members within and outside

their homes. Everyone in the community is affected personally and psychologically.

4.2.5 The problems that the community authorities encounter when dealing with alcohol abuse by teenagers in the community

Table 4.5 Problems that the community authorities encounter when dealing with alcohol abuse by teenagers

Description	Frequency	Percentage
Some parents take alcohol	4	8%
Lack of adequate knowledge on drugs and alcohol	5	10%
Parents or guardians do not support the authorities	3	6%
Some parents provide alcohol to the teenagers	2	4%
The community does not discourage alcohol intake among teenagers	17	34%
Easy availability of alcohol to teenagers	19	38%

Table 4.5 indicates that 38% of the respondents said that there is easy availability of alcohol to teenagers; 34% said that the community members do not discourage alcohol intake by the teenagers; 10% said that there is lack of adequate knowledge on drug alcohol; 8% said that it is because some parents are taking alcohol; 6% said that some parents do not support the authorities and 4% said that some parents are providing alcohol to teenagers.

The analysis of the response from the respondents is that the community at large does not have a problem with teenagers drinking, alcohol is easy to find and the community is not supporting the authorities on teenage alcohol abuse.

4.2.6 Reasons why teenage alcohol abuse is out of control in this community

Table 4.6 Why teenage alcohol abuse is out of control in this community

Description	Frequency	Percentage
Alcohol is available to teenagers any_time anywhere	27	54%
Alcohol is cheap	8	16%

There are no strict measures to stop teenagers from abusing alcohol	11	22%
The community tolerates alcohol sellers in the community	1	2%
There is less support from the police, government and other authorities on alcohol abuse issues	3	6%

As depicted in table 4.6, 54% of the respondents said that alcohol is available to the teenagers anytime anywhere; 22% of the respondents said that there are no strict measures to stop the teenagers from abusing alcohol. Alcohol is said to be cheap, and that was confirmed by 16% of the respondents. 6% of the respondents said that there is less support from the police and the government and 2% said that the community members tolerate the alcohol sellers in the community.

The analysis of the response from the respondents is that it is very easy to get hold of alcohol as a teenager in the community; nobody seems to care about the future generation in both the community and the government.

4.2.7 Does your community carry out programmes that involve the community in sensitizing society about issues of teenage alcohol abuse?

Table 4.7 Programmes that involve the community in sensitizing the society about issues of teenage alcohol abuse

Description	Frequency	Percentage
Yes	2	4%
No	48	96%

Table 4.7 indicate that the majority of the respondents (96%) said that the community does not carry out programmes that involve the community in sensitizing society about the issues of teenage alcohol abuse and 4% of the respondents do not agree.

The analysis of the response from the respondents indicates that the community at large does not know of the programmes that sensitize the society about teenage alcohol abuse.

4.2.8 Were there any serious cases of teenage alcohol abuse encountered by the community members since they joined this community?

Table 4.8 Serious cases of teenage alcohol abuse encountered by the community members since they joined this community

Description	Frequency	Percentage
Yes	48	96%
No	2	4%

As depicted in table 4.8, the majority of the respondents (96%) indicated that there are serious cases of teenage alcohol abuse that they have encountered since they joined the community and 4% of the respondents seemed not to have had problems with this issue since they joined the community.

The analysis of the response from the respondents shows that there are many serious issues that are related to teenage alcohol abuse in the community as the majority of the respondents have confirmed that.

4.2.9 Locations where the cases of teenage alcohol abuse happened

Table 4.9 Locations where teenage alcohol abuse occurred

Description	Frequency	Percentage
Home	2	4%
Community	48	96%

Table 4.9 depicts that majority of respondents (96%) are saying that the cases of teenage alcohol abuse happened around the community and 2% of the respondents encounter such cases at their homes.

The analysis of the response from the respondents is that teenage alcohol abuse is happening more around the community than in the homes as the majority of the respondents have confirmed that.

4.2.10 Is there action taken after teenage alcohol abuse is discovered in the community?

Table 4.10 Is there action taken after teenage alcohol abuse is discovered in the community

Description	Frequency	Percentage
Yes	21	42%
No	29	58%

According to table 4.10, majority of the respondents (58%) did not take action when they discover that there was teenage alcohol abuse within the community and 42% did take action after discovering that there was teenage alcohol abuse.

The analysis of the response from the respondents is that the community members do not report crimes to the police; they do not believe that their government can assist them in their community challenges, but believe in taking justice into their own hands.

4.2.11 Is there any organizations that assist on teenage alcohol abuse that you know of

Table 4.11 Organizations that assist on teenage alcohol abuse that you know of

Description	Frequency	Percentage
Yes	2	4%
No	48	96%

Table 4.11 depicts that the majority of respondents (96%) do not know of the organisations that assist teenagers on alcohol abuse whereas 4 % is aware of the organisations.

The analysis of the response from the respondents is that if there is an organisation that exists, people would have known about it, therefore we take it as if there is no organisation that assists teenagers on alcohol abuse.

4.2.12 Does your community communicate with any organization in the issues of teenage alcohol abuse

Table 4.12 Communication with the organization on the issues of teenage alcohol abuse

Description	Frequency	Percentage
Yes	2	4%
No	48	96%

Table 4.12 indicates that the majority of respondents (96%) do not communicate with an organisation that deals with the issues of teenage alcohol abuse and 4% do communicate.

The analysis of the response from the respondents is that people are not aware of such organisations hence they do not communicate with them.

4.3. QUALITATIVE DATA ANALYSIS AND INTERPRETATION

The second part of the data analysis involves the interviews and incorporated the qualitative aspect of the research. A qualitative methodology allows the researcher to explore, identify and clarify important elements that require in-depth exploration.

Interviews were conducted to explore and understand in-depth explanations of the perception of the community towards alcohol abuse among teenagers in Shayandima Township, Limpopo Province. This study applied in-depth, face-to-face interviews with social workers, community policing forum members, ward councillors and members of Shayandima Victim Empowerment Forum. A total of 12 participants were involved in one-on-one interviews. Regarding their gender, 7 (57%) were male while 5 (43%) were female counterparts. The age of participants ranged from 26 to 58 and their average age was 40 years. The majority, 7 (57%) of the participants, were married, 3 (26%) were single and the rest 2 (17%) were widowed.

In-depth interviews were conducted to allow the researcher to ask participants information about facts and their opinions on teenage alcohol abuse in their

community. This included policies and strategies that are put in place by government to address alcohol abuse by teenagers, the perceived challenges of alcohol abuse by teenagers and what should be done to address the problem of alcohol abuse by teenagers. The questions are as follows:

4.3.1 What is your view on the extent to which alcohol is abused by teenagers in the community?

“The abuse of alcohol by teenagers here in Shayandima is very high. Teenagers have no one to look up to, they have no role models and they have lots of money that they do not know what to spend that money on. They do not go to school, the majority of them, and all they do is to drink every day without a limit” (Social Worker, participant number 3, 14 September 2018).

“Teenagers are drinking at a fast rate, uncontrollably and excessively so. Shayandima has a very high rate of alcohol abuse because of the number of taverns that are available around the community. It is no longer safe for us to walk around the community when it is dark because we know that we are not safe. We are scared of our very own children. (Ward Councillor, participant number 2, 15 September 2018).

“Teenagers are abusing alcohol from morning until the following day in the morning because they have nothing to do. The majority of the teenagers do not even go to school, they spend most of their time drinking alcohol and roaming on the streets doing nothing. Most of the teenagers here in Shayandima do not even have Grade 12 certificate. We as parents do not even have control over the situation because our kids report us to the police when we discipline them; they say that we are abusing them” (Shayandima Victim Empowerment Member, participant number 1, 16 September 2018).

“It is very shocking to see how our teenagers in this area abuse alcohol. Those who are selling alcohol do not care to whom they are selling alcohol; they do not consider the issue of age, they just sell to any child who is willing to buy and the community is quiet about it. This is really affecting us as parents and as leaders of the community. We are not safe; we are scared of

our own kids in our own community. Our kids are now monsters to their own community. This democracy has ruined our kids and we need to claim our kids back before it is too late” (Community Policing Forum Member, participant number 1, 17 September 2018).

The analysis of the response from the participants is that all the participants have a common complaint of saying that the teenagers are drinking uncontrollably without them planning for their future. The participants are no longer feeling safe in the community as the teenagers’ tendency of abusing alcohol is changing their behavior. All these responses are congruent to Seggi(2012) who said alcoholism among teenagers is a particular concern, given that at least half of SA’s population consists of teenagers. The South African Medical Journal confirms that surveys have shown that alcohol use among our youth is common and increases with age for both males and females.

4.3.2 What do you think about the availability and accessibility of alcohol in the community?

“Alcohol is found everywhere here in Shayandima. You can find alcohol anytime; even teenagers who are not supposed to have access to alcohol have access: this is what I observe every day” (Ward Councilsellor, participant number 3, 17 September 2018).

“Alcohol is cheap and always available to everyone here in the community. Liquor sellers do not adhere to the rules and regulations of the country. People are breaking the law every day and the police is doing nothing about it. This is the government that we have voted for, but this is not what we were expecting from our government: we hope one day things will change” (Shayandima Victim Empowerment Member, participant number 2, 14 September 2018).

“There are so many liquor outlets and that makes alcohol to be sold cheaper around Shayandima. Everyone is selling cheap alcohol to anyone because

their aim is to sell and make money. People are forgetting the law that is guiding the liquor sellers; they are forgetting our culture and tradition and also the future of this generation” (Social Worker, participant number 3, 16 September 2018).

“Alcohol is available at taverns, bottle stores and lounges at a lower cost; the competitions are very high, everyone wants to sell alcohol to make a living and this is killing our society. Where lies the future of our generation? People who sell liquor to teenagers should be punished: the law must act very harshly” (Community Policing Forum Member, participant number 2, 15 September 2018).

The analysis of the response from the participants is that there is easy availability and accessibility of alcohol around the community. There are many liquor outlets that make it easy for teenagers to find alcohol at a lower cost. Liquor outlet density may play a significant role in the initiation of teenage drinking, whereas teenagers who reside in areas with low liquor outlets density may overcome geographic constraints through social networks that increase their mobility and the ability to seek alcohol and drinking opportunities beyond the local community. One out of every two teenagers in the average South African home is a user of alcohol and teenagers who use alcohol are more likely to be involved in violent crime.

4.3.3 What are the types of alcoholic beverages that are consumed most frequently by teenagers in the community?

“Teenagers like Black Label 'cause it is still cheap: beer is cheaper than ciders because ciders are expensive and come in small bottles which will make them buy more bottles and it will cost more. I know this because I drink alcohol”. (Ward Councillor, participant number 2, 17 September 2018).

“Black label and Hunters Dry are most preferred by our male teenagers and our female teenagers drink a lot of ciders. I have experienced that at my own house during festive season; my kids who are teenagers will steal those kinds

of alcohol and hide them” (Shayandima Victim Empowerment Member, participant number 1, 16 September 2018).

“Black Label and Castle Light and Hunters Dry are common here; it’s like everyone drinks that” (Community Policing Forum Member, participant number 1, 14 September 2018).

“I will not really know their names but teenagers prefer beer to ciders because beer is cheaper and it comes in bigger bottles” (Social Worker, participant number 3, 15 September 2018).

The analysis of the response from the participants is that teenagers who drink usually start with beer, wine or flavoured malt alcohol, a sweet-tasting blend of alcohol and carbonated fruit juice, which many teenagers tend to guzzle like soda pop. Although many teenagers mistakenly believe that these drinks are “safer” than hard liquor, it’s the amount of alcohol you drink, not what you drink, that matters. The fact is that a twelve-ounce can of beer and a four-ounce glass of wine each has the same amount of alcohol as a shot of eighty-proof whiskey, and flavoured malt alcohol drinks have the same amount of alcohol as many beers.

4.3.4 What are the main reasons for the initiation of alcohol abuse by teenagers in the community?

“Poor parenting and peer pressure is the most contributing factor” (Shayandima Victim Empowerment Member, participant number 1, 16 September 2018).

“We as parents give our children too much money to spend, which is also a problem. Peer pressure and lack of role models in the community also contribute” (Social Worker, participant number 2, 17 September 2018).

“It’s adolescent stage syndrome. It is also peer pressure and our kids have nothing to do to entertain themselves in the community. The sports fields around Shayandima are abandoned by the local municipality. The recreational centre is also closed, so the kids have nowhere to go and entertain

themselves” (Community Policing Forum Member, participant number 1, 16 September 2018).

“Some of our kids are out of school. Drinking alcohol is part of having fun while other kids are at school, so for them there is nothing wrong; they are living their lives to the fullest and enjoying their youth years as they say” (Ward Counsellor, participant number 2, 16 September 2018).

As most teenagers begin experimenting with alcohol at the beginning of puberty, the initiation of alcohol use among teenagers takes place at an early age. The analysis of the response from the participants reveals that peer pressure is the most important contributing factor and that our teenagers are given too much money to spend by their parents and they end up buying alcohol.

4.3.5 In your own view, what are the consequences of alcohol abuse by teenagers in the community?

“Most of our children do not go to school anymore, they spend most of the time on the streets abusing alcohol and when they get home, they are too tired to wake up the following day to go to school; therefore they end up losing interest in studying and drop out of school. There is no future at all for these kids nowadays; even their life expectancy is short, very short. We have street kids here in the community, a lot of them” (Shayandima Victim Empowerment Member, participant number 1, 16 September 2018).

“Alcohol is damaging their brains and they will never have a bright future. Because of alcohol abuse, our teenagers end up leaving schools and some become street kids because some parents do not tolerate their behaviour at home, so they end up chasing their kids out of the home. Teenage pregnancy is also high with fatherless kids. Our kids have sexually transmitted diseases and it is very bad” (Social Worker, participant number 1, 17 September 2018).

“The teenagers end up leaving school and become street kids and teenage mothers. They are gangsters. Their future is not bright at all. We are now living in the gangster community and we are not safe with our kids; as

parents, we are afraid of them and we have nowhere to hide” (Community Policing Forum Member, participant number 3, 16 September 2018).

“They leave schools, they do not want to work and there are more rape cases around the community, more teenage mothers and more violence including death. Our kids are losing their minds: their brains are damaged by alcohol; we cannot tolerate their behaviour anymore and I think it’s time we do something about it” (Ward Councillor, participant number 1, 16 September 2018).

The researcher can confirm that teenagers are more at risk of alcohol use, abuse and dependence than other age groups. From the analysis of the responses of the participants, teenage alcohol abuse has a negative impact on brain maturation, alcohol damages their brains, they underperform at school and drop out, and they become violent to each other and everyone in the community. Therefore, the short- and long-term consequences that arise from teenage alcohol abuse are astonishing in their range and magnitude, affecting adolescents, the people around them, and society as a whole.

4.3.6 Are there any incidents related to alcohol abuse by teenagers in the community?

“Teenagers stab each other with knives. Road accidents are also common because they jump on the road when cars are coming; they rape each other and older people. We are not safe at all” (Shayandima Victim Empowerment Member, participant number 2, 14 September 2018).

“They steal our cars and damage them when they are drunk, rob us on the street and hurt their fellow sisters. There are always fights on the streets. They also damage the schools, clinics and post office and shops; they break the windows. They sometimes fight for food at funerals and police will be called to intervene, which is very bad. Honestly, Shayandima is no longer a safe place to raise your kids” (Ward Councillor, participant number 3, 15 September 2018).

“They rape each other at taverns when we are drinking; they break bottles on the roads, fight with knives and sometimes guns are involved. Shayandima is now a gangster paradise. When we grew up in Shayandima, things were not like this: we use to respect each other and our elders, but things have changed” (Social Worker, participant number 1, 14 September 2018).

“Our kids steal from us at our homes and sometimes damage our cars and rob us as their parents on the streets. Every time when they are drunk, they fight each other: they usually fight for girlfriends and useless things like a cigarette stompies. They sometimes end up stabbing each other with knives and regret it the following day when they are sober” (Community Policing Forum Member, participant number 1, 16 September 2018).

The analysis of the response from the participants is that the community at large is no longer feeling free and comfortable to live in such an environment where it is full of teenagers who abuse alcohol. Teenagers are becoming violent in their homes towards their parents and their siblings and the community at large and all this destroys their bright future because they end up leaving schools and drink uncontrollably on a full time basis.

4.3.7 How does the community manage teenagers with alcohol-related problems?

“Well this also is a challenge on its own. We just report the problems to the police satiation, even though they hardly come and assist, but we usually do not leave the police out of the problems we encounter in our homes and in the community. There is nothing that is being done: everyone disciplined his or her own kids because we don’t get assisted by our government officials”(Community Policing Forum Member, participant number 3, 16 September 2018).

“The community is doing nothing: we are tired also as parents and as a community because we are scared of our own kids and that they will take us to court and say that we are abusing them while we are disciplining them. Things have changed: South Africa is a democratic country, our kids have

rights but they are irresponsible and that is killing us as a country” (Shayandima Victim Empowerment Member, participant number 1, 17 September 2018).

“When we have problems, we deal with them individually as a family not as the community. Everyone is dealing with his or her own family demons. We do not have supporting groups, but we encounter the very same challenges” (Ward Councillor, participant number 2, 16 September 2018).

“Nothing much is done: we report the incidents to the police and some we deal with them individually, like disciplining your own child at home” (Social Worker, participant number 3, 17 September 2018).

The analysis of the response from the participants is that the Shayandima community have seen and identified their challenges but they have lost hope in the police. They all have similar challenges regarding teenage alcohol abuse in the community. They believe in taking the law in their own hands because even though they report problems to the police, they do not get assistance. Basically, each and every family resolves their issues on their own without assistance from the government that they have voted for.

4.3.8 Do the local authorities provide alcohol abuse prevention services like health education, recreational, counselling and guidance, clinical services and others?

“I have never heard of such thing” (Community Policing Forum Member, participant number 1, 16 September 2018).

“No. There is no such thing or I have never heard of such service and have been staying around the community for 40 years now” (Ward Councillor, participant number 2, 16 September 2018).

“We do provide such services as social workers, but most people do not know about them. We do not go around spreading this gospel, we wait for the victims to come to us with problems, and then we assist” (Social Worker, participant number 2, 17 September 2018).

“Not anymore but before there was ‘*LOVE LIFE*’ Programmes that use to do that. Most of the people were not interested and the youth was not

participating” (Shayandima Victim Empowerment Member, participant number 1, 16 September 2018).

The analysis of the response from the participants is that there is lack of communication between the government officials and the Shayandima community. Few people are aware of services provided by government regarding alcohol abuse by teenagers ; the community at large is not aware of such services. Consultation as one of the Batho Pele principles is not taken into consideration, people are not consulted, which means the government is not going to the people. That is not democratic, that is not what South Africans have voted for.

4.3.9 What should be done to reduce & prevent alcohol abuse among teenagers in the community?

“Police must come and patrol where they are selling alcohol to see if they are not selling to children who are under the age of 18 and the liquor sellers must open and close in time because by 7 o’clock in the morning, you will find a teenager holding a bottle of beer on the street which means that the bottle store did not open at 09h00 am as prescribed by the law. There is no way you will find a store that is opened at 07:00 in the morning” (Shayandima Victim Empowerment Member, participant number 3, 16 September 2018).

“Our children need to be educated about the abuse of alcohol, the consequences of abusing alcohol. Taverns must close down and we must be left with maybe 2 lounges and 2 bottle stores that are being monitored” (Community Policing Forum Member, participant number 2, 14 September 2018).

“There are so many places where they sell liquor in this area. Shayandima is a very busy place and everyone is making money out of alcohol. From taverns, to bottle stores and lounges, some sell at their homes and some sell in the containers on the streets and one may ask if all these liquor sellers have licences. I think there should be a limited number of liquor sellers and the government should be strict on that. Some should be closed down for the

sake of the future of our kids, especially those that are not far from schools” (Social Worker, participant number 1, 15 September 2018).

“There must be a total shut-down of liquor outlets. Shayandima is a residential area, not a business area. The future generation is being destroyed here”(Ward Councillor, participant number 2, 17 September 2018).

The analysis of the response from the participants is that there is an increased number of liquor outlets around the residential area of Shayandima. Everyone wants to make a living out of selling alcohol to everyone who is willing and able to buy, regardless of age. Liquor sellers are not adhering to the rules and regulations of the liquor Act. According to the Limpopo Liquor Act of 2009, no alcohol should be sold to persons under the age of 18, and the licence everyone who is found selling liquor to a person under the age of 18, should be revoked.

4.3.10 Discuss the role of teenagers, community, Department of Education, Department of Health, Non-Governmental Organisations

“Teenagers must be responsible and not abuse alcohol and go to school. The departments must educate parents and teenagers on alcohol abuse. There are bad things that come with alcohol abuse and the NGOs must educate us and council and empower teenagers together with the help from the parents” (Social Worker, participant number 1, 14 September 2018).

“Our teenagers must go to school and be educated with the help of the government departments: they must be able to know the consequences of abusing alcohol and the NGOs must still conduct programmes to teach them and counsel our children” (Ward Councillor, participant number 3, 16 September 2018).

“Firstly, teenagers must have goals for their future, they must concentrate on their studies, educate themselves through the government and they must also be motivated and empowered by the NGOs” (Shayandima Victim Empowerment Member, participant number 1, 17 September 2018).

“Our kids must just stick to their roles as kids and be educated with the help of both the departments and the NGOS and us as parents, I think together we can beat this alcohol abuse by our teenagers” (Community Policing Forum Member, participant number 2, 16 September 2018).

The analysis of the response from the participants is that we all have different roles to play in the lives of our children. Whether as an individual, as the government or a private sector, we all have a major role to play so that our children can have a better future and we can all live in peace and harmony. Our government must educate our teenagers on a daily basis at school about the consequences of teenage alcohol abuse together with the Non-Governmental Organisations and their programmes that teach the teenagers about life in general and the consequences of abusing alcohol.

4.4 CONCLUSION

The chapter presented analyses and interpretation of the results of the data analysis techniques applied to process the data generated by the questionnaire. The analysis was based on the data collected from the questionnaires and interviews. The next chapter, chapter five, provides a summary, conclusion and recommendations based on the study findings.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

The previous chapter provided the analysis and interpretation of data collected from Shayandima Township. Data collected from the survey covered purely the aspects of teenage alcohol abuse in Shayandima Township. Questionnaires and interview schedule were used to collect data on the aspects of teenage alcohol abuse. This chapter presents the summary, conclusion and recommendations of the study. The preceding chapter provided an analysis and interpretation of the research findings. This chapter commences with the summary of the chapters in section 5.2. It is then followed by the summary of the key findings in relation to the study objectives in section 5.3. Section 5.4 contains the conclusion based on the research findings. In concluding the study, the recommendations will be outlined in terms of how to deal with challenges related to teenage alcohol abuse, how to deal with challenges and how to sensitise the community at large.

5.2 SUMMARY OF THE CHAPTERS

Chapter one: Chapter 1 provided an introductory background of the study. It also included a description of the research motive and purpose. In this chapter, the significance of the study and ethical considerations were also taken into cognisance.

Chapter two: The purpose of this chapter was to discuss the relevant literature on the perception of community about alcohol abuse among teenagers. The objective was to present a sound theoretical basis that serves as a guide in responding to the research questions.

Chapter three: The purpose of this chapter was to discuss the methodological design of the study. This chapter stated the methods to be

employed in collecting and analysing the data. It was also explicit as to what instruments were used in the data collection and analysis.

Chapter 4: Data presentation and analysis: This chapter dealt with the analysis and the interpretation of the data which was collected in the study area. This chapter draws the analysis from the respondents and participants' views regarding the perception that the community has towards alcohol abuse among teenagers in Shayandima Township, Limpopo Province.

Therefore, the aim of this study is to explore the perception that the community has towards alcohol abuse among teenagers in Shayandima Township, Limpopo Province.

The objectives were as follows and the results will be discussed in relation to the purpose and objectives of the study:

- To ascertain the policies and the strategies put in place by government to address alcohol abuse by teenagers.
- To examine challenges experienced by the community regarding alcohol abuse by teenagers.

5.3 SUMMARY OF KEY FINDINGS

Objective number 1: To ascertain the policies and the strategies put in place by government to address alcohol abuse by teenagers.

Why the abuse of alcohol is out of control in the community

The study revealed that 54% of the community members said that alcohol is available to teenagers anytime and anywhere. This is followed by 22% of the respondents that said alcohol abuse is out of control in the community because there are no strict measures to stop teenagers from abusing alcohol. It is further revealed by 16% of the respondents that alcohol around the community is not only available everywhere but it is cheap, there is little support of enforcement by the authorities (6%) and also that the community tolerates alcohol sellers in the community (2%).

Community programmes that involve the community in sensitizing society about teenage alcohol abuse

According to the study, it is revealed by 96% of the respondents that the community does not carry out programmes that sensitize the society on issues of teenage alcohol abuse. It is only 4% who is aware of the programme but the majority is saying otherwise.

Action taken after the discovery of teenage alcohol abuse in the community

The study revealed that the majority (54%) of the respondents did not take action when they discovered that there is teenage alcohol abuse in the community, they take the matter in their own hands, but a minority (42%) did take action and reported the matter to the authorities.

Organizations that assist in teenage alcohol abuse

The study further revealed that 96% of the respondents are not aware of the organisations that assist teenagers that are abusing alcohol around the community. It is only a minority (4%) that is aware of such organisations that deal with teenage alcohol abuse.

Does the community communicate with organizations on the issues of teenage alcohol abuse?

The study revealed that 96% of the respondents said that the community does not communicate with any organisation on the issue of teenage alcohol abuse in the community as they do not know of such organisation. 2% of the respondents revealed that there is indeed communication with the organisations that deal with teenage alcohol abuse and those few are social workers.

The availability and accessibility of alcohol by teenagers in the community

The study revealed that there is easy access to alcohol in the community by teenagers. The study further revealed that, because of many liquor outlets

around the community that sell alcohol to children who are under the age of 18, it is easy for the teenagers to find alcohol at a low cost because the competition is high.

Alcoholic beverages that are consumed frequently by teenagers

It is revealed by the study that teenagers prefer beer that is packaged in bigger bottles than ciders and wine because beer is less expensive and they can afford it. Teenagers prefer Black Label and Hunters Dry because they are affordable and never out of stock.

How community manages teenagers with alcohol abuse problems

The study revealed that managing teenagers is a challenge on its own and managing teenagers with alcohol problems is a very big challenge. The study further revealed that the community has lost hope in the state in such a way that they no longer report teenage alcohol abuse cases to the police. The study further revealed that they take the law into their own hands and deal with the challenges individually at their own homes. Everyone disciplines their children without government involvement.

Alcohol abuse prevention services by authorities

The study revealed that the government does not provide any service that prevents teenage alcohol abuse in the community. The majority of the people have never come across such services and have been staying around Shayandima Township for decades. The study further revealed that the minority of the people who are aware of the services are government officials who are social workers because they work with such cases.

Reduction/prevention of teenage alcohol abuse among teenagers in the community

The study revealed that a lot must be done to reduce and prevent alcohol abuse by teenagers. It further revealed that there should be a total shut down of liquor outlets around the community because they are not adhering to the

rules and regulations of the liquor act. The study further revealed the opinion a residential area must be a residential area and all the businesses must operate in the business area far from schools and homes.

Roles of the teenagers, the community, the state and the NGOs

The study revealed that, in order to deal with the issue of teenage alcohol abuse, both the government, the community at large, the NGOs should join hands with the teenagers and work together. It is revealed that the teenagers must behave like kids and go to school; parents must guide their teenagers with the support from the community authorities. The government must educate the teenagers at school about the danger of teenage alcohol abuse and make use of the programmes of the NGOs that should be supported by the government financially.

Objective number 2: Examine perceived challenges of alcohol abuse by teenagers.

The views on the extent to which alcohol is abused by teenagers in the community

The study revealed that the abuse of alcohol in Shayandima Township is very high. Teenagers are drinking uncontrollably and excessively and they have too much money that is given to them by the parents and they have nothing better to spend the money on. Teenagers in the community have no role models to look up to: they end up leaving schools and become street kids, gangsters and teenage parents. The study further revealed that the reason for teenage alcohol abuse is the mushrooming of the liquor outlets in the community which makes it easy for the teenagers to have access to alcohol any time and any day. The Shayandima community is said to be a gangster paradise which makes it difficult for the community members to live a free life in their own community.

Challenges the community experiences due to teenage alcohol abuse

Teenage alcohol abuse does not come without challenges; they are challenges that affect the teenagers individually, that affect the families and the community at large. The Shayandima community is faced by different challenges due to teenage alcohol abuse. The study revealed that 44% of the community members have challenges with violence that is caused by the teenagers who are abusing alcohol in the community. There is also the challenge of rape cases reported due to teenage alcohol abuse, and also house break-ins and robberies at a rate of 24%, which is also high percentage.

Types of challenges that community authorities experience

There are multiple of challenges that the community authorities are facing due to alcohol abuse by the teenagers around the community of Shayandima. The study revealed that 38% of the community members interviewed said that there is teenage alcohol abuse because of the easy availability of alcohol in the community. 34% of the community members do not discourage alcohol intake by their teenagers at all. The study further revealed that the reason for teenage alcohol abuse is that the parents do take alcohol, and some provide alcohol to their kids and do not support the authorities. Some community members do not have much knowledge about teenage alcohol abuse.

Serious cases of teenage alcohol abuse encountered by the community

The study revealed that there are serious cases that are encountered by the community members because of teenage alcohol abuse. 96% of the community members have encountered challenges in the community due to teenage alcohol abuse, whereas 4% have not encountered challenges.

Locations of the challenges of teenage alcohol abuse

The study revealed that 96% of respondents said that teenage alcohol abuse is happening more in the community than in the homes (4%).

Reasons for initiating alcohol abuse by teenagers

The study revealed that teenagers initiate abusing alcohol because of peer pressure and adolescent stage. Poor parenting was also stated as a contributing factor because parents give children too much pocket money that they do not use at school, which makes it easy for them to afford any alcoholic beverages. It was further revealed that some parents enjoy alcohol with their teenagers in the comfort of their homes.

Consequences of alcohol abuse by teenagers

The study revealed the consequences that arise due to teenage alcohol abuse. Participants indicated the physical and psychological issues that affect the teenagers who abuse alcohol. It was revealed that alcohol damages the brains of the teenagers and they end up leaving school and become street kids. They end up not having a bright future, because they do not see a need of studying and they became teenage parents. The study further revealed that teenagers are contracting sexually transmitted diseases because they become sexually active when they are drunk and some rape each other and even other community members. Therefore, the short- and long-term consequences that arise from teenage alcohol abuse are astonishing in their range and magnitude, affecting teenagers, the people around them, and society as a whole.

Incidents related to teenage alcohol abuse around the community

The study revealed the incidents that arise because of teenage alcohol abuse. It was revealed that teenagers stab each other with knives, they rape each other and jump onto the roads while drunk is also common, which causes road accidents. Furthermore, cars are being stolen and damaged because of teenage alcohol abuse. It is further revealed that teenagers even disrupt the church services and funeral services around the community, fighting for food served at these events. It is clear that the community members no longer feel safe, especially the senior citizens, because of the behaviour of the teenagers in the community.

5.4 CONCLUSION

It can be deduced from the findings that alcohol abuse among teenagers in Shayandima Township is a challenge that needs serious intervention by both the community at large, the government of the day and NGOs. Therefore, the conclusions drawn from the findings are as follows:

The findings revealed that the reason for teenage alcohol abuse by teenagers of Shayandima Township is caused by the mushrooming of illegal liquor outlets around the community. Most of them are not adhering to the rules and regulations of the liquor act. According to the Limpopo Liquor Act, no person should sell liquor to persons under the age of 18. However, in a situation like this, there are no programmes offered in the community that sensitise the teenagers about teenage alcohol abuse and the government is quiet about it. Furthermore, even though there are challenges affecting the community at large, the police officers are not in charge of the community; they do not go around the community patrolling, making sure that the liquor sellers are adhering to the rules. That is why alcohol is easily accessible by teenagers, and the sellers who do not adhere to the rules are not being punished by revoking their liquor licence.

Another finding shows that teenagers are drinking uncontrollably to the extent that they end up leaving school and become street kids, gangsters and teenage parents. However, due to psychological and physical damage that comes with the abuse of alcohol by teenagers, there are challenges that come with the abuse. The community members are no longer safe to live in the community that they have lived in for decades. There is a high rate of crime, robbery, murders and rape cases around the community and in their homes. The findings further revealed that all this is a result of poor parenting and peer pressure, especially when teenagers have no role models to look up to. Parents are giving too much pocket money to their children and the kids end up buying liquor. Drinking alcohol is a way of entertaining themselves as all the entertainment areas have been abandoned by the local municipality, they have been closed down

5.5 RECOMMENDATIONS

Recommendations are presented below in relation to issues discussed above. The recommendations are tailored to discussions about the perception of the community towards alcohol abuse among teenagers in Shayandima Township, Limpopo Province, and the research proposes the following recommendations:

Price hike on sin tax

It is recommended that there should be an increase in the price of alcohol. A higher price or a tax on alcohol beverages is associated with lower levels of teenage alcohol abuse and alcohol related problems.

Increase in the minimum legal age drinking

It is further recommended that there should be an Increasing on the minimum legal drinking age. The minimum legal drinking age should increase from 18 years to 21 years. Increasing the age at which people can legally purchase and drink alcohol will be the most successful intervention in reducing drinking and alcohol-related vehicle crashes among people under the age of 21.

Family-Based Prevention Programs

It is recommended that there should be Family-Based Prevention Programs. Parents should have the ability to influence whether their children drinking is well documented and is consistent. Setting clear rules against drinking, consistently enforcing those rules, and monitoring the child's behaviour, which will help to reduce the likelihood of underage drinking is advised.

Rehabilitation centre

The serious problems that can result when young people begin to abuse alcohol cannot always be addressed by family support alone. Intervention by trained professionals is frequently called for. It is further recommended that there should be a rehabilitation centre within the District Municipality. By no

means does seeking this type of help represent a shortcoming of previous parental efforts. It merely reflects the severity of the issue at hand. Setting up visits to a counsellor, psychologist, psychiatrist, or other substance abuse treatment professional are all good first options. There are some situations that will require further intervention, such as outpatient and potentially inpatient substance abuse treatment, should the situation call for it.

Banning of the liquor outlets in residential area

It is recommended that liquor outlets in residential areas should be prohibited by statute. Such a statutory intervention would limit access to alcohol by teenagers living in Shayandima, thereby reducing issues of teenage alcohol abuse. A residential area must not be confused with a business area.

Educational School-Based Prevention Programs

In Shayandima Township, there is a need for institution-based educational campaigns on alcohol. It is recommended that there should be Educational School-Based Prevention Programs. Educational campaigns should be focused on safe drinking levels. It should start in primary schools, so that learners are educated on this issue of teenage alcohol abuse at an early age. Educational interventions should have a component of building leadership skills of students. Learners with leadership skills are more likely to resist cues to initiation into drinking.

Counselling services

It is further recommended that there should be the guidance and counselling units in the community hospitals. Clinics should be taken seriously in offering counselling services for teenagers with chronic hazardous drinking patterns. Teenagers should be guided individually to develop the plan for help in stopping the consumption of alcohol.

Use of social media

The 21st century is privileged to have social media as a tool of communication and information sharing. And therefore, it is recommended that all the issues

of teenage alcohol abuse should be communicated to teenagers using diverse communication channels. Interaction through social media such as Whatsapp, Facebook, Twitter, Instagram and social media platforms is highly preferred by teenagers.

5.6. LIMITATIONS OF THE STUDY AND SUGGESTIONS FOR FURTHER RECOMMENDATIONS

The researcher encountered several problems during the data collection in the field. The first challenge was the reluctance of some of the government officials, particularly the social workers. They were literally not willing to participate in the study. Another challenge faced by the researcher was the limited time constraints and the budget during the data collection process which limited the sample size of the study in terms of the geographic scope. Therefore, the researcher suggests that similar studies should be conducted in other municipalities. In terms of the aspects of the study, the researcher further suggests that more studies should be done to explore the perception that the community has towards alcohol abuse among teenagers.

REFERENCES

- Abbey, A., Smith, M.J. & Scott, R.O. 1993. The relationship between reasons for drinking alcohol and alcohol consumption: An interactional approach. *Addictive Behaviors*, 18(6):659-670.
- Adnam, C. 2012. Developmental consequences of prenatal drug and alcohol exposure. Masters Dissertation). Cape Town: University of Cape Town.
- Alexis, C., See, L., Fritz, S., Van der Velde, M., Perger, C. & Foody, G. 2013. Using control data to determine the reliability of volunteered geographic information about land cover. *International Journal of Applied Earth Observation and Geoinformation*, 23:37-48, August.
- Allen, A.H., Stein, D.J., Seedat, S., Heeringa, S.G., Moomal, H. & Williams, D.R. 2009. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *Afr Med J.* 99(5.2): 339-344, May. Addiction statistics. <https://christiandrugsupport.wordpress.com/most-commonly-used-drugs/sa-statistics/> Date of access: 25 April 2018.
- Association for Responsible Alcohol Use (ARA). 2016. *The Manufacture, Wholesale and Retail of Beverages in South Africa* (Parliamentary monitoring group).
- Atkinson, A., Elliott, G., Bellis, M., & Sumnall, H. 2011. *Young People, Alcohol and the Media*. York: Joseph Rowntree Foundation.
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Jurgens, R., Robin, R. & Ingeborg, R. 2010. *Alcohol: No ordinary commodity: Research and public policy*. Oxford University Press.
- Bandura, A. 1976. *Social Learning & Personality Development*. Englewood Cliffs: Prentice-Hall.
- Bartle, P. 2007. *What is Community: A Sociological Perspective*. Spain: Lourdes Sadu.

- Bernard, R. 2000. *Social Research Methods: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage publications.
- Blumberg, B., Cooper, D.R. & Schindler, P.S. 2008. *Business Research Methods*. London: McGraw-Hill Higher Education.
- Bogin, B. 2009. Childhood, adolescence, and longevity: A multilevel model of the evolution of reserve capacity in human life history. *American Journal of Human Biology*, 21(4):567-577.
- Borrego, M., Douglas, E. & Amelink, C. 2009. Quantitative, Qualitative, and Mixed Research Methods in Engineering Education. *Journal of Engineering Education*, 98 (1): 54–66.
- Boyd, G.M., Howard, J., Zucker, R.A. 2013. *Alcohol problems among adolescents: Current directions in prevention research*. Psychology Press. .
- Bryman, A. 2012. *Social Research Methods*. Oxford: Oxford University Press.
- Bryant-Jefferies, R. 2001. *Counselling the Person Beyond the Alcohol Problem*. Philadelphia, PA: Jessica Kingsley Publishers.
- Brynard, P.A., & Hanekom, S.X. 2006. *Introduction to research in management-related fields*. Pretoria: Van Schaik.
- Cant, M., Gerber-Nel, C., Nel, D. & Kotze, T. 2005. *Marketing Research*. 2nd ed. Pretoria: New Africa Books.
- Center on Alcohol Marketing and Youth (CAMY). 2010. Youth Exposure to Alcohol Advertising on Television, 2001-2009.
- Camy.org/_docs/resources/reports/youth-exposure-alcohol-advertising-tv-01-09-exec-sum. Date of access: 3 May 2018.
- Comeau, N., Stewart, S.H. & Loba, P. 2001. The relations of trait anxiety, anxiety sensitivity, and sensation seeking to adolescents' motivations for alcohol, cigarette, and marijuana use. *Addictive Behaviors*, 26(6):803-825.
- Coomber, R., McElrath, K., Measham F., & Moore K. 2013. *Key Concepts in Drugs and Society*. Sage Publications.

- Cooper, C., Robertson, I.T.L., & Williams, J. 1990. The validity of the Occupational Stress Indicator. *Work & Stress*, 4(1): 29-39.
- Cooper, M.L. 1994. Motivations for alcohol use among adolescents: Development and validation of a four-factor model. *Psychological Assessment*, 6(2):117-128.
- Cooper, M.L., Frone, M.R., Russell, M. & Mudar, P. 1995. Drinking to regulate positive and negative emotions: A motivational model of alcohol use. *Journal of Personality and Social Psychology*, 69(5):990-1005.
- Corbin, J. & Strauss, A. 2008. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. 3rd ed. Thousand Oaks, CA: Sage.
- Couper, M.P. 2017. New developments in survey data collection. *Annual Review of Sociology*, 43(1):121-145.
- Cox, W.M. & Klinger E. 2004. A motivational model of alcohol use. *Journal of Abnormal Psychology*, 97(2):168-180
- Craig, R. 2003. *Counseling the Alcohol and Drug Dependent Client*. Chicago: Illinois School of Professional Psychology.
- Creamer, J. 2012. Young people and alcohol. *Medical Publishing Group*, 31(4): 55-63.
- Creswell, J.W. 2009. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, CA: Sage.
- Creswell, J. 2013. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, CA: Sage.
- Creswell, J.W. & Creswell, J. D. 2017. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Sage publications.
- Creswell, J.W. & Clark, V.L.P. 2011. *Designing and Conducting Mixed Methods Research*. 2nd ed. Los Angeles: Sage Publications.

Crutzen, R., Kuntsche, E. & Scheleman-Offermans, K. 2013. Drinking motives and drinking behaviour over time: A full cross-lagged panel study among adults. *Psychology of Addictive Behaviors*, 27(1), 197-201. doi: 10.1037/a0029824.

Curry, L. N. 2009. Qualitative and mixed methods provide unique contributions to outcomes research. *Circulation*, 119(10): 1442-1452.

Republic of South Africa (RSA), Department of Social Development. 2005. National Drug Control Master Plan Report. Pretoria: DSD.

Republic of South Africa (RSA), Department of Social Development. 2008. Central Drug Authority: Annual report for the year ended 31 March 2005. Pretoria: DSD.

Denning, P., Little, J., & Glickman., A. 2004. *Over the Influence: The Harm Reduction Guide for Managing Drugs and Alcohol*. Guilford Press.

Dibley, A. & Baker, S. 2001. Uncovering the links between brand choice and personal values among young British and Spanish girls. *Journal of Consumer Behaviour*, 1(1):77-93.

Ellis, G., Stein, D., Meintjes, E. & Thomas, K. 2012. *Substance Use and Abuse in South Africa*. Cape Town: University of Cape Town Press.

Fabrigar, L.R. & Norris, M.E. 2012. Conformity, compliance, and obedience. *Oxford Bibliographies*, <http://www.oxfordbibliographies.com/view/document/obo.9780199828340/obo9780199828340-0075.xml>. Date of access: 6 March 2018

Farber, P.D., Khavari, K.A. & Douglas, F.M. 1980. A factor-analytic study of reasons for drinking: Empirical validation of positive and negative reinforcement dimensions. *Journal of Consulting and Clinical Psychology*, 48(6):780-781.

Fontana, A., & Frey, J.H. 2000. The interview: From structured questions to negotiate. *Handbook of Qualitative Research*, 2 (6): 645-72.

Gaskin, K. & Chapman, S. 2014. Research essentials: Qualitative and quantitative research methodology, their uses and the skills you need to use them. *Nursing Children and Young People*, 26(4), 12.

Gilligan, Kuntsche & Gmel 2012. *Adolescent drinking patterns across countries: associations with alcohol policies*: Newcastle, Australia.

Gossop, M. 2013. *Living with Drugs*. 7th ed. London: Ashgate Publishing.

Grix, J. 2010. *The Foundation of Research*. 2nd ed. Palgrave Macmillan.

Grunberg, L., Moore, S., Anderson-Connolly, R. & Greenberg, E. 1999. Work stress and self-reported alcohol use: The moderating role of escapist reasons for drinking. *Journal of Occupational Health Psychology*, 4(1):29-36.

Guandong, S., Qin Hai, M., Fangfei, W. & Lin, L. 2012. The psychological explanation of conformity. *Social Behavior & Personality: An International Journal*, 40(8): 1365-1372.

Hanewinkel, R., Tanski, S., & Sargebnt, J. 2007. *Exposure to alcohol use in motion pictures and teenage drinking*. Oxford university press

Herman, A. & Williams, D. 2009. The South African Stress and Health Study (SASH). *South African Medical Journal* 2009; 99(5):339.

Hesse-Biber, S., & Leavy, P. 2011. Focus group interviews. *The Practice of Qualitative Research*, Thousand Oaks, CA: Sage, pp.163-92.

Holahan, C.J., Moos, R.H., Holahan, C.K., Cronkite, R.C. & Randall, P.K. 2003. Drinking to cope and alcohol use and abuse in unipolar depression: A 10-year model. *Journal of Abnormal Psychology*, 112(1):159-165.

Holtzkampf, E. 2012. *Liquor consumption patterns in South Africa*. SAWIS. http://www.sawis.co.za/info/download/Liquor_consumption_article_feb_2012.pdf. Date of access: 3 June 2016.

<http://www.bmj.com>. Alcohol in movies influences young teens drinking habits. 20-feb-2012. British Medical Journal.

Igwe, W.C., Ojinnaka N., Ejiofor, S.O., Emechebe, G.O., & Ibe. B.C. 2009. Socio-Demographic correlates of psychoactive substance abuse among secondary school students in Enugu, Nigeria. *European Journal of Social Sciences*, 12(2): 277-283.

Jackson, H. 2005. *AIDS Africa: Continent in crisis*. Harare: SAFAIDS, Zimbabwe.

Jernigan, D.H.. 2010. The Extent of Global Alcohol Marketing and its Impact on Youth. *Sage Journals*.

<https://doi.org/10.1177/009145091003700104>

Johnson, R.B., & Onwuegbuzie, A.J. 2004. Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14–26.c

Johnston, K.L. & White, K.M. 2003. Binge-drinking: a test of the role of group norms in the theory of planned behaviour. *Psychology and Health*, 18:63-77

Joubert, G. & Ehrlich, R. 2007. *Epidemiology: A Research Manual for South Africa*. 2nd ed. Oxford: Oxford University Express.

Kasolo, F. 2012. Global status on alcohol abuse: How is South Africa rated and the implications for policy. World Health Organisation. http://www.thedti.gov.za/business_regulation/presentations/who_presentation.pdf

Kowalenko, T., Burgess, B., Szpunar, S.M. & Irvin-Babcock, C.B. 2013. Alcohol and trauma—in every age group. *Am. J. of Emerg. Med.*, 31:705-709.

Keller, M. & Vaillant, G.E. 2016. Alcoholism. Association for Responsible Alcohol Use (ARA). Responsible Drinking Education #make one change. Aware.org.

Khan, M.R., Berger, A.T., Wells, B.E., & Cleland, C.M. 2012. Longitudinal associations between adolescent alcohol use and adulthood sexual risk behavior and sexually transmitted infection in the United States: Assessment

of differences by race. *American Journal of Public Health*, 102(5), 867–876. doi:10.2105/AJPH.2011.300373.

Raitasalo, K. 2008. *Informal Social Control of Drinking: Finland in the Light of International Comparison*. Vaajakoski: Gummers Printing.

Kuntsche, E., Knibbe, R., Gmel, G. & Engels, R. 2006. Who drinks and why? A review of socio-demographic, personality, and contextual issues behind the drinking motives in young people. *Addictive Behaviors*, 31(10):1844-1857.

Kleintjes, S., Flisher, A., Fick, M. Railoun, A., Lund, C., Molteno, C. & Robertson, B.A. (2006) The Prevalence of Mental Disorders among Children, Adolescents and Adults in the Western Cape, South Africa. *South African Psychiatry Review*, 9: 157-160. <https://doi.org/10.4314/ajpsy.v9i3.30217>.

Kyei, K.A. & Ramagoma, M. 2013. Alcohol consumption in South African universities: Prevalence and factors at the University of Venda, Limpopo Province. *Journal of Social Sciences* 36(1):77-86. [http://www.krepublishers.com/02-Journals/JSS/JSS-36-0-00013Web/JSS-36-1-00013-Abst-PDF/JSS-36-1-077-13-1345-Kyei-K-A/JSS-36-01-077-13-1345-Kyei-K-A-Tx \[9\]. pmd.pdf](http://www.krepublishers.com/02-Journals/JSS/JSS-36-0-00013Web/JSS-36-1-00013-Abst-PDF/JSS-36-1-077-13-1345-Kyei-K-A/JSS-36-01-077-13-1345-Kyei-K-A-Tx%20%5B9%5D.pmd.pdf). Date of access: 26 October 2015.

Langner, S, Hennigs, N. & Wiedmann, K-P. 2013. Social persuasion: Targeting social identities through social influencers. *Journal of Consumer Marketing*, 30, 31-49. <http://dx.doi.org/10.1108/07363761311290821>.

Lassiter, G.H. 2009. *Psychology of Emotions, Motivations and Actions: Impulsivity: Causes, Control and Disorders*. New York: Nova Science Publishers.

Lim, S.S., Vos, T., Flaxman, A.D., Danaei, G., Shibuya, K., Adair-Rohani, H., AlMazroa, M.A., Amann, M., Anderson, H.R., Andrews, K.G., Aryee, M., Atkinson, C., Bacchus, L.J., Bahalim, A.N. & Balakrishnan, K. 2012. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990-2010: a systematic

analysis for the Global Burden of Disease Study 2010. *Lancet*, 380, 2224-2260.

Marshall, M. 1996. Sampling for qualitative research. *Family Practice*, 13(6), 522-526.

Martin, A. L. 2001. *Alcohol, Sex, and Gender in Late Medieval and Early Modern Europe*. Gordonsville, VA: Palgrave Macmillan.

Marshall, C. & Rossman, G.B. 2011. *Designing Qualitative Research*. Thousand Oaks, CA: Sage.

Masick, K.D. & Picardi, C.A. 2013. *Research methods: designing and conducting research with a real world focus*. United States of America: Sage Publications.

Mazzei, A. & D'Arco, A. 2009. *Alcoholic Beverage Consumption and Health*. Hauppauge, NY: Nova Science Publishers.

McCrary, B.S. & Epstein, E.E. 2008. *Couples Therapy for Alcohol Use Problems: A Cognitive-Behavioral Treatment Program Workbook*. Cary, NC: Oxford University Press, USA.

Mezquita, L., Stewart, S.H. & Ruiperez, M.A. 2010. Big five personality domains predict internal drinking motives in young adults. *Personality and Individual Differences*, 49(3):240-245.

Miller, T., Krauss, R. & Miller, T. 2008. School-related violence: Definitions, scope, and prevention goals. In: T.W. Miller, ed., *School Violence and Primary Prevention*. New York: Springer, pp.15–24.

Mobach, T. & Macaskill, A. 2011. Motivation to drink alcohol in first year university students: Having a good time or simply coping? *Health Psychology update*, 20(2). http://shura.shu.ac.uk/5761/1/Macaskill_Motivation_to_drink_alcohol_.pdf Date of access: 2 March 2016.

Monteiro, M. 2001. A World Health Organization perspective on alcohol and illicit drug use and health. *European Addiction Research*, 7(3):98-103.

- Moodley, S.V., Matjila, M. J. & Moosa, M.Y.H. 2012. Epidemiology of substance use among secondary school learners in Atteridgeville, Gauteng. *The South African Journal of Psychiatry*, 18(1): 2-9.
- Mogotsi, M., Nel, K., Basson, W. & Tebele, C. 2014. Alcohol use by students at an emerging university in South Africa. *Journal of Sociology and Social Anthropology*, 5(2):187-195.
- Morgan, D.L. 2014. *Integrating Qualitative and Quantitative Methods: A Pragmatic Approach*. California: Sage Publications.
- Morojele, N. & Ramsoor, L. 2016. Addressing adolescent alcohol use in South Africa. *South African Medical Research Council Journal*, 106(6):551- 553.
- National Drug Control Master Plan of FMHCACA. 2005. Department of Social Development: Pretoria: Auckland Park: Juta.
- National Institute on Alcohol Abuse and Alcoholism [NIAAA]. 2005. Environmental and contextual considerations. *Alcohol Research & Health*.
- National Institute Council on Alcohol Abuse and Alcoholism. 2011. Understanding drug abuse and addiction: A research based guide. *National Criminal Justice Reform (NCJR)*. Retrieved April 25, 2018, from [www.ncjr.gov/ondcphpubs/publications/pdf/economic costs.pdf](http://www.ncjr.gov/ondcphpubs/publications/pdf/economic%20costs.pdf).
- National Institute on Drug Abuse (NDA). 2012. The science of drug abuse and addiction: A research based guide. *Drugabuse.gov*. Retrieved from: <http://www.drugabuse.gov/about-nida/organization/offices/office-nida-director-od/special-populations-office-spo>.
- Nutt, D.; King, L.A.; Saulsbury, C. & Blakemore, Colin (March 2007). Development of a rational scale to assess the harm of drugs of potential misuse. *Lancet*. **369** (9566): 1047–53. [doi:10.1016/S0140-6736\(07\)60464-4](https://doi.org/10.1016/S0140-6736(07)60464-4). [PMID 17382831](https://pubmed.ncbi.nlm.nih.gov/17382831/)

Obot, I.S. 2006. Alcohol use and related problems in sub-Saharan Africa. *African Journal of Drug and Alcohol Studies*, 5(1):17-26

Onya, H., Tessera, A., Meyers, B. & Flisher, A. 2012. Adolescent alcohol use in rural South African high schools. *African Journal of Psychiatry*, 15 (6): 352-357.

Ordonez, J. 2011. Confront poverty to improve education. *Oregon Centre for Public Policy (OCP)*. Retrieved April 25, 2018, from <http://www.ocpp.org/2011/10/03/cp20111003confront-poverty-improve-education/>.

Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, S.P., Duan, N. & Hoagwood, K. 2013. Purposeful sampling for qualitative data collection and analysis in mixed methods implementation research. *Administration Policy & Mental Health*. New York: Springer Science & Business Media.

Peltzer, K., Davids, A. & Njuho, P. 2011. Alcohol use and problem drinking in South Africa: findings from a national population-based survey. *Africacheck*. <https://africacheck.org/wpcontent/uploads/2013/03/peltzer-article-SA-Alcohol-use-and-problem-drinking.pdf> Date of access: 26 April 2018.

Pelzer, B. 2009. Consequences of media and Internet use for offline and online network capital and well-being. A causal model approach. *Journal of Computer-Mediated Communication*, 15(1):189–210. <https://doi.org/10.1111/j.1083-6101.2009.01499.x>.

Plant, M. & Plant, M. 1992. *Risk-Takers: Alcohol, Drugs, Sex, and Youth*. London.

Priyadarshini. 2014. Top ten reasons why people drink alcohol. *Listcrux*. <https://listcrux.com/top-10-reasons-people-drink-alcohol> Date of access: 4 March 2018.

Puuronen, P. & Hakamies, H. 2007. Education policies in Europe. *Economy, Citizenship and Diversity*. New York

Pyne, H. H., Claeson, M., & Correia, M. 2002. *Gender Dimensions of Alcohol Consumption and Alcohol-Related Problems in Latin America and the Caribbean*. Washington, DC.

Raffaelli M., Koller, S.H., Reppold, C.T., Kuschick, M.B., Krum, F.M., Bandeira, D.R. & Simões, C. 2000. Gender differences in Brazilian street youth's family circumstances and experiences on the street, *Child Abuse & Neglect*, 24(11):1431-41.

Rimal, R.N. & Real, K. 2005. How Behaviours are Influenced by Perceived Norms: A Test of the Theory of Normative Social Behaviour. *Sage Journals*. <https://doi.org/10.1177/0093650205275385>

Ramsoomar, L. & Morojele, N.K. 2013. Trends in alcohol prevalence, age of initiation and association with alcohol-related harm among South African youth: Implications for policy. *South African Medical Journal*, 102(7):609-612.

Read, J.P., Wood, M.D., Kahler. C.W., Maddock. J.E.& Palfai, T.P. 2003. Examining the role of drinking motives in college student alcohol use and problems. *Psychol Addict Behav.*, 17(1):13-23.

Republic of South Africa (RSA). Amended Liquor Bill, 2018. Polokwane: Government Gazette.

Republic of South Africa (RSA). Limpopo Liquor Act, No 59 of 2003. Polokwane: Government Gazette.

Rudatsikira, E., Maposa, D, Mukadavire, Z. & Muula, A.S. 2009. Prevalence and predictors of illicit drug use among school going adolescents in Harare, Zimbabwe. *Annals of African Medicine*, 18(4): 115-220

Sarantakos, S. 2005. *Social Research*. 3rd ed. Hampshire: Palgrave Macmillan.

Saunders, M., Saunders, M., Lewis, P. & Thornhill, A. 2011. *Research Methods for Business Students*. 5th ed. New Delhi: Pearson.

Saunders, M., Lewis, P. & Thornhill, A. 2009. *Research Methods for Business Students*. 5th ed. Essex, UK: Pearson Education.

Scott-Sheldon, L. A. J., Carey, K. B., Elliott, J. C., Garey, L., & Carey, M. P. (2014). Efficacy of alcohol interventions for first-year college students: A meta-analytic review of randomized controlled trials. *Journal of Consulting and Clinical Psychology*, 82(2), 177-188. <http://dx.doi.org/10.1037/a0035192>.

Seggie, J. 2012. Alcohol and South African Teenagers. *South African Medical Journal*, 102(7):1-8.

South African National Council on Alcohol and Drugs.(SANCA)2006.Department of Social Development. Pretoria: Auckland Park: Juta.

Sekaran, U., & Bougie, R. 2010. *Research Methods for Business: A Skill Building Approach*. West Sussex, UK: John Wiley & Sons.

Sekaran, U. & Bougie, R. 2013. *Research Methods for Business: A Skill-Building Approach*. 6th ed. New York: Wiley.

Sher, L. 2010. *Suicidal Behavior in Alcohol and Drug Abuse and Dependence*. Hauppauge, NY: Nova Science Publishers.

Sher, L., Kandel, I., & Merrick, J. 2009. *Health and Human Development: Alcohol-Related Cognitive Disorders: Research and Clinical Perspectives*. New York, NY, USA: Nova Science Publishers.

Smith J. 2012. Reputation, social identity and social conflict. *Journal of Public Economic Theory*, 14(4):677-709. Rutgers university-camden <https://doi.org/10.1111/j.1467-9779.2012.01557.x>

South African Community Epidemiology Network on Drug Use(SACENDU).2014. Monitoring Alcohol, Tobacco and Drug Abuse Treatment Admissions in South Africa. Phase 37, July-December.

South African Liquor Brand Owners Association (SALBA). 2018. <https://salba.co.za/about-us/>

Spear, L. 2002. The adolescent brain and the college drinker: biological basis of propensity to use and misuse alcohol. *J Stud Alcohol*, 71-81.

Strauss, A, & Corbin, J. 1994. Grounded theory methodology. *Handbook of qualitative research*, 17:273-85.

Stueve, A., & O'Donnell, L. A. 2005. Early alcohol initiation and subsequent sexual and alcohol risk behaviors among urban youths. *American Journal of Public Health*, 95(5): 887–893. doi:10.2105/ AJP.2003.026567.

Swahn M.H. & Tumwesigye. N.M. 2013. Problem drinking, alcohol-related violence and homelessness among living in the slums of Kampala, Uganda. *Int J Environ Res Public Health*, 24;15(6). pii: E1061. doi: 10.3390/ijerph15061061.

Szmigin, I., Hackley, C. Bengry-Howell, A., Griffin, C. & Mistral, W. 2011. *Young Peoples' Binge Drinking Constituted as a Deficit of Individual Self-control in UK Government Alcohol Policy*. © Palgrave Macmillan.

Tolley, A.R. 2013. Conformity: Drug and alcohol abuse within adolescent communities. *Imunet*.

[http://www.lmunet.edu/uploads/ctle/Tolley,%20A.%20FINAL%20VERSION%20QEP%20Award%20\(2.27.13\).pdf](http://www.lmunet.edu/uploads/ctle/Tolley,%20A.%20FINAL%20VERSION%20QEP%20Award%20(2.27.13).pdf). Date of access: 21 April 2018.

Tshikhudo, A. 2016. March against drugs. *Daily Sun*, June 27.

US Legal. 2016. Alcoholic beverage law & legal definition. <http://definitions.uslegal.com/a/alcoholic-beverage/>. Date of access: 3 April

2018.

Van der Westhuizen, M.A. 2010. Aftercare to chemically addicted adolescents: Practice guidelines from a social work perspective. Unpublished D. Phil. thesis, Pretoria: University of South Africa.

Van Pelt, N. 2009. *Train up a child*. Thailand: Stanborough Press.

Van Walbeek, C. & Blecher, E. 2014. The economics of alcohol use, misuse and policy in South Africa. *Tobaccoecon*. <http://tobaccoecon.org/wp->

content/uploads/2014/03/the-economics-of-alcohol-policy-in-south-africa.pdf

Date of access: 29 March 2016.

Van Zyl, A. 2013, April 26. .Unemployment plays big role in substance abuse: Alcohol, drug use in South Africa. *The Citizen*. <http://www.citizen.co.za>. Accessed April 25, 2018.

Welman, C., Kruger, F. & Mitchell, B. 2005. *Research Methodology*. Oxford: Oxford University Press, p. 146.

White, A., & Hingson, R. 2014. The burden of alcohol use: excessive alcohol consumption and related consequences among college students. *Alcohol Res.*, 35:201–18.

Williams, A. & Clark, D. 1998. Alcohol consumption in university students: The role of reasons for drinking, coping strategies, expectancies, and personality traits. *Addictive Behaviors*, 23:371-378.

World Health Organization. 2007. World Health Organisation committee on problems related to alcohol consumption. 2nd report. WHO library cataloguing-in-publication-data.

World Health Organization. 2011. Global status report on alcohol and health. [http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles](http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf) .pdf. Date of access: 26 April 2018.

World Health Organisation. 2012. The Global Information System on Alcohol and Health Report for 2010-2011.

World Health Organization. 2014. Global status report on alcohol and health. WHO%20global%20status%20report%20on%20alcohol%20and%20health%20201. Date of access: 1 March 2018.

World Health Organization. 2016. Patterns of drinking score. http://www.who.int/gho/alcohol/consumption_patterns/drinking_score_patterns_text/en/. Date of access: 9 June 2016.

Yin, R. 2013. *Case study research: Design and methods*. Thousand Oaks: Sage.

Yin, R.K. 2015. *Qualitative research from start to finish*. Guilford Publications.

APPENDICES

APPENDIX A: QUESTIONNAIRE

This is a questionnaire meant to assist the researcher in collecting data on: ***The Perception of Community towards Alcohol Abuse among Teenagers in Shayandima Township, Limpopo Province.*** Please answer all the questions as honestly as possible. The information collected for this study will be used for academic purposes for this research. It will assist the researcher to make findings and propose recommendations to the level of knowledge and attitudes towards alcohol abuse. You do not need to identify yourself and the information provided will be treated with complete confidentiality. Where required please indicate your answer with a cross (X) in the appropriate box or write a response in the space provided, using a black or a blue ballpoint pen. For the open-ended questions, please write your responses clearly and legibly in the space provided. If there is not sufficient space for your response, please number a blank sheet of paper with the question number and continue writing your response on the extra piece of paper.

SECTION A: (Demographic details)

Indicate your choice by marking the appropriate blank block with an "X".

The following questions are for statistical purposes only.

Q1. Gender:

Male	1	Female	2
------	---	--------	---

Q2. What is your age?

--

Q3. Ethnicity:

Venda	1	Tsonga	2	Pedi	3	Other	4
-------	---	--------	---	------	---	-------	---

Indicate your choice by marking the appropriate blank block with an “X” or write brief answers.

Q4. What do you understand by the term alcohol abuse?

.....

Q5. In your own opinion, how do you rate your knowledge about alcohol abuse in your community?

Excellent	1	Good	2	Average	3	Poor	4	Very poor	5
------------------	----------	-------------	----------	----------------	----------	-------------	----------	------------------	----------

Q6. In your own opinion, why do teenagers in your community abuse alcohol? (You can tick one or two answers only)

Peer pressure	1	
Breakdown of families	2	
To reduce stress and forget about problems	3	
Conflict with parents and friends	4	
Too much money	5	
Influence from the media	6	
Lack of role models in the community/home	7	
Other /specify	8	

SECTION B: Community experiences resulting from teenagers’ alcohol abuse (you can tick one or two answers only).

Q7. What kind of problems has the community experienced due to alcohol abuse by teenagers?

Violence	1	
House break-ins and robberies	2	
Rape cases	3	

Murders	4	
Other /specify		

Q9. What problems do community authorities encounter when dealing with alcohol abuse by teenagers in the community?

Some parents take alcohol	1	
Lack of adequate knowledge on drug alcohol	2	
Parents or guardians do not support the authorities	3	
Some parents provide alcohol to the teenagers	4	
The community does not discourage alcohol intake among teenagers	5	
Easy availability of alcohol to teenagers	6	
Other /specify		

10. Alcohol abuse is out of control in this community because

Alcohol is available to teenagers any time, any where	1	
Alcohol is cheap	2	
There are no strict measures to stop teenagers from abusing alcohol	3	
The community tolerates alcohol sellers in the community	4	
There is little support from the police, government and other authorities on alcohol abuse issues	5	
Other /specify	6	

SECTION C: Programmes and ways to curb teenagers' alcohol abuse (give brief answers to the following questions.)

11 (a). Does your community carry out programmes that involve the community in sensitizing society about issues of alcohol abuse?

YES	1	NO	2
------------	----------	-----------	----------

11 (b). If yes, what kind of programme(s)?.....

11 (c). If no, why not?

.....

12 (a). Have you ever come across serious cases of alcohol abuse since you joined this community?

YES	1	NO	2
------------	----------	-----------	----------

12 (b). Where did it happen?

HOME	1	COMMUNITY	2
-------------	----------	------------------	----------

13. Did you do something about it when you discovered that there was alcohol abuse in your community?

YES	1	NO	2
------------	----------	-----------	----------

14. If yes, how?

.....

15. Are you aware of organizations that address alcohol abuse?

YES	1	NO	2
------------	----------	-----------	----------

15 (b) If yes, does your community communicate with the organization on the issues of alcohol abuse?

YES	1	NO	2
------------	----------	-----------	----------

15 (c) If yes, identify two organizations

.....

15(d). If no, why not?

.....

APPENDIX B. INTERVIEW SCHEDULE

1. What is your view on the extent to which alcohol is abused by teenagers in the community?

.....

2. What do you think about the availability and accessibility of alcohol in the community?

.....

3. What are the types of alcoholic beverages that are consumed most frequently by teenagers?

.....

4. What are the main reasons for initiating alcohol abuse by teenagers in the community?

.....

5. In your own view, what are the consequences of alcohol abuse by teenagers in the community?

.....

6. Are there any incidents you know of related to alcohol abuse by teenagers in the community?

.....

7. How does the community manage teenagers with alcohol related problems?

.....

8. Do the local authorities provide alcohol abuse prevention services like health education, recreational activities, counselling and guidance, clinical services and others?

.....

9. What should be done to reduce & prevent alcohol abuse among teenagers in the community?

.....

10. Discuss the role of teenagers, community, Department of Education, Department of Health, and Non-Governmental Organisations to address this problem?

APPENDIX C: LETTER FROM THE MUNICIPALITY



Department Of
Corporate Services

Private Bag X5066
Thohoyandou
0950
Limpopo Province
Tel: 015 962 7500
Fax: 015 962 4020

Ref : 4/3/4/1
Enquiries : Mabasa N.H
Tel : 015 962 7514
Fax : 015 962 4020
Email : mabasanh@thulamela.gov.za

To : Ms Dau Matiti

From : THULAMELA MUNICIPALITY

Date : 19 OCTOBER 2018

Subject : PERMISSION TO CONDUCT RESEARCH AT THULAMELA MUNICIPALITY

1. The above matter refers.
2. Kindly note that permission to conduct research has been granted.
3. Contact Human Resource Section for more information.
4. Hoping that this will meet your favorable considerations.


MUNICIPAL MANAGER: MALULEKE H.E



THULAMELA
MUNICIPALITY

APPENDIX D: LETTER FROM THE LANGUAGE EDITOR

Anne Kruger Language Practice

- ❖ 19 Nooitverwacht, 105 Main Street, Paarl 7646
 - ❖ tel 072 374 6272 or 021 863 2315
 - ❖ annekruger25@gmail.com
-

To whom it may concern

DECLARATION OF LANGUAGE EDITING

I, Elsje Anne Kruger, hereby declare that I have personally read through the dissertation of Matiti Dau titled "THE PERCEPTION OF COMMUNITY TOWARDS ALCOHOL ABUSE AMONG TEENAGERS IN SHAYANDIMA TOWNSHIP, LIMPOPO PROVINCE".

I have highlighted language errors and checked references. The track changes function was used and the author was responsible for accepting the editor's changes and finalising the references. I did no structural rewriting of the content.

Yours sincerely

Date




