UNDERSTANDING THE PATTERNS OF ALCOHOL USE AMONG ADOLESCENTS IN A PERI-URBAN HISTORICALLY DISADVANTAGED COMMUNITY IN THE WESTERN CAPE PROVINCE, SOUTH AFRICA.

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KEY WORDS

- Adolescent
- Alcohol misuse
- Adolescent behaviour
- Consequences of alcohol misuse
- Patterns of use
- Disadvantaged community
- Youth development
- Risk behaviour
- Social norms
- Health behaviours.

ABSTRACT

Background: Alcohol consumption among adolescents is increasing due to the general availability of alcohol in many community settings. Binge drinking (defined as drinking 5 or more drinks per occasion) (Parry, 2000) is considered the most common type of harmful alcohol consumption among young people. The United States Youth Risk Behaviour Surveillance report proposes that patterns of health risk behaviours are established during youth (Centre for Disease Control and Prevention, 2006). The abovementioned report highlights behaviours such as alcohol misuse, drug use and risky sexual behaviour that have the potential to undermine the health and development of youth. Adolescent developmental theories recognise risk behaviours as central to normal adolescent development but there are complex predisposing risk factors that can cause these behaviours to compromise the healthy development of our youth. In order to design and implement effective intervention schemes, we need to understand the dynamics of alcohol use among local youth better, as these play out in their specific social environmental and personal contexts.

Aim: The aim of this study was to gain an understanding of what influences the patterns of alcohol use among adolescents in a peri-urban historically disadvantaged community in the Western Cape. The study identified some of the factors that promote and inhibit drinking within the study community from the perspective of the adolescents themselves and a few of the adults who work with adolescents. The study also determined some of the harmful consequences to drinking as described by the adolescents.

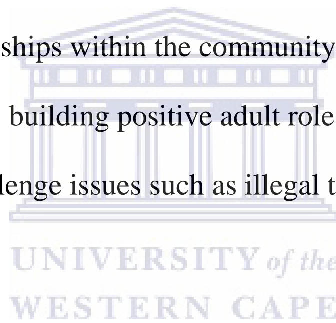
Method: This was an exploratory study using qualitative research methods**.** Four focus group discussions were conducted with adolescents aged between 14 and 19 years that were both attending and not attending school. Three key informant

interviews with adults who were involved with the youth were conducted. Convenience sampling was used for the non-school attending participants and snowball sampling was used for the school attending youth. The adults in the study were purposively sampled. The study was conducted within the study setting during March and April 2009. Thematic and content analysis was used to interpret the data. The descriptive data was coded and categorised according to themes that emerged during analysis.

Results: In general the youth of this study are drinking on weekends. They spend their time on the streets and access alcohol from the many illegal taverns in their neighbourhood. Some of the reasons why adolescents drink include just for the fun of it and because their friends drink and to cope with stress or boredom (risk factors for problem behaviour). Those who don't drink generally have strong parental role models, have observed some of the harmful effects of alcohol use and seem able to resist peer pressure (protective factors for problem behaviour). There were no significant differences between the perceptions of male and female adolescents regarding alcohol consumption. The black adolescents in general appeared to be more affected by poverty than the coloured adolescents, a factor that influenced their choices around alcohol use. Risky sexual behaviour, rape and fighting seem to be some of the harmful consequences to drinking that are described by the youth of this study. The social environment in which the adolescents of this study live seemed to play a significant role in their attitudes toward drinking. Factors such as a lack of infrastructure for leisure, poverty and a tolerance for public drunkenness are community factors that affect these adolescents but over which they have little or no control.

Conclusion: The potential for problem behaviour as perceived by the participants is determined by the balance of risk and protective factors that emanate from their social environment, the community itself and their own personality. Those fortunate enough to have cohesive families with interested adults around them are more likely to be protected from problem behaviour due to drinking.

Recommendations: Recommendations from this study include engaging with the youth directly when designing intervention programmes; using peer-led programmes to effect change and to help adolescents to clarify their values; equip them with skills to plan for the future in order to develop their self-efficacy to make the right choices when it comes to alcohol consumption. It is also recommended that intervention programmes address relationships within the community itself such as strengthening parent-child communication; building positive adult role models and empowering community members to challenge issues such as illegal tavern owners serving alcohol to minors.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DECLARATION

I declare that **Understanding the patterns of adolescent alcohol use in a peri-urban historically disadvantaged community in the Western Cape Province, South Africa** is my own work. It has not been submitted for any degree or examination in any university. All the sources that I have used or quoted have been indicated and acknowledged by complete references.

Samantha Lynn Smuts November 2009

Signed:

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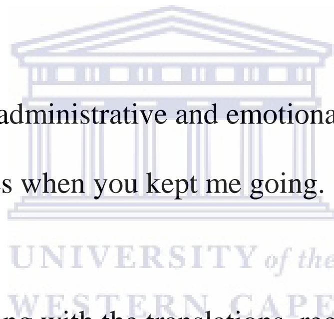

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LIST OF ABBREVIATIONS

FAS	Foetal Alcohol Syndrome
FGD	Focus Group Discussion
HIV	Human Immune-deficiency Virus
SES	Socio Economic Status
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION

This chapter introduces and orientates the reader to the study. It includes the background to the study, the study setting, the research problem, an overview of the research design and an outline of this report.

1.1 Background to the study

For centuries alcohol has played a significant role in leisure activities and in certain religious and cultural ceremonies, and if consumed in moderate amounts can be beneficial to health (Parry & Bennetts, 1998). However, there is a pattern of drinking to intoxication (binge drinking) by many users in South Africa (Parry, 2000). Some of the negative consequences of alcohol misuse include trauma and violence, unsafe sexual practices, organ system damage, brain damage to the developing foetus as well as harmful effects to family life, the criminal justice system and to the employment and social development sectors (Parry, 2000).

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Globally, alcohol causes 1.8 million deaths annually (3.2% of total) and a loss of 58.3 million (4. % of total) of Disability- Adjusted Life Years (DALY) (WHO, 2002). In the United States one hundred thousand deaths per year are associated with alcohol consumption (McGinnis & Foege, 1993). Homicide and violence (39%), alcohol dependence or use disorders (14.7%) and road traffic accidents (14.3%) are the top 3 rankings in terms of alcohol-attributable DALYs lost for persons in South Africa. Foetal Alcohol Syndrome (FAS) is ranked 4th and accounts for 5.5% of alcohol-attributable DALYs lost (Schneider et al., 2007). Alcohol misuse is a contributing factor in many chronic conditions such as heart disease, liver cirrhosis and cancer,

which are assuming increasing prominence in developing countries. Developing countries and their public health systems are under threat from alcohol related problems (WHO Global Status Report on Alcohol, 2004; Parry, 2000).

Among adolescents, alcohol consumption has also been acknowledged to be of major public health concern. In the United States, 71% of all deaths among persons aged 10-24 years results from four causes: motor vehicle crashes, unintentional injuries, homicide and suicide. Results from the 2005 United States Youth Risk Behaviour Surveillance indicated that many high school students engaged in behaviours that increased their likelihood of death from these four causes, consumption of alcohol being a significant health risk behaviour that contributes to these deaths (Centers for Disease Control and Prevention, 2006).

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In South Africa alcohol consumption among adolescents is increasing due to the general availability of alcohol in many community settings (Provincial Government Western Cape, 2004). The most recent Demographic and Health Survey (2003) found that among adolescents aged between 15 and 19 years 31.9% of the males and 17.2% of the females reported having ever consumed alcohol (Department of Health, 2004). Binge drinking is considered the most common type of harmful alcohol consumption among young people (Johnston et al., 2009; Chassin & DeLucia, 1996.). Binge drinking is defined as drinking five or more drinks in a row for men and four or more for women at least once in the two weeks preceding a survey (Wechsler & Austin, 1998). Binge drinking is associated with academic failure and high-risk sexual behaviour among adolescents (Flisher et al., 2003). Drinking among young people is

also associated with the use of other illegal drugs such as cannabis (Flisher et al., 2002).

Adolescent developmental theories recognise risky behaviours, such as drinking, as central to normal adolescent development but there are complex predisposing risk factors that can cause these behaviours to compromise the healthy development of our youth (Jessor, 1991). The Centre for Disease Control and Preventions Youth Risk Behaviour report (2006) proposes that patterns of health risk behaviours are established during youth. The abovementioned report highlights behaviours such as alcohol misuse, drug use and risky sexual behaviour that have the potential to undermine the health and development of youth. These behaviours are commonly interrelated and unfortunately often continue into adulthood (Centers for Disease Control and Prevention, 2006). It is these factors that warrant further investigation.

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1.2 Research Problem

Trends in substance abuse are commonly used as general indicators of the quality of life in a community and risky behaviour often emerges as a response to drastic socio-economic and political change as is currently prevalent in South Africa (Tucker & Scott cited in Visser, 2003). Most of the studies conducted to date have been quantitative studies, which have resulted in information focusing on the prevalence of adolescent alcohol misuse, and generated data on the broad drinking patterns of school going youth in urban areas (Parry et al., 2004a; Morojele et al., 2001; Visser, 2003). While this information is useful these studies do not answer questions about the social and cultural contexts in which adolescents find themselves drinking and gives us little information on how to design effective intervention programmes. The qualitative studies that have been conducted have focused on male school attending

binge drinkers or comparing male school attending binge drinkers with non-binge drinkers (Ziervogel et al., 1998). Ziervogel et al. (1997/98) conducted a qualitative study on male high school students using the Theory of Planned Behaviour to provide a theoretical framework to the study. The study compared binge drinkers to non-binge drinkers and found that binge drinkers derived positive outcomes from drinking such as peer acceptance, and they tended to live in the present, not really considering their futures. Non-binge drinkers were more concerned with issues such as moral obligation, parental control and longer-term life goals and saw alcohol as a barrier to their aspirations. The authors also noted that the focus group discussions themselves appeared to have shifted the participants' perception of their drinking. They suggested that more in-depth discussions with their peers in a safe environment could lead to a shift in adolescent's ideas about binge drinking. The study provides valuable insight into the issue at hand but was conducted in an urban area and does not include female adolescents or adolescents not attending school. There was therefore good motivation for a qualitative study in a peri-urban area that included female and male adolescents both attending and not attending school.

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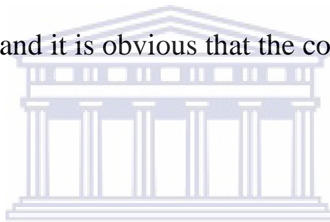
In order to design and implement effective intervention schemes, we need to understand the dynamics of alcohol use among local youth better, as these play out in the specific social and cultural contexts. Knowledge of direct and indirect influences on behaviour is of great importance to the design of intervention efforts and to make decisions about the most promising type of prevention. This study therefore attempted to explore the dynamics of adolescent drinking within a disadvantaged community with the intention of developing an understanding of the contextual factors that contribute to this phenomenon.

1.3 Study setting

The community chosen for the research is a small village in the Western Cape (approximately 6,000 residents) and historically disadvantaged. The village is a small area of dense population surrounded by small farming operations and tourism attractions such as animal sanctuaries and guest lodges, which provide employment to many inhabitants of the village. Historically this would have been a coloured village but with the demise of apartheid there has been an influx of black residents who have relocated mainly from the Eastern Cape in search of more prosperous lives. The community of the village now consists of coloured and black residents. The majority of the coloured community live in formal housing while most of the black community still live in informal housing and it is obvious that the coloured community is more comfortable financially.



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The local school provides education until Grade 9 after which children must travel at least 20km to attend high school. There is a limited amount of sporting activities available through the local school and a severe lack of recreational activities available for young people. There is one legal drinking establishment in the community and approximately 12 illegal taverns where alcohol is available to anyone at any time of the day. A research survey conducted in 2006 by a local social worker amongst primary and high school learners in the village consistently highlighted alcohol as a leading problem within the community (De Wet, 2006).

1.4 Outline of this report

This study is presented in six chapters.

Chapter 1 introduces the study.

Chapter 2 discusses the literature relevant to the study and discussion of findings.

Chapter 3 describes the research design and methodology used for data collection as well as data analysis procedures, ethical considerations and limitations to the study.

Chapter 4 presents the results of the study.

Chapter 5 discusses the findings together with findings from the literature review.

Chapter 6 summarises the key findings from the research and suggests some realistic recommendations based on these findings.

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CHAPTER 2

LITERATURE REVIEW

This chapter reviews the literature on the patterns of adolescent alcohol use and the factors associated with adolescent alcohol use both globally and nationally. It also looks at the literature on various theories that have been used as theoretical frameworks to studies. These theories have been of great importance in understanding a wide range of health related behaviours and especially risk behaviour in adolescents. The United Nations defines adolescents as young people between the age of 10 and 19 years (UNFPA, 2003).

2.1 Patterns of adolescent alcohol use

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Alcohol is the most frequently used mind-altering substance among adolescents regardless of race, gender, ethnicity or urbanicity (Flisher et al., 2002; Johnston et al., 2009; ESPAD, 2003; Parry et al., 2004b). Findings from the 2005 Youth Risk Behavior Surveillance in the United States reported that 43.3% of high school students were consuming alcohol, of which 25.5% were classified as heavy drinkers (referred to as binge drinking in this study). Statistics were similar in Scotland where a large scale study of 15 and 16 years olds found that 45% of male respondents and 32% of female respondents reported having drunk alcohol within the previous week. Additionally, 30% of males and 26% of females had experienced a ‘hangover’ at some point indicating participation in binge drinking (Plant & Plant, 1992 cited by Pavis et al., 1997). In Europe, between 43 and 50% of adolescents in Denmark, Austria, the Czech Republic and the United Kingdom are described as regular consumers of alcohol (described as 40 times or more in lifetime) When it comes to

binge drinking, selected countries in the northern and western parts of Europe had significant numbers of binge drinkers (24-32%) (Hibell et al., 2003). Australia had similar statistics where 28,6% of males and 15,2% of females reported binge drinking in the week prior to the survey (Bonomo et al., 2001).

Parry et al's. (2004b) investigation into the trends of adolescent alcohol and drug use among high school students in the Western Cape also found alcohol to be the most common substance of abuse. In their study of grade 11 students, 50.2% of males and 31.9% of females had reported alcohol use in the previous month, while 36.5% and 18.7% of males and females, respectively, engaged in binge drinking. A study in Durban involving a representative sample of 38 government schools found that 53.3% of males and 28.9% of females in Grade 11 had taken part in binge drinking in the two weeks prior to the study (Parry et al., 2004b). According to the findings from these studies, binge drinking seems to be the most common type of alcohol misuse among school-going youth for both genders.

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Drinking amongst adolescents have been found to start at a young age. Visser (2003) investigated the knowledge, attitudes and practices of primary school learners in Pretoria and found that 14% of the learners, mostly under the age of 15 years, were drinking alcohol to the point of intoxication to have fun and feel good about themselves or to forget their problems. Parry et al. (2004a) identified the average age for first use of alcohol among adolescents in different Cape Town communities was 14 years. Fatoye and Morakinyo's (2002) study on Nigerian secondary school students found that the majority of students partaking in drug use, including alcohol, had started at a very early age (14 years or below).

In general boys drink more than girls especially when it comes to binge drinking (Hibell et al., 2003; Parry et al., 2004b; Fergusson et al., 2006). Although the prevalence rate is higher for males, the prevalence of binge drinking increases with age for both genders (Parry et al., 2004b). Contrary to these findings, Parker's (2007) study among high school students in the Western Cape, found that Grade 9 female participants reported a higher acceptability for underage drinking and showed a higher tendency towards binge drinking when compared to their male counterparts. He proposed that this could be due to females reaching puberty earlier than males and therefore demonstrating an earlier eagerness to participate or engage in "adult" behaviours.

Some of the consequences of adolescent alcohol misuse include academic difficulties, school dropout and involvement in crime, risky sexual behaviour and an increased risk of injury or death from interpersonal violence, motor vehicle accidents and drowning. (Flisher et al., 1996; Sutherland & Sheperd, 2001; Zhang & Wieczorek, 1997 cited in Parry et al., 2004b). There are many factors that influence adolescents' alcohol use. The harmful effects and risk behaviours associated with adolescent alcohol use will be discussed further.

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2.2 Factors that promote or inhibit adolescent alcohol use

2.2.1 Theoretical background

This section introduces the theory behind risk factors and protective factors in adolescent behaviour. Further attention is given later in the text to other adolescent developmental theories which are relevant to this thesis. According to Jessor (1991) adolescent risk taking, such as risky driving, drinking and early sexual activity are functional, focused, instrumental and goal-directed. These goals are often central to normal adolescent development and can be instrumental in gaining peer acceptance, establishing autonomy from parents and making a transition out of childhood into adulthood. Jessor refers to *risk behaviour* as any behaviour that can compromise these psychological aspects of successful adolescent development. A comprehensive social-psychological framework for explaining adolescent risk behaviour generally includes five major spheres of influence (Jessor, 1991). These are social environment, perceived environment, personality, behaviour and genetics. Within this framework is the constant interaction between risk factors and protective factors as seen in Figure 1.

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Protective factors such as positive adult and peer role models, family support and religion help to buffer or insulate against the impact of risk on adolescent behaviour and development. When analyzing the relationship between risk factors and protective factors Jessor's results showed a significant difference in adolescent behaviour for those who fell into moderate or high-risk groups. Adolescents with high protection (from protective factors) had significantly lower problem behaviour scores than those with low protection. These findings support the rationale that protective factors can play an important role in reducing an adolescent's interaction with risk factors (Jessor, 1991).

Protective factors are often lacking in deprived social environments where risk factors are intense and prevalent. Young people growing up in these environments are thus in danger of succumbing to risky behaviours that undermine their potential and limit their chances of being successful in life. Jessor (1991:597) highlights the importance of recognizing "the fundamental role of socially organized poverty, inequality and discrimination in producing and maintaining a population of at-risk youth".

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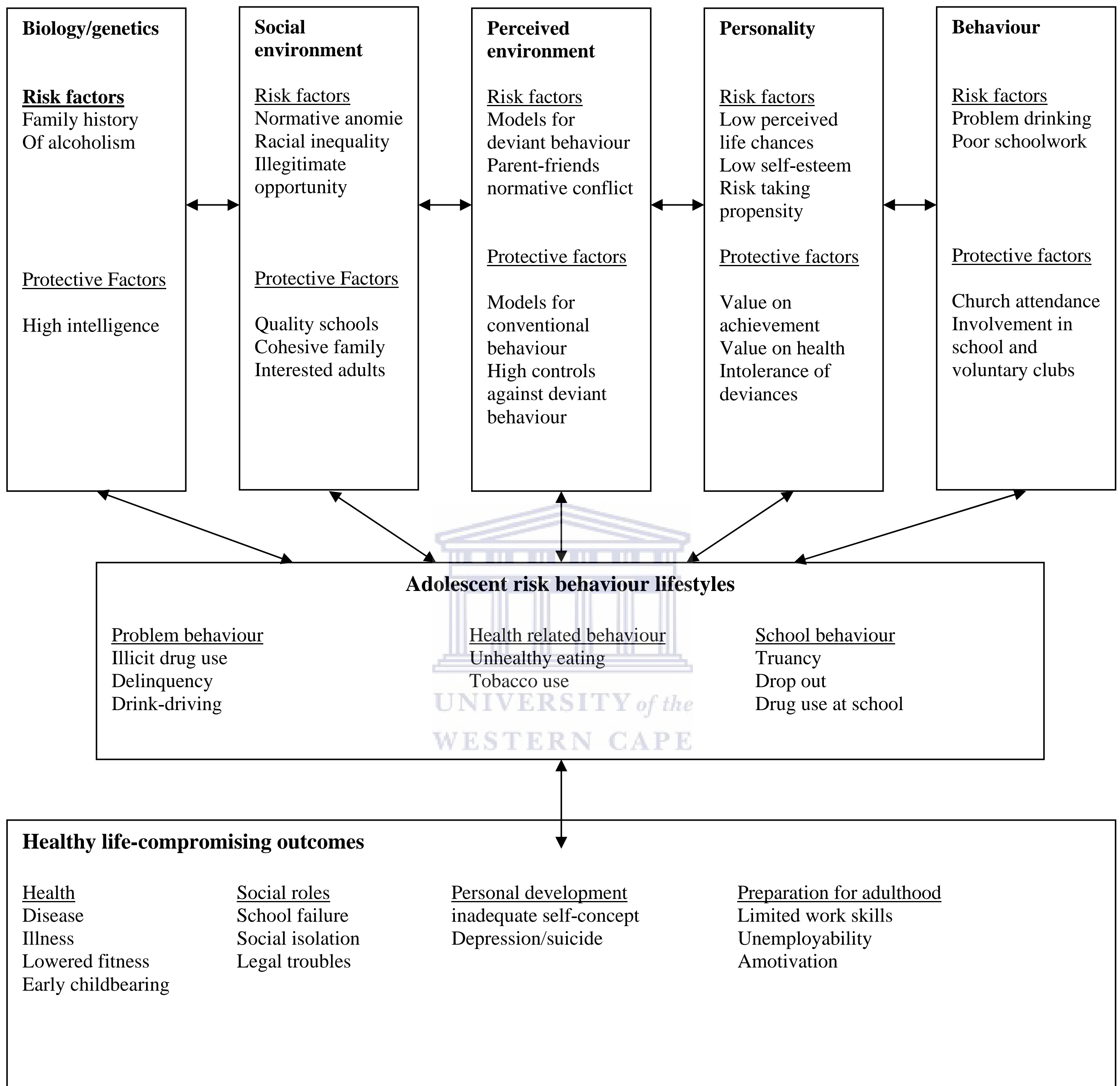

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Figure 1. A conceptual framework for adolescent risk behaviour: risk and protective factors, risk behaviours and risk outcomes (Jessor, 1991).

2.2.2 Peer influence

Becoming a member of a peer group is an important developmental process of adolescence, allowing individuals to pursue their own interests and uncertainties while maintaining a sense of belonging and security within a group of friends (Erikson, 1968; Coleman & Henry, 1990; Hartup 1983 cited by Santor et al., 2000). Although a key aspect to normal adolescent development, belonging to a group of influential friends may become a problem when an individual feels the need to conform to the norms of the group (Newman & Newman, 1976 cited by Santor et al., 2000).

A number of studies have demonstrated a link between adolescent alcohol use and peer influence - the more involved an adolescent is with peers who drink the more likely he/she is to drink (Steinberg et al., 1994; Pavis et al., 1997; Ziervogel et al., 1997/98). In Oman et al's. (2004) study on protective factors and alcohol use they found that adolescents with positive peer role models as a protective asset were nearly 2.5 times more likely to report nonuse of alcohol compared with youths who lacked the asset. Ziervogel et al. (1997/98) conducted a qualitative enquiry into adolescent binge drinking habits where respondents reported that exclusion from peer groups was particularly feared. They stated that merely refusing a drink or telling their peers they did not want to drink was not an appropriate way of refusing alcohol among adolescents. Instead they avoided contact with friends if they did not want to drink and some even pretended to be drunk in front of their peers to fit in. In another study by some of the same authors who compared binge drinkers to non-binge drinkers they found that the difference between the two groups was that non-binge drinkers chose to spend time with friends who didn't drink to avoid such peer pressure (Ziervogel et al.,

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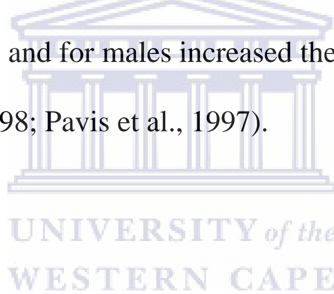
1997/98). Visser's (2003) study on primary school learners found that peer pressure to use alcohol was not high, suggesting that younger learners have less influential peer groups.

2.2.3 Mood alteration

Many adolescents drink alcohol because it is enjoyable and fun. They believe it results in pleasurable consciousness states and that it positively influences their mood (Morojele et al., 2006; Pavis et al., 1997; Ziervogel et al., 1998). Abel and Plumridge (2004) suggest that the main motive for adolescents to drink alcohol might actually be to become 'disinhibited'. In several qualitative studies looking for meaning associated with adolescent drinking respondents reported that drinking made them feel happy, boosted their self-confidence and for males increased their sense of masculinity and maturity (Ziervogel et al., 1998; Pavis et al., 1997).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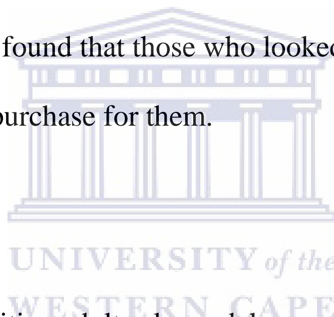
2.2.4 Boredom

Leisure boredom has been defined as "…the subjective perception that available leisure experiences are not sufficient to instrumentally satisfy needs for optimal arousal" (Iso-Ahola & Weissinger, 1990:4 cited by Wegner et al., 2008). Appropriate leisure activities can positively enhance youth development by equipping youth with skills such as motivation, autonomy, self-identity and self-regulating behaviour (Caldwell & Baldwin, 2005; Passmore & French, 2003 cited by Wegner et al., 2008). Boredom has been reported to be a motive for adolescent binge drinking in South Africa (Ziervogel et al., 1998). There is generally a lack of leisure activities in socially impoverished communities in South Africa and many young people spend their leisure time wandering around the streets because there is nothing else for them to do (Wegner, 2008).

2.2.5 Accessibility to alcohol

An important environmental influence on youth alcohol use is the physical availability of alcohol. Ziervogel et al. (1998) found that access to alcohol was a facilitating factor towards alcohol use among South African school going male adolescents. Underage youth could purchase liquor at many formal facilities as well as informal outlets. Similarly, Pavis et al. (1997) found that it was common knowledge among Scottish adolescents which pubs, clubs and local shops would serve underage drinkers. Mataure et al. (2002) also found that no nightclub in Harare, Zimbabwe, that they visited during their study on alcohol use and high-risk sexual behaviour among adolescents and young adults refused to serve alcohol to underage youth. The latter two studies found that those who looked too young could easily get an older friend or sibling to purchase for them.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2.2.6 Family influences

Parental and nonparental positive adult role models as well as positive peer role models have been found to be protective factors against adolescent alcohol use (Oman et al., 2004). Family factors such as improving parent-child relations, discipline methods, communication, monitoring and supervision and parental involvement can significantly influence alcohol use among youth (Bry et al., 1998 cited by Komro & Toomey, 2002; Perry et al., 1996).

Parents who indicated approval and acceptance of adolescent drinking in Ziervogel et al's. study (1998) were more likely to have adolescents who consumed alcohol. Similarly in a study on Taiwanese high school students it was found that paternal and peer relationships influenced problem drinking (defined as adolescents who drink

once a month or more) in teenagers. Those whose fathers drank had a four fold higher probability of developing problem drinking than those whose fathers did not (Yeh, 2006). Research on substance use among high school students in Gauteng and the Cape Peninsula found that when asked who had first introduced them to alcohol, 58% reported their friends followed by their siblings (25%) and their parents (19%). In the same study 45% of students reported that they came from families that seldom did things together and that their parents were mostly unaware of where they were or what they were doing (Tibbs, 1996 cited by Parry, 1998). This demonstrates a lack of parental monitoring of their children's activities during adolescence and a lost opportunity for parents to present themselves as positive role models to their children.

2.2.7 Socio-economic status

There is contradictory evidence when looking at the studies investigating the relationship between socioeconomic status (SES) and alcohol consumption among adolescents. Tuinstra et al's. (1998) study on high school students in the Netherlands hypothesized that socioeconomic differences in health risk behaviours in adolescence would help to predict ill health in adults. They measured SES by educational level and occupational status of both parents and the health risk behaviours were smoking, alcohol use, soft drug use and exercise. However, they found that there was no overall relationship between SES and alcohol consumption. Similarly, Flisher et al. (2003) investigated whether use of substances, including alcohol, was associated with economic disadvantage in their study of high school students in Cape Town. The study did not detect any significant association between recent use of any substances and SES (defined by the number of people sharing a room at night). In Zimbabwe alcohol use was most common among urban boys of low to medium SES (36%

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lifetime prevalence) and slightly higher among urban girls and boys of high SES (43% and 46% lifetime prevalence, respectively) (Eide & Acuda, 1995).

In contrast, a study of the psychosocial associations of substance use among high school students in Nigeria found that current stimulant use (including alcohol) was significantly associated with lower SES, coming from a polygamous family and self-rated poor academic performance. This study looked at a combination of factors so it is difficult to extrapolate socioeconomic status on it's own as a significant factor (Fatoye & Morakinyo, 2002). Blum et al. (2000) looked at various socio-demographic factors among American high school youth and their relationship with adolescent risk behaviours and found that higher levels of family income were associated with more frequent alcohol use. They concluded that socio-demographic factors provide only a limited understanding of adolescent risk factors and suggested that studies must look at family, school, peers and individual characteristics and how these interact within various demographic groups to truly understand the dynamics that contribute to certain risk behaviours.

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2.2.8 Religion

There is some evidence for religiosity as a protective factor against adolescent alcohol use. Wills et al. (2003) found that religiosity had a protective effect for heavy drinking in their study that looked at adolescent substance use with respect to events that cause stress in an adolescents' life. Oman et al. (2004) found that youth who had religion in their lives (measured by the frequency of church attendance) were more than 2 times more likely to report non-use of alcohol compared with youths who lacked this asset. Similarly, in South Africa, Parry et al. (2004a) conducted a cross-sectional study of

adolescents in Cape Town and found that weekly attendance at religious services was a significant protective factor against drunkenness.

2.2.9 Feelings of self worth and coping

Alcohol use as a coping mechanism for adolescents has been cited in many studies on adolescent alcohol use (Ziervogel et al., 1998;Pavis et al., 1997; Visser, 2003). Among Scottish students the number of adolescents who reported alcohol use as a coping strategy was small (4.7%) but cause for concern as adolescents were using alcohol as an emotional crutch to cope with personal difficulties (Pavis et al., 1997). According to Perkel et al. (1991) self-esteem is a critical personal factor influencing the development of risk behaviour (Perkel et al., 1991 cited by Visser et al, 2003). In Visser's (2003) study of primary school learners in Pretoria, 22% of the learners regarded themselves as being generally unhappy and 19% did not feel accepted by others. Fourteen percent of learners in this study reported that they drank alcohol to forget their problems. Similarly, in Ziervogel et al's. (1998) qualitative study of male binge drinkers in South Africa many adolescents reported that they used alcohol to cope with interpersonal problems.

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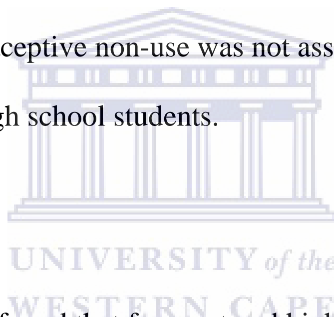
2.3 Harmful effects and behaviours associated with adolescent alcohol use

2.3.1 High-risk sexual behaviour

Alcohol consumption is a major factor repeatedly associated with unsafe sexual practices among adolescents exposing them to HIV and unplanned pregnancies (Morojele et al., 2006; Bonomo et al., 2001; Lavikainen et al., 2009). A Finnish study examining the relationship between an adolescent's sexual behaviour and drinking style found that the likelihood of engaging in sexual behaviour increased with the

frequency of alcohol use. This was particularly so for adolescents drinking until they were drunk. They also found a positive association between drunkenness and unprotected sex and/or having multiple partners (Lavikainen, et al., 2009). Bonomo et al. (2001) found that sexual risk taking under the influence of alcohol (defined as regrettable sex or sex without contraception) was twice as likely in individuals who drank frequently (3 or more days per week) in their study on Australian youth. Other studies have found no relationship between condom use and alcohol consumption. A study of youth in Botswana revealed that although consistent condom use was found to be relatively higher among non-alcohol users there was no significant association between condom use and alcohol consumption (Campbell, 2003). Flisher and Chalton (2001) also found that contraceptive non-use was not associated with alcohol use in their study of Cape Town high school students.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2.3.2 Violence

Swahn and Donovan (2006) found that frequent and high volume drinking were associated with physical fighting attributed to alcohol use in their study on adolescent drinkers. They also found the factors that were significantly associated with alcohol related fighting included repeating a grade at school, low college expectations, having been suspended and/or expelled from school and drinking alone (Swahn & Donovan, 2006). Pavis et al. (1997) noted in their study of Scottish youth that it was when young people were drinking that they were most likely to become involved in violence. In an Australian study of 16 and 17 year old school students there was an elevated risk of alcohol-related injuries in adolescents reporting binge drinking compared to non-binge drinkers (Bonomo et al., 2001). Kodjo et al. (2004) did a cross-sectional analysis of the US National Longitudinal Study of Adolescent Health

and found that a considerable proportion of adolescents (11%) who use substances will engage in physical fighting while under the influence of substances. Peer substance use, selling drugs and gang fighting were significantly associated with the outcome behaviour.

2.3.3 School drop out

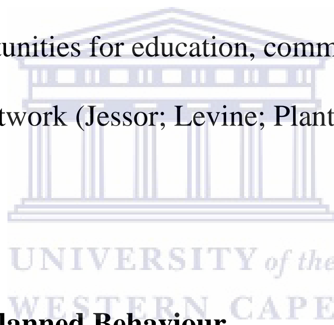
There is cause for concern that frequent use of alcohol has a negative effect on school performance. Yamada et al (1996) used data from the US National Longitudinal Survey of Youth in their study and found that increases in the incidence of frequent drinking significantly reduced the probability of high school graduation (Yamada et al., 1996 cited by Parry, 1998). The effect of substance use on school performance has not been studied much in South Africa. However, of the studies done, Flisher & Chalton, (1995) studied the characteristics and risk behaviours of high school dropouts and found that dropouts tend to have higher rates of alcohol use in the Cape Peninsula than school going youth. Flisher et al. (2003) found that repeating a grade was significantly associated with recent alcohol use by coloured students and black grade 8 students in their study of grade 8-11 students in public schools in Cape Town.

2.4 Theoretical Framework

There are many theories which attempt to create an understanding of health-related behaviours. Some of these theories that have been used in studies and that have provided great value in the understanding of health-related behaviours and especially risk behaviour in adolescents are discussed below.

2.4.1 Bronfenbrenner's Ecological Systems Theory

This theory has been used as a theoretical framework for certain studies relating to adolescents and drinking (Visser, 2003). Bronfenbrenner sees changing economic circumstances causing an increase in unpredictability and instability in family life as one of the biggest destructive forces to the child's development. His theory defines complex 'layers' of environment, in constant interaction with one another, that fuel and steer the child's development. Disorganised development in the early stages of a child's life can emerge as problem behaviour in adolescence (Addison, 1992). Risky behaviour is also closely linked to social and community aspects such as access and exposure to alcohol, social norms that tolerate risky behaviour, peer pressure, socioeconomic status, opportunities for education, community support and involvement with a social network (Jessor; Levine; Plant & Plant cited in Visser, 2003).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2.4.2 Azjen's Theory of Planned Behaviour

This theory proposes that intentions are motivated by attitudes and/or subjective norms and/or perceived behavioural control with respect to the behaviour. Applied to alcohol use, it is postulated that adolescents would drink alcohol because they intend to and have control over doing so. This can be explained in terms of their perceptions about their drinking or not drinking. A limitation to this theory is that it does not take into account issues of self-identity or moral obligation, which have been found to be important variables that account for involvement in problem drinking. These constructs have been added in certain studies to assist with understanding adolescent binge drinking (Morojele, 1997; Ziervogel et al., 1997/98).

2.4.3 Bandura's Social Cognitive Theory

This theory addresses the sociostructural determinants as well as the personal determinants responsible for health behaviour. This theory is centered around perceived self-efficacy and how it affects both motivation and action to affect the desired outcome as well as its' impact on other determinants. Perceived self-efficacy refers to ones' beliefs in ones' capabilities to make changes in order to improve health behaviour. If people do not believe that their actions can produce the desired result they have little reason or incentive to persevere through difficult times. In relation to drinking, adolescents would have to recognize that they are at risk of harmful health behaviours due to alcohol consumption. They would also need to believe that learning a new skill or behaviour, such as resisting peer pressure, would be useful and effective in reducing their interaction with risky behaviours due to drinking. Bandura explains how self-efficacy can be developed by four main sources of influence.

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1. Success builds confidence in ones' personal efficacy while failure undermines it. The more experiences one has of success the stronger one's self-belief becomes.
2. Seeing people similar to oneself succeed by sustained effort increases observers beliefs that they too possess the capabilities to succeed. Positive role models are important as they impart knowledge and teach observer's effective skills and strategies to navigate their way toward their goal.
3. Social persuasion strengthens people's belief that they can succeed. Verbal encouragement and telling people they possess the skills to succeed results in greater motivation and staying power during difficult times. This form of

encouragement must extend into structuring real life situations whereby people can attain success.

4. Mood also affects people's judgment of their personal efficacy. Positive mood enhances perceived self-efficacy while despondent mood decreases it. Reducing peoples stress reactions is the final way of modifying self-beliefs of efficacy (Bandura, 1998).

The health of a nation is the product of the interplay of personal and sociostructural determinants. If people can believe in their collective efficacy to accomplish social change they will play a key role in public health promotion and policy.

"Knowledge on how to develop and exercise collective efficacy can provide the guidelines for moving us further in the enhancement of human health" (Bandura, 1998:642).

2.5 Strategies to prevent adolescent misuse of alcohol

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Integrating knowledge and understanding of the many behavioural theories provides a comprehensive understanding of the factors that influence adolescent drinking. Prevention efforts should take into account the interrelatedness of personal, social and environmental factors that determine behaviour. Several community-based interventions to prevent alcohol problems have been conducted in the USA and two are described below.

The Communities Mobilizing for Change intervention sought to reduce drinking and drinking related problems among 15-20 year olds by reducing their access to alcohol. Communities were encouraged to develop their own interventions to reduce underage access to alcohol. Activities used included citizen monitoring of outlets selling to youth, developing alcohol-free events for youth, initiating responsible beverage

service training and developing educational programmes for youth and adults. The programme was evaluated two and a half years later and although the results were not statistically significant consistent progress had been made at all the intervention sites. The results showed that merchants were more likely to check for age identification before selling alcohol, it was more difficult for minors to purchase alcohol and older adolescents consumed less alcohol as well as were less likely to provide alcohol to minors (Wagenaar et al, 1994 cited by Komro & Toomey, 2002).

The second intervention was the Project Northland, which aimed to prevent the onset of adolescent drinking among school going youth. The comprehensive, multicomponent programme included students, parents and the larger community in an effort to build personal life skills as well as interpersonal relationships and community participation. The study sought to change parent-child communication about alcohol use, peer influences to drink and alcohol use norms for young people. It also wanted to improve the student's self-efficacy to resist alcohol and to make alcohol less accessible within their communities. Peer leadership, parental involvement and education and community-wide task forces were some of the strategies employed in this study. At the end of a three year intervention on grades 6-12 the results demonstrated that students who had not yet begun to use alcohol were less likely to start drinking but had little or no impact on those students already drinking. This highlights the need for intervention programmes to start early (Perry et al., 1996). The issue of how to sustain the impact of community interventions so that the message does not fade with time is an ongoing concern. Although such multi-level initiatives are a challenge, these two case studies were able to effect some change by addressing the issue at different levels.

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The consequences of risky drinking behaviour among adolescents can be harmful to their health and development. It is clear that factors affecting adolescent alcohol use are complex and interrelated and may confound one another. These factors include social, personal and environmental factors and can be viewed from a protective or risk perspective.

CHAPTER 3

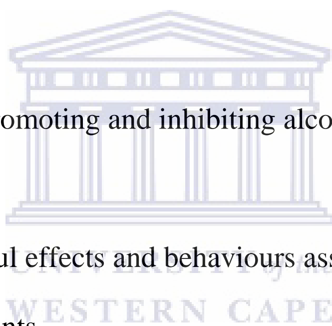
RESEARCH DESIGN AND METHODOLOGY

3.1 Aim

This study aims to gain an understanding of what influences the patterns of alcohol use among adolescents in a peri-urban historically disadvantaged community in the Western Cape.

3.2 Objectives

1. To explore the current patterns of alcohol use among adolescents in the community.
2. To explore factors promoting and inhibiting alcohol use among these adolescents.
3. To explore the harmful effects and behaviours associated with alcohol use among these adolescents.
4. To explore the perceptions of adults regarding adolescent alcohol use in the community.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3.3 Study Design

The design of this research was exploratory, using qualitative methods in an attempt to gain a deeper understanding of participants' descriptions of their experiences with alcohol use. According to Pope and Mays (1995:44) "the goal of qualitative research is the development of concepts which help us to understand social phenomena in natural (rather than experimental) settings, giving due emphasis to the meanings, experiences, and views of all the participants."

South African studies on adolescent alcohol use have predominantly focussed on the prevalence of alcohol misuse, which have accumulated quantitative data on broad drinking patterns among school going youth. The qualitative studies investigating adolescent's perceptions of alcohol use have been specific to school going youth and to male school going youth in urban areas (Morojele et al., 2006; Ziervogel et al., 1997/98). The researcher therefore decided there was a need for a qualitative study on adolescents of both genders, both attending and not attending school in a disadvantaged community, to gain insight and understanding of this phenomenon that might assist with prevention approaches in the future.

3.4 Study Population

The study population was adolescents, aged between 14 and 19 years who live in the study community and adults who are in some way involved with adolescents in the community. Patterns of health risk behaviours are often established during youth and have the potential to undermine the development of youth (Centers for Disease Control and Prevention, 2006). Substance abuse among South African adolescents is increasing (Parry et al., 2004a). It is therefore an important public health goal to address alcohol use among adolescents for current and long term health benefits. The researcher therefore felt that focussing on the adolescent population for this study would be appropriate.

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3.5 Sample Size

Four focus group discussions (FGDs) were conducted with the adolescents. The researcher recruited six to eight adolescent participants for each focus group. In

reality the number of participants that arrived differed for each group. The configuration of the groups was as follows:

1. Coloured male school attending: 5
2. Coloured female school attending: 10
3. Black mixed school attending: 4
4. Black mixed non-school attending: 8

One in-depth interview was conducted with an adolescent after the researcher noticed during a FGD that she seemed to have valuable information to contribute towards the study. Key informant interviews were conducted with three adult members of the community.

3.6 Sampling Procedure

It was the intention of the researcher to use purposive sampling and to ask a teacher at the school to identify possible school attending participants for the study. In discussion with the principal of the school to gain this permission it became apparent that using teachers to identify suitable candidates might jeopardise the validity of the study. The principal felt that students would not volunteer themselves for a study on alcohol use for fear of some form of retribution as a result. It was thus decided to use an outsider who was a volunteer running a series of life skills training workshops with the students at the school. Adolescent volunteers were recruited in this manner and those that came forward were requested to source more volunteers. This process of finding one suitable participant who leads the researcher to further potential participants is known as 'snowballing' (Kelly, 2006). This form of sampling is useful when the study population is part of a friendship network but the researcher should bear in mind that the characteristics of the initial participant will shape the structure of

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the sample (Rice & Ezzy, 1999). This method ensured enough school-attending participants volunteered for the focus group discussions. It was also anticipated that by having gender specific focus groups, the researcher would gain insight into issues that might not surface due to one gender influencing the other if all groups were mixed.

Convenience sampling was used for the out of school participants. The researcher identified a youth pastor in the community and a young adult that volunteers for a community not-for-profit organisation that addresses youth needs as suitable members of the community to assist with finding coloured participants for the study that were not attending school. The researcher's Xhosa translator who lives in the community helped recruit black participants. The researcher did not specify whether volunteers should be drinkers or not as the intention was to gain a perspective on adolescent drinking from a variety of sources. The researcher felt that recruiting volunteers in this way would provide the study with a mixture of drinking and non-drinking adolescents, which would hopefully add interest to the data. Key informants were purposively selected from suitable members of the community. The researcher identified the aforementioned youth pastor, the owner of the only legal tavern in the community and a soccer coach as suitable adult participants. There were two coloured participants and one black participant, which the researcher felt represented the racial components of the community adequately, as the community has a larger proportion of coloured than black population and no whites.

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3.7 Data collection tool

The researcher developed an interview guide for the focus group discussions. The broad topics that were covered included experiences and perceptions of alcohol use, harmful effects and behaviour associated with alcohol use and perceptions of family support and relationship to alcohol. Not all questions in the interview guides were asked but depended on the responses and was then used for further prompting when necessary. Demographic information included age, education and employment. School attending adolescents were asked if their parents were employed. The key informant and in-depth interview schedule had semi-structured questions using open-ended entry points to encourage discussion. The content of the key informant interviews was similar to the FGDs but from an adult's perspective.

3.8 Data collection method

3.8.1 Focus group discussions

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Focus group discussions are especially useful for exploring people's knowledge and experiences and can go beyond examining what people think to how and why they think in the manner that they do. Observation of this type of interpersonal communication can also highlight sub-cultural values or group norms, which would be valuable for our insight into the phenomenon being studied. Focus groups allow the researcher to explore more complex issues that may arise during the discussion. Questions can be clarified if necessary and respondents do not require literacy skills. The group can reflect on issues and thus highlight further topics to be explored (Kitzinger, 1995). By creating a relaxed and non-threatening environment where the teenagers felt at ease to communicate freely, it was hoped that the focus group discussion process would be empowering for these youngsters.

It was the intention of the researcher to conduct four FGDs, two being with in-school adolescents and two with out of school adolescents, with males and females in separated groups. It became apparent during the recruitment process, particularly of black adolescents that it was not going to be possible to get enough volunteers to have separate gender focus groups. It was therefore decided that it would be necessary to mix the black groups. The reason for wanting separate gender groups was to see if there were differences in adolescents' attitudes and behaviour with regards to alcohol and gender. It also became apparent during recruitment of volunteers that the black non-school attending adolescents had very limited English or Afrikaans and a mixed group of black and coloured adolescents would not allow for free flowing discussion. It was therefore decided to have mixed gender black groups and separate gender coloured groups to see if the data generated differed significantly. It was therefore not intentional to have separate black and coloured groups; this was only due to the language differences and the researcher thought it was more important for participants to be able to express themselves in their first language than to mix the groups and risk compromising the flow of discussion.

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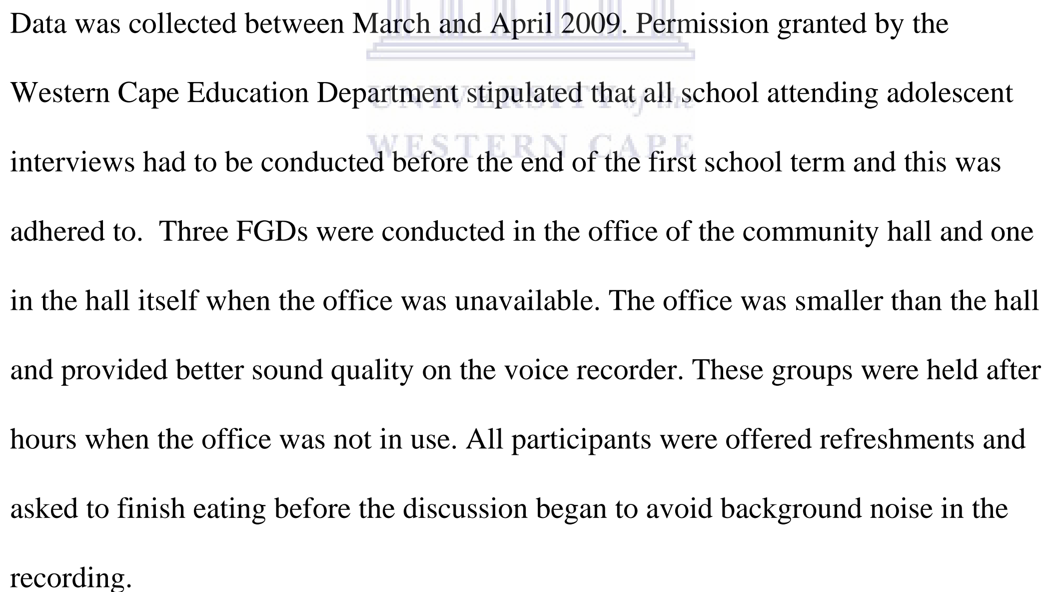
It was also difficult to recruit coloured non-school attending participants. The general perception among the adolescents that had participated in the FGDs was that the coloured non-school attending youth, especially males, would be disparaging of the study. "*Hulle sal nie kom nie*" (they won't come) and "*Hulle sal nie belangstel nie*" (they won't be interested) were two comments repeated several times by others as the researcher tried to recruit volunteers for this group. In light of the fact that the emerging data did not show any significant difference between separate or mixed

gender FGDs and the struggle to get enough volunteers for the coloured non school attending FGD, the researcher decided to organise a mixed gender FGD for the coloured non-school attending participants. However, on the day of the scheduled FGD for this group of adolescents only one suitable female participant arrived. Four suitable males arrived but lingered at the gate and when asked if they were coming to participate they replied that they were but they first had to "run an errand" and they did not return. The FGD on that day was abandoned. The researcher felt that it could have been due to the presence of herself, a white older female, with little to offer other than refreshments in exchange for questions about personal behaviour that put these adolescents off participating in the FGD. The researcher made several further attempts to recruit volunteers for this particular group but was unsuccessful.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Data was collected between March and April 2009. Permission granted by the Western Cape Education Department stipulated that all school attending adolescent interviews had to be conducted before the end of the first school term and this was adhered to. Three FGDs were conducted in the office of the community hall and one in the hall itself when the office was unavailable. The office was smaller than the hall and provided better sound quality on the voice recorder. These groups were held after hours when the office was not in use. All participants were offered refreshments and asked to finish eating before the discussion began to avoid background noise in the recording.

The researcher facilitated the FGDs in English and Afrikaans depending on the preference of the participants, as she is fluent in both languages. The researcher felt that conducting the FGDs in the language of choice makes the participants feel more

comfortable and therefore they are more likely to participate fully in the discussion. The coloured groups spoke a mixture of English and Afrikaans. However, the facilitation of the black groups was more challenging. The black school attending group spoke a mixture of English and Xhosa and the black non-school attending group only spoke Xhosa. A translator was present for both black FGDs and translated to the researcher as the focus group was in progress. All FGDs were audio-recorded and the researcher took notes during the sessions.

To initiate discussion the groups were asked general demographic questions and the researcher casually asked them what they liked to do in their spare time particularly on weekends. This was done to create a relaxed atmosphere where participants felt free to talk. This seemed to work well with the coloured groups but the black groups seemed more reserved and appeared to be more comfortable talking to the translator than the researcher. The researcher initially felt that this was mostly due to language barriers between herself and the participants but on reflection also felt that the cultural differences between herself and the participants probably played a part in these groups' resistance to talk freely. The researcher tried to avoid confrontational questions such as "Do you drink and how much?" Adolescents were rather asked to describe drinking practises amongst young people in their community. The FGDs lasted between 40 minutes to an hour and a half.

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During the FGD with the female coloured school attending participants the researcher observed a hesitation from one of the adolescents in her responses. She appeared to be shy of voicing her opinions amongst her peers although she seemed to have a unique story to share. The researcher approached her after the FGD to see if she was prepared

to participate in a one-on-one in-depth interview. She agreed and the interview was scheduled after school at her home. This was not the ideal location as there were family members hovering around and lots of background noise. We retreated to the participants' bedroom in a shack in the backyard, which provided some privacy.

3.8.2 Key Informant Interviews

Three adult key informant interviews were conducted. All three respondents were male, two coloured and one black. The fact that the respondents were male was not intentional but rather because these adults are involved with the youth of the community and therefore were deemed to have unique insight into the attitudes and behaviour of adolescents with regards to alcohol consumption. Interviews were scheduled to fit in with their time demands. The interview with the tavern owner was conducted in his office. The youth pastor could only be interviewed in the evening and this was done in his own home. The soccer coach had to be interviewed during office hours and before evening soccer practice and the most suitable place at the time was in the privacy of the researcher's car. The interviews lasted between an hour to an hour and a half.

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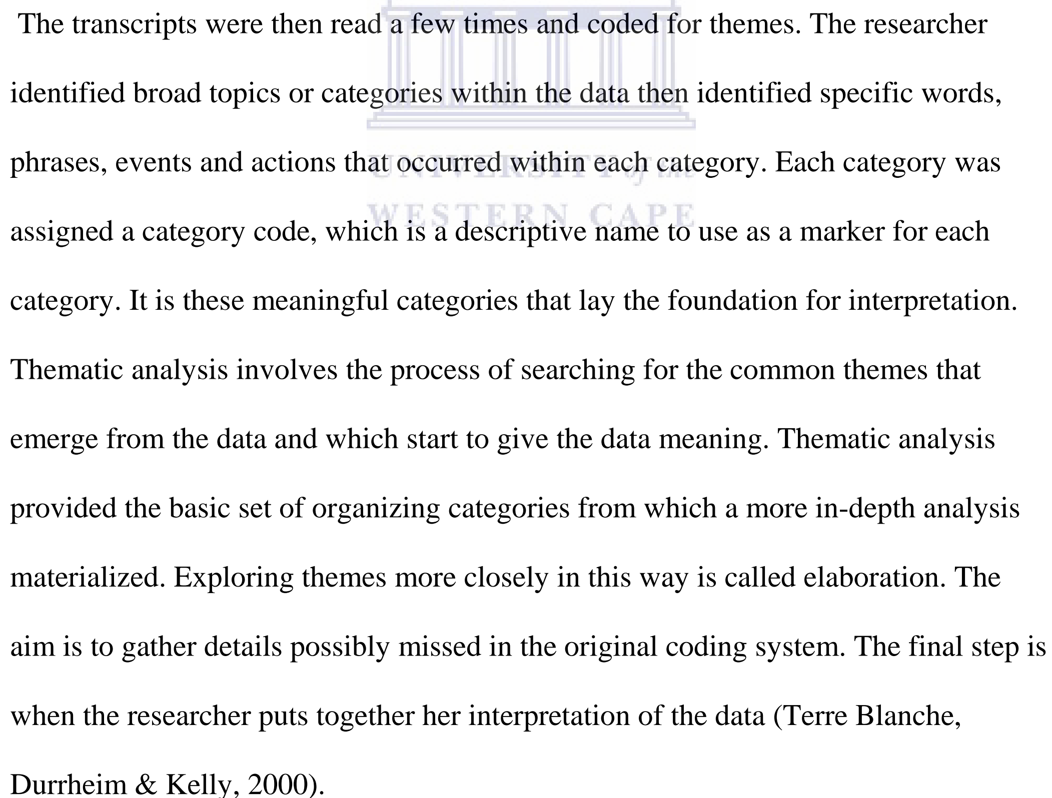
3.9 Data Analysis

Data analysis in qualitative research begins with data collection. The strength of this method is that it is open to analysis at any point of the research process and by reflection adjustments can be made to improve the data collection process (Pope et al., 2000). Thematic and content analysis were used to interpret the data. According to Gifford (undated) good thick description should include three types of information. Firstly it should describe the context of an event/act, secondly it must describe the

intentions and meanings of the participants' perceptions and lastly the evolution or consequences following from the event/act should be described.

The researcher transcribed the FGDs and one in-depth interview verbatim herself. She was assisted by the Xhosa translator for the Xhosa FGDs. The researcher felt more comfortable transcribing the FGDs herself, as she was familiar with the local slang and accents used by participants having facilitated the discussion herself. However, the three key informant interviews were transcribed verbatim professionally to save time. The researcher also went over the transcriptions done professionally and filled in any gaps from unclear recording that she could.



The transcripts were then read a few times and coded for themes. The researcher identified broad topics or categories within the data then identified specific words, phrases, events and actions that occurred within each category. Each category was assigned a category code, which is a descriptive name to use as a marker for each category. It is these meaningful categories that lay the foundation for interpretation. Thematic analysis involves the process of searching for the common themes that emerge from the data and which start to give the data meaning. Thematic analysis provided the basic set of organizing categories from which a more in-depth analysis materialized. Exploring themes more closely in this way is called elaboration. The aim is to gather details possibly missed in the original coding system. The final step is when the researcher puts together her interpretation of the data (Terre Blanche, Durrheim & Kelly, 2000).

3.10 Validity and Trustworthiness

Validity in qualitative research can be ensured through triangulation. In source triangulation the researcher searches for converging evidence from multiple sources to create themes or categories within their study (Creswell & Miller, 2000). In this study the different sources were the adolescents who came from different racial groups, some were at school others were not, some groups had a gender mix while others did not as well as the in depth interviews with the adults who had experiences working with youth. Methods triangulation through FGDs and key informant interviews was also employed in this study to increase validity.

Credibility refers to the accuracy in the description of why and how the study was done. Credibility was ensured by the fact that there was no distortion of information collected because transcription was done verbatim so that minimal material was lost. The researcher took notes during the FGDs and interviews to record details of body language or peer influence that were not captured on the voice recorder. The researcher summarised each FGD and interview afterwards and reflected on her personal interviewing skills. She sent this to her supervisor whose comments helped to improve the questioning for the following FGDs. The researcher checked the data continually with the participants as the FGDs and interviews were in progress so that the participants could validate the researcher's accuracy in her understanding of their perceptions, experiences and opinions. The researcher also asked her translator to comment on the researcher's interpretation of the data during the transcribing process. Including appropriate quotes in writing up the findings substantiates the findings ensuring credibility. A clear record of the research process was kept and any changes that occurred during the study were documented for transparency. The researcher kept

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a journal to record personal thoughts and feelings about the research process. This increased reflexivity. This would also provide an audit trail to increase credibility if the study were ever to be reviewed by an external reviewer.

Thick rich description of the data should enable the reader to feel that they could be transported into a setting or situation described in the data. Putting the people and setting within the study into context, both socially and culturally, helps establish credibility. It also enables readers to make decisions about the transferability of the study findings to other contexts.

3.11 Study limitations

Due to practical reasons four FGDs, three key informant interviews and one in-depth interview were conducted and there was no guarantee that saturation was reached on completion. However, the researcher felt that saturation was reached in the FGDs but on reflection of the data would have liked to have had more time to do in-depth interviews with adolescents as this seemed to present richer descriptions of their relationships with alcohol as the researcher discovered when she interviewed the FGD participant on her own.

The researcher felt that the black FGDs with Xhosa being the dominant language lacked free flowing discussion and the researcher did not feel she was able to establish a good rapport with these particular participants. This could largely have been due to language barriers but the researcher also felt that cultural differences might have been at play here too. The researcher was grateful for an excellent translator who assisted with building a rapport.

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Some information was lost or misinterpreted during translation. This was due to background noise in the voice recordings, which was difficult to avoid in a township environment. The researcher went over the transcriptions several times in an attempt to recover as much lost data as possible.

A final limitation to the study was the lack of coloured non-school attending participants. It was felt that these adolescents' experiences with regards to alcohol might be different to data already collected and would have added value to the study.

3.12 Ethical considerations

The study protocol was submitted to and approved by the Research Ethics Committee of the University of the Western Cape. Permission to conduct FGDs was requested and granted from the Western Cape Education Department and the local school. All participants were issued with a letter informing them of the intention of the study requesting their participation and a consent form to sign once they had decided to participate. Participants were informed that participation in the study was voluntary and that they could withdraw from the process at any stage with no negative implications for doing so. They were also informed that whatever they said would be kept confidential. Both forms were available in English, Afrikaans and Xhosa. Informed consent was obtained from all participants and parents if they were minors prior to commencement of FGDs.

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The volunteers that assisted the researcher with recruitment of participants handed out information sheets and consent forms to the participants at home so that their parents were informed of the study and gave their consent. Prior to commencement of the

FGD it was emphasised to the participants that all answers were confidential within the group and that no one had to answer any question they felt uncomfortable about. Participants were asked to respect one another's views and opinions and to let one person speak at a time. Participants were also asked not to discuss details of the FGD with their peers before the researcher had conducted all the FGDs.

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CHAPTER 4

RESULTS

This chapter presents the findings from the focus group discussions, in-depth interview and key informant interviews that were conducted for purposes of this research.

4.1 Demographic description of study participants

Participants ranged in age from 14 to 19 years. The participants in the school attending groups were younger in general than the non school attending participants. There were more female participants than male. The demographic data of the adolescent participants is summarised in the tables below. The adults interviewed were all male, two coloured and one black. They all lived in the community and were employed. One owned the only legal tavern in the study setting, another was a painter and youth pastor and the last adult worked for the local municipality and coached soccer to adolescents in the study community.

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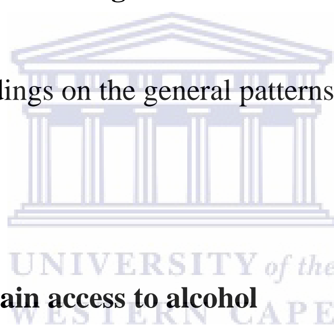
Table 1. Demographic data of school attending participants

	No of participants Total Male	No of participants Total Female	Mean Age Male	Mean Age Female	No. with employed parent	No. with unemployed parent
Coloured school attendees	5	10	15.8	15.2	13	2
Black school attendees	1	3	15	16.3	1	3

Table 2. Demographic data of non-school attending participants

	No. of participants Total Male	No. of participants Total Female	Mean Age Male	Mean Age Female	Mean Educational Level	No. Employed	No. Unemployed
Black non-school attendees	4	4	17.75	18.5	Grade 7	4	4

4.2 Patterns of alcohol use among adolescents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This section presents the findings on the general patterns of adolescent alcohol use in the study community.

4.2.1 Place where youth gain access to alcohol

All of the participants, both adults and adolescents, responded that the youth who consume alcohol mostly go to the illegal taverns to buy their alcohol and spend their evenings walking around the streets of the township. Now and then there is a party to attend and some youngsters enjoy drinking at one another's homes but most of their social time is spent on the streets, in the park or sports field or "hanging out around taverns." Some of the adolescent participants occasionally go into town (i.e. the nearest urban centre) to drink at more formal drinking establishments.

Both adolescent and adult participants agreed that anyone could buy alcohol at the many illegal taverns in the township that are open day and night. Some send older friends or relatives to buy for them at the only legal establishment in the village.

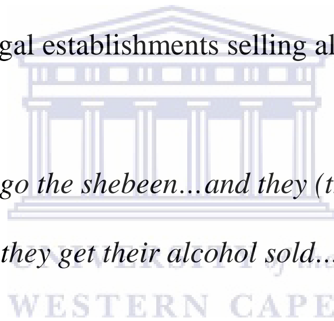
" Actually it's the elderly people that are buying for them, it is like a game…you buy for me and then you get a share." (Adult participant)

The illegal tavern owners appear to be unconcerned about underage drinking.

"They don't chase them away, they sell to anyone…as long as the money comes in." (School attending female)

The adult owner of the legal tavern interviewed confirmed this and expressed his concern at the number of illegal establishments selling alcohol to adolescents.

"Quite a lot of them go the shebeen…and they (the owners) didn't care about it. I mean, as long as they get their alcohol sold..."



He attempts to adhere to the laws of underage drinking in his establishment and there was general consensus among the adolescent participants that it was difficult to access alcohol from his tavern. The soccer coach was particularly concerned that the older people were buying for the youth and benefiting from this arrangement.

4.2.2 Drinking practice

There was consensus that alcohol consumption occurs mainly on weekend evenings. Drinking increases over holiday periods such as Christmas and Easter. The amounts that the adolescents drank differed. Some responded that they drank until they were drunk. One 14-year-old coloured school-attending boy could consume two bottles of

red heart rum in one evening. Some of the coloured school-attending girls only drank *"one or two at special occasions such as a wedding or birthday party"*. The black male non-school attending participants tended to describe the amount they consumed in monetary terms.

> *"We drink until the money is finished…if you are four then each one must have R20 and you will drink that R80 in one night."*

The female adolescent participant that participated in the in-depth interview commented that she *"would save up and then I go until it's* [the money] *finished."*

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4.3 Factors facilitating alcohol consumption

There are many factors associated with adolescent alcohol consumption. Those that contributed towards adolescent drinking in this study are presented below.

4.3.1 Need for altered state of consciousness

Some participants expressed the desire to consume alcohol to alter their state of consciousness.

> *"Sometimes they just do it for the buzz."* (School attending 16 year old male)
>
> *"You are drinking 'cos you want to feel happy"* (School attending 15 year old female)
>
> *"…Makes you feel high"* (School attending 14 year old female)
>
> *"…Makes you feel smart."* (School attending 14 year old female)

Some participants expressed the desire to attain the feeling that they assumed their friends had as a result of drinking.

> *"It seems like they are happy…then I want to drink to taste that vibe that they are feeling."* (Non-school attending 16 year old male)

A few of the male respondents implied that alcohol boosted their self-confidence and sense of maturity and masculinity.

> *" You feel kind of powerful and like I wanna fight…ja and careless."* (School attending 14 year old male)
>
> *" You feel bold and when you look around to the other people in the house they look so small."* (Non-school attending 16 year old male)

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4.3.2 Used as a coping mechanism

Most participants identified the use of alcohol as a coping mechanism to run away from problems at home or at school. The black participants chose to consume alcohol in an attempt to forget the "stress and the suffering" mainly due to financial constraints that was part of their everyday lives.

> *"Sometimes at home you don't have food, you don't have anything so you want to go and drink alcohol because you want to forget what is happening inside the house."* (School attending 15 year old female)

> *"Sometimes at school when you need something for school and your parents don't have the money to get it for you and then you go and drink to forget because you are the only one at school who don't have what you are meant to have."* (School attending 19 year old female)

The coloured school-attending girls expressed that adolescents used alcohol to deny or avoid interpersonal problems or conflict.

> *"I think some teenagers drink because of the things that are affecting their lives…they are having trouble at home, maybe they are getting abused…most teenagers they can't handle it… they think their problems will disappear if they drink."* (School attending 15 year old female)

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Individual shortcomings such as shyness were overcome through drinking. The male participants expressed that alcohol helped them gain the courage necessary to make conversation with girls they were feeling shy about approaching.

> *"Once I had my eye on a girl and I had to drink to get the courage to talk to* her." (School attending 15 year old male)
>
> "*It's because I love her but I am shy when I am not drunk so it is easier for me to propose to her when I am drunk."* (Non-school attending 16 year old male)

4.3.3 Peer influence

The need to conform and identify with peers influenced some participants' decision to drink. This appears to be more so among the male and mainly coloured participants.

"Sometimes we go out and we just have to drink I just have to drink…you feel out (if you don't)." (School attending 15 year old male)

One participant who does not attend school seemed to take pride in admitting to influencing his friends into drinking.

"Last weekend I influenced [name of friend] so he came drinking with me!" (Non-school attending 16 year old male)

4.3.4 Accessibility of alcohol

A significant factor facilitating alcohol use is the accessibility of liquor to under-age adolescents. Alcohol can be purchased from an illegal tavern at any time of the day or night as was demonstrated earlier. Participants expressed awareness that the shebeen owners are motivated by self-interest *" so long as the money comes in."*

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4.3.5 Boredom

There was general consensus among the adolescent participants that there were not enough activities for adolescents in the community. The adult participants confirmed they felt this to be a factor facilitating alcohol use. As one adult participant described:

" I mean at the moment there is nothing to do for the kids over the weekends…I mean I saw Saturday they had the rugby team here, I saw a lot of kids down there at the playground, there is something for them to do...but otherwise…they're just walking around."

The adult and adolescent participants stated that a library with computer access and some gaming activities would go a long way toward stimulating the youth of the community.

4.3.6 Poor parental guidance and role models

Some participants expressed awareness that parental drinking and role models at home and in the community influenced adolescent alcohol use. This was also the perception of adult participants, *" the parents are drinking in front of their children."*

> *"You can see some of them with parents who didn't worry about them, what time they get to bed, now those is the kids who are drinking over the weekends."* (Adult participant)
>
> *" I think it starts in the house, maybe they didn't get enough love or enough attention and that leads them to alcohol…or the mother or the parents is drinking and they decide to follow in their footsteps"* (Adult participant)

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One adult participant expressed his concern over the ambiguous message some parents send to their children.

> *" You can see the church is playing a role in letting the children know what is right and wrong…but meanwhile you can see the same members who were at church after the church are doing what they said they shouldn't do at church…and the people say it's ok it's at night we can do whatever we want to*

but they forgot that there are also children walking down the street watching them."

The school attending girls were particularly concerned about role models.

> *" Some of the parents also drink with their children…but my point is that the people of* [name of study area] *don't have respect for the kids…and the kids think why should we have respect for them if they don't have respect for us? They tell us not to drink but they drink in front of their children." "Some of the parents don't care because maybe their children are rude to them… they don't care whether they drink or not."*

The female in-depth interview participant described her upbringing as particularly troublesome and a contributing factor toward her alcohol consumption. Both her parents drank since she was a child; they fought in front of their daughter and often shouted at her.

> *"My mother she was very hard, she was an alcoholic. And then over weekends she doesn't make food…that's why me, I also start drinking, didn't come home, sleep out at other peoples' place."*

The adult participants and coloured participants expressed the lack of communication between parents and their children as another facilitating factor. The adolescents felt that some parents don't talk to their children about alcohol abuse.

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”They just know their children learn about it at school and they don’t explain it to their own children.” (School attending 15 year old male).

The black adult participant described some parents as:

“ still thinking it’s the 1950s…it seems like they are not openly speaking with their children…the parents are hiding these things…so when the children are growing up they don’t know how to handle these things…that’s what is making the children confused.”

4.4 Factors inhibiting alcohol consumption

Protective factors help to buffer the impact of adolescent risk behaviours. The factors found to inhibit adolescent drinking in this study are presented below.

4.4.1 Parental guidance

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Some of the participants expressed they felt it would show a lack of respect for their parents if they consumed alcohol.

“ When you aren’t drinking it’s because you are listening to your parents who have seen these bad things happening and even you have seen that these things are true.” (School attending 14 year old female)

Others agreed that positive parenting and good role models at home made a difference to their decision making process about alcohol consumption.

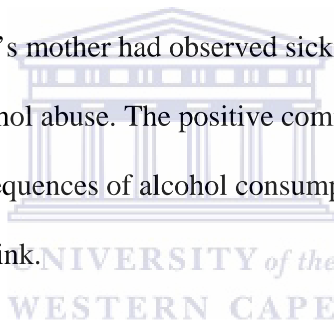
“Some children look up to their parents so if they see that their parents are loving them they will go and give love to their parents and if their parents are

living the good life and they look up to their parents then they also want to live the good life like them" (School attending 15 year old female)

Good parental guidance as an inhibiting factor was also the view of the adult participants. They felt the adolescents could make their own decisions about drinking if they were well informed about the dangers.

" The parents were sitting with them and telling them about the dangers of drinking and smoking and so on… and they decided not to do that." (Adult participant)

One school attending female's mother had observed sickness and suffering in her workplace as a result of alcohol abuse. The positive communication between mother and daughter about the consequences of alcohol consumption contributed to this adolescent's choice not to drink.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4.4.2 Observation of harmful effects and behaviour as a result of alcohol

Several of the participants who chose not to drink stated that the observation or knowledge of harmful effects and behaviour as a result of alcohol assisted them in their decision making process. As one school going girl said:

" and for me…maybe I saw…some of the young girls they rape them and I think I don't want to be them and so I don't want to drink."

Another school going girl stated that she didn't want to follow in her brother's footsteps because he was a drunkard.

Some of the school attending girls expressed that consuming alcohol is unhealthy. Several adolescent participants were put off drinking, as they didn't *"like the way that people are when they are drunk."*

4.4.3 Ability to resist peer pressure

The participants who resisted peer pressure to drink alcohol appeared to have an inner strength and resolve that alcohol was not necessary in their lives. One of the non-school attending females felt that she could easily resist temptation.

" I can say no because when I was born I wasn't born with alcohol."

Another school attending female chose to spend time with friends that didn't drink:

" I like to stay with friends that don't drink, maybe drink Coke"

Some participants attributed their level of maturity to their decision making process with regards to alcohol consumption.

" I have friends who respect my feelings"

"we are big enough…that's how most of us feel."(School attending 15 year old female)

4.4.4 Waste of money

The black participants in particular described drinking as a waste of money. They used their financial status as an excuse to peers to avoid drinking.

" When I don't want to drink I tell them I don't have money."

Another said:

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"the reason why I am not drinking is because today if I have R50 in the house I go to drink and then I don't have nothing in my house by tomorrow the money is finished and I still have nothing in my house."

4.4.5 Religion

Several participants cited that an affiliation with a church played a positive role in their choice not to drink. The adult participants agreed with this view although the black adult participant was slightly sceptical with regard to church members who did not always practice what they preached as alluded to earlier.

4.5 Participants' perceptions of harmful effects and behaviour associated with alcohol use

4.5.1 Sexual behaviour

All focus group participants expressed some form of sexual behaviour, whether planned or unplanned, being related to alcohol consumption. Some participants alluded to a financial benefit arising from sexual activity.

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> *"The other girls when they are drunk they want money, money, money and then they sleep with the guys, this guy and that, maybe two in one night because they know that when they are sleeping with one guy he will give them money, after that I go to another one and he will give me money."* (Non-school attending 17 year old female)

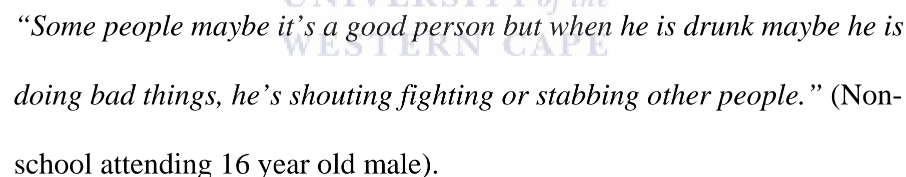
Others described an enhanced sexual desire when alcohol had been consumed. Some participants described that certain pregnancies were planned but the sexual encounters were made easier if alcohol had been consumed. One adult participant agreed,

although was unsure about the extent to which pregnancies were planned or unplanned. Unplanned and unprotected sexual activity and potential consequences were described and a concern about HIV status was also raised .

> *"Because you are drunk you don't use a condom and you sleep with these people and you don't even know the status if he is negative or positive."* (Non-school attending 17 year old female).

4.5.2 Aggressive behaviour

All participants reported swearing, fighting and stabbing as a common behavioural consequence to alcohol consumption. Fist fighting among male adolescents appeared to be the most common form of aggression. Adolescent participants also mentioned disrespect and rudeness to parents and older people as a result of alcohol abuse.



> *"Some people maybe it's a good person but when he is drunk maybe he is doing bad things, he's shouting fighting or stabbing other people."* (Non-school attending 16 year old male).

4.5.3 Other harmful consequences

A few of the adolescent participants described other harmful consequences to drinking such as committing suicide, being run over by a car or other accidents.

> *"Someone when he's already drunk he's going back home and he's cooking and then he can burn the house because he is drunk."* (Non-school attending 16 year old male)

Rape of girls was also described as a harmful consequence to drinking by some of the adolescent and adult participants.

> *"Looking for girls…that is where if they don't yes say to … (sex)… ja that is when they rape."* (School attending 15 year old male)
>
> *" We had one incident where one girl was, she was drunk and some of the guys took her away and I think, I'm not sure if they did rape her or not. The next morning they found her at her aunt's place and she was lying in the yard outside, and nobody knew about her… and she couldn't remember (what happened)."* (Adult participant)

This chapter presented the results and narratives were used to describe the findings of the study. In general the youth of this study are drinking on weekends. They spend their time on the streets and access alcohol from the many illegal taverns in their neighbourhood. Some of the reasons why adolescents drink include just for the fun of it and because their friends drink and to cope with stress or boredom. Those who do not drink generally have strong parental role models, have observed some of the harmful effects of alcohol use and seem able to resist peer pressure. Risky sexual behaviour, rape and fighting seem to be some of the harmful consequences to drinking that are described by the youth of this study.

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From the above findings it is clear that there are a number of factors that promote or inhibit the use of alcohol in adolescents as related by the participants. The perceptions of the adolescents did not differ substantially from the adults. There were many societal factors such as poor role models, family influences, peer and religion which played a part in how adolescents used alcohol. There were also personal factors that

played a role such as coping with life. The perceptions of the participants on the negative consequences associated with alcohol use have also been described with a focus on risky behaviour such as unprotected sex and physical fighting. The following chapter covers the discussion of the findings together with the findings from the literature.

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CHAPTER 5

DISCUSSION

The purpose of this study was to describe the patterns of adolescent alcohol use and explore the factors associated with adolescent alcohol use in a small disadvantaged community. This chapter discusses the major research findings and places them in the literature. The theoretical frameworks of Bandura's Social Cognitive Theory, Jessors Problem Behaviour Theory and Azjen's Theory of Planned Behaviour will be used to support the discussion.

5.1 Patterns of alcohol use among adolescents

The patterns of drinking in the study community among adolescents are reflective of the patterns emerging in the country as a whole (Parry, 1998). While alcohol is easily available at any time of the day due to the number of illegal taverns, drinking tends to occur mostly on weekends. Drinking takes place mainly on the street or in open areas such as sports fields and sometimes at one another's homes. This is typical of where adolescents drink (Pavis et al., 1997).

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Drinking until intoxication seems to be common practice among the adolescents who admitted to drinking and seemed particularly prevalent among the male non-school attending youth. This pattern of alcohol consumption among youth is supported by research by Rocha-Silva et al. (1996) who found that 11.3% of urban males and 19.6% of rural males consumed an average of almost five beers per day. It was also the perception among the school attending adolescents in the present study that the non-school attending adolescents in the community were among the greatest offenders

when it came to alcohol consumption. A limitation to this study was the fact that one group of non-school attending adolescents failed to participate in the research. The researcher felt that this group of adolescents could have felt intimidated by the fact that she was a white older female. She also got the impression that they would not be willing to share information if there was no direct benefit for them. The researcher was led to believe by other adolescents that this group did as they pleased and would not have any interest in discussing their drinking habits with an outsider.

The researcher anticipated that there would be differences in information gained from males and females in this study but this did not prove to be so. The information generated in the mixed gender FGDs was much the same as the individual gender groups. The researcher felt that this was due to the fact that most of the adolescents knew each other fairly well and therefore felt comfortable to talk about gender issues in front of each other. They also appeared to do most of their socialising together in mixed groups and so were used to communicating in that environment.

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5.2 Risk factors and protective factors for adolescent drinking

Young people's alcohol use is linked to multiple factors. According to Bronfenbrenner's Developmental Theory (Addison, 1992) the choices that the individual makes concerning alcohol consumption, and what influences these choices, are closely related to the complex layers in his/her environment which interact with one another.

5.2.1 Social Environmental and Community Factors

Community factors such as lack of leisure activities and easy access to alcohol featured strongly in this study. There is very little alternative evening entertainment for the youth in the study community and as a result it is common for children and underage youth to be seen frequenting illegal taverns. This is typical of socially impoverished areas in South Africa where there is a lack of infrastructure for leisure activities. Many young people spend their time 'hanging around' with friends on the streets because they have little else to do. Particular to the township environment, where young people are wandering the streets at night, their exposure to public drunkenness is common. Studies have found that adolescent drunkenness is more likely to prevail in these circumstances (Parry et al., 2004a).

5.2.1.1 Leisure boredom

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Ziervogel et al. (1998) found that boredom, which arose mainly from a lack of participation in leisure activities, as was found in the current study, was a motivator for male adolescent binge drinking. Their study, however, was conducted in a middle class suburb of Cape Town so a lack of *participation* in leisure activities was probably to do with choice rather than there being an actual lack of activities in their environment. Leisure boredom occurs when the adolescents perceive their leisure activities as unsatisfactory, whether they are not challenging enough or appropriate to their needs or perhaps they feel they lack the skills to participate in leisure (Iso- Ahola & Weissinger, 1995 cited by Flisher et al., 2008). In contrast, in the current study there was a dire lack of leisure infrastructure altogether for adolescents, particularly at night, so the above factors would not apply to this study and this was seen as a contributing factor towards adolescent alcohol use. The adolescents stated that a

common reason for drinking was to seek an alternative state of consciousness. While this is normal adolescent experimental behaviour with respect to drinking, the researcher got the impression that part of this sensation seeking was to alleviate the boredom of township life which lacked recreational activity.

5.2.1.2 Access to alcohol

The fact that alcohol is so easily accessible to under-age youth seems to be a contributing factor towards adolescent alcohol consumption in this and other southern African studies (Ziervogel et al., 1998; Parry et al., 2004). The adolescents in this study felt strongly that these illegal taverns played a big role in facilitating alcohol use and many expressed a desire to see them gone. Up to 80% of all liquor outlets in South Africa are unregulated and are found in areas of traditional black townships (Parry, 2005). It is estimated that there are between 150 000- 200 000 illegal taverns in South Africa which translates to one liquor outlet for every 150 people in this country (Parry, 1998). However, the current study setting has an estimated 12 illegal taverns that service a population of approximately 6000 which translates to fewer outlets per person than the national estimate. While this figure may make it look like alcohol was therefore less accessible to this study population, the national estimates are based upon the total populous of the country where there are many areas that have no illegal taverns therefore the figures do not reflect all the areas appropriately.

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There is also evidence from other studies that show that accessing alcohol from legal establishments such as bars, clubs and supermarkets is not difficult for many adolescents (Pavis et al., 1997; Matuare et al., 2002). This demonstrates a general lack of law enforcement and/or responsible beverage service. It was the perception

of one adult participant, the only legal tavern owner, that the police were attempting to enforce the law with regard to illegal taverns but they had little effect. A tavern owner would simply close his/her doors to comply with police action only to open up again a few hours later.

While it is illegal for adolescents to be consuming alcohol it is the adults' responsible for selling alcohol to under-age youth that is just as much cause for concern. These adults need to be responsible role models for adolescents to look up to and learn from. It was the perception of the adolescents and adults in this study that many illegal tavern owners were unconcerned about selling to underage youth and were more motivated by the monetary gain for themselves. The researcher felt that this showed a lack of a sense of social responsibility within this community. Many of the adolescents and adult participants were striving for a better world to live in yet felt they were constantly battling against certain elements within their community.
The school going participants expressed concern about a lack of respect that the adults in the community showed towards the youth. They questioned why they should show respect toward adults who display contradictory behaviour such as telling their children not to drink yet displaying uncontrolled drinking behaviour in front of their children. Under these circumstances the collective responsibility of the community that is potentially promoting dangerous behaviours needs to be questioned. A key aspect of improving self-efficacy in Bandura's social cognitive theory is the observation of positive role models (Bandura, 1998). Adolescents cannot be expected to believe in their collective efficacy to accomplish social change unless they feel they can look up to the adult role models in their community.

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5.2.1.3 Religion

One protective factor found in this study was religion. Parry et al. (2004a) found that religious involvement is associated with less alcohol use and drunkenness. Oman et al. (2004) found that youth who attended church on a regular basis were more than two times more likely to report non-use of alcohol compared with youths who lacked this asset. Religion would thus serve as a protective factor according to Jessors' Problem Behaviour Theory. Several adolescent participants in this study cited that attending religious services and being part of a church played a positive role in their choice not to drink which was confirmed by the adult participants. These feelings were reflected by many of the participants. Religion appears to play an important role in this community and many adolescents are involved in some form of religious activity ranging from youth groups to gospel singing and regular church attendance. This could possibly play a strong protective role against alcohol misuse in the community. However, the contradictory behaviour displayed by some adults who appeared not to 'practice what they preached' as raised by one adult participant was at risk of eroding this protective factor.

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5.2.1.4 Poverty

The past decade has seen South Africa go through a major political and social transformation with the demise of apartheid. Violence and crime, high rates of unemployment and the HIV epidemic have contributed significantly to the environmental stress that adolescents now find themselves living in (Brook et al., 2006). Shanks (1990) found that adolescents drink in order to deal with anxiety, shyness and depression (cited in Ziervogel et al., 1998). Pavis et al. (1997) found a small group of participants in their qualitative study had begun drinking to cope with

personal difficulties. Many of the participants in this study identified the use of alcohol as a coping mechanism to escape from problems at home or at school. This seemed particularly so for those participants who witnessed stress and suffering, mainly due to poverty, on a daily basis in their lives and concerned the researcher. This was more obvious among the black participants whose living conditions demonstrated a lower SES than the coloured participants.

Consuming alcohol to avoid or forget about personal problems among adolescents is potentially problematic. These young people are not experimenting with alcohol to emulate adult forms of leisure nor to fit in socially which is typical to adolescent experimental behaviours (Jessor, 1991). Rather they are using alcohol as an emotional prop and the adolescents in this study need attention to develop less harmful strategies, such as finding someone to talk to, for coping with personal difficulties and environmental stress. According to Jessor having a low perceived self-esteem and a lack of hope in one's life chances are risk factors in ones' personality makeup and can contribute to problem behaviour. While poverty alone is not necessarily the underlying reason for low self-esteem and lack of hope for the future, the researcher did feel that it was a contributing factor and played a role in these adolescent's choices around alcohol use.

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5.2.1.5 Communication

All three adult participants were respected members of the community. Two in particular were very involved with the youth yet they said that adolescents never came to them to confide in them about drinking. A possible explanation for this is derived from findings from a qualitative study of male binge drinkers in the Cape Peninsula

where adolescents felt they couldn't trust or confide in adults or teachers about drinking (Ziervogel et al., 1998). This is of concern as several adolescents expressed the need for more psychological support in the community. Perhaps they were unwilling to talk to members of the community due to the fact that 'everyone knows everyone' in a small environment and would benefit from an independent source of support that came from outside, yet could identify with their concerns.

5.2.2 Parental/Familial environment

Parental behaviour has a direct impact on children's behaviour. Adolescents in this study were aware that parental behaviour had an impact on their behaviour and influenced the choices they made with regard to alcohol consumption. In this study community drinking among adults is common. Children are exposed to drinking from a young age and for many this type of behaviour becomes the social norm. Adolescents in this study who had parents at home that were seen as good role models were less likely to drink which was confirmed by the perceptions of the adults in the study. The adolescents saw parents who took the time to sit down and discuss drinking and the harmful consequences thereof with their children as caring concerned parents. These adolescents were more likely to respect their parents and substance abuse was less likely to occur. According to Jessor's Problem Behaviour Theory, a cohesive family and interested adults in one's social environment would serve as protective factors against alcohol misuse. The relationship between the quality and quantity of time that parents spend with their adolescent children and those children's use of alcohol has been corroborated by Brook et al. (2006).

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A lack of communication between parents and adolescents was seen as a contributing factor towards adolescent alcohol consumption in this study. There appeared to be a communication gap between generations, particularly of the black adolescents' parents, where open communication was not the social norm. The black adult participant felt that this contributed to a sense of confusion among the black youth about their choices around alcohol consumption. On the one hand the school system was seen to be equipping the youth with information concerning substance abuse, yet the parents/family were seen to be resistant towards open discussion on the topic and adolescents were often left feeling unsure about their choices.

5.2.3 School and academic environment

School performance and adolescent alcohol consumption have been found to be related (Flisher et al., 2003). School attending adolescents in this study felt that they were receiving positive education about alcohol abuse at school. Quality schooling in one's social environment is seen as a protective factor against problem behaviour. This study did not attempt to explore the reasons associated with school drop out. While there were no quantitative measures, the researcher did feel that the non-school attending participants reported greater consumption of alcohol than the school attending participants. This was detected by the fact that the non-school participants tended to describe their personal relationship with alcohol while the school attending participants described their perceptions of friends who consumed alcohol.
Having low academic aspirations and performing poorly at school have been found to be related to adolescents' use of alcohol (Morojele et al., 2001). Dropouts in South Africa tended to have higher rates of cigarette and alcohol use than school attending youth (Flisher & Chalton, 1995). This is consistent with findings in the United States

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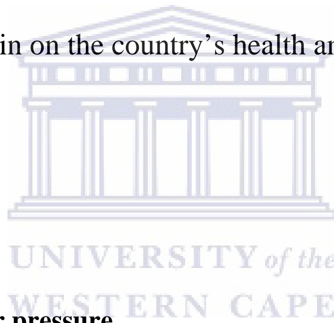
(Chavez et al., 1989; Eggert et al., 1990 cited by Flisher & Chalton, 1995). Research conducted on high school students in Cape Town found a statistically significant relationship between drinking alcohol (in the last month) and absenteeism and repeating a year at school (Flisher et al., 2003).

The implications related to the above findings are numerous. Adolescents represent the country's future workforce. High unemployment rates in this country means fierce competition for jobs and a need for skilled labour. Young people who have not completed school have a reduced probability of securing steady employment and an adequate income. They are also more likely to have poorer mental and physical health and potentially become a drain on the country's health and welfare sectors (Flisher & Chalton, 1995).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5.2.4 Personal Factors

5.2.4.1 Impact of peer pressure

It is only natural for most adolescents to want to fit in with their peers. The need to conform and identify with peers influenced some participants' decision to drink. This seemed particularly so for the male school going participants. Many studies have demonstrated a relationship between alcohol use and a young person's circle of friends, the more alcohol users there are in a person's friendship circle, the more likely they are to drink (Parry et al., 2004a; Brook et al., 2006). These role models for deviant behaviour in one's perceived environment are seen as risk factors in Jessor's model for problem behaviour. The female school attending participants, however, seemed less influenced by their peers. These participants appeared to have an inner strength and resolve and a certain level of maturity that possibly the others lacked,

that led them to believe that alcohol was not necessary in their lives and serves as a protective factor in their decision making process.

5.2.4.2 Feelings of self worth

Ajzen's Theory of Planned Behaviour can be used to predict or explain adolescents' behaviour to engage or not to engage in drinking. According to this theory the most direct precursor to a person's behaviour is his or her intention to carry it out. The precursor to the intention to perform a behaviour is the attitude towards the behaviour, subjective norms and perceived behavioural control. For the participants who chose not to drink, the negative consequences of drinking seemed to outweigh the positives. They appeared to have insight into the harmful consequences of alcohol abuse and could see the long-term benefits of not consuming alcohol (attitude). They appeared to be more likely to respect their parental wishes and guidance for them not to drink (subjective norm) and were more likely not to want to access alcohol illegally (perceived behavioural control). For the participants who chose to drink the opposite was likely to be true.

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Participants who had a longer-term focus in life were also less likely to consume alcohol. This was apparent in their attitude toward money, health and their schooling. Those participants with a longer-term view of life are more likely to recognise that they are at risk if they indulge in alcohol consumption. According to Bandura's Social Cognitive Theory this recognition that they are at risk may be the first step to self-efficacy (confidence in their ability to perform a behaviour). This recognition combined with the beliefs in the desired outcome, will result in possible long-term behaviour change. Ziervogel et al. (1998) found that young people who have a short-

term focus are more likely to abuse substances than those with a longer-term view of life. Placing a high value on achievement and health and an intolerance of deviant behaviour serve as protective factors in one's personality characteristics according to Jessor and his problem behaviour theory.

The factors above highlight the need to understand why some adolescents think further ahead and others do not with regards to their drinking practices. Teaching the skills necessary for planning ahead and developing goals would form an important part of an intervention programme.

According to the male adolescent participants, the presence of females in a drinking circle increased the quantities of alcohol that the male participants consumed. They admitted to wanting to impress the females and sometimes they drank to overcome shyness when making conversation with them. Ziervogel et al. (1998) also found that males consumed more alcohol in the presence of females to demonstrate their manhood. According to Bronfenbrenner's developmental theory risk behaviour can be related to individual psychological factors such as self-esteem, need for acceptance and eagerness to act like adults (Centre for Substance Abuse Prevention, 1993; Perkel et al., 1991; Shiel, 1999 cited by Visser, 2003).

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5.3 Risky behaviour consequent to adolescent drinking

Many so-called risky behaviours that adolescents partake in are essentially exploratory and experimental and normal to adolescent development (Jessor, 1991). Some of these risk behaviours appear to be as a result of inexperience on behalf of the adolescent who finds him/herself in situations not previously negotiated. The risk

behaviours discussed below are those that arose from this study and that are potentially damaging to the youth of today.

5.3.1 Risky sexual behaviour

It was the perception of the majority of adolescent participants in this study that risky sexual behaviour was related to alcohol misuse. Some of the consequences of risky sex that the participants described were unplanned pregnancies and HIV. Participants reported a lack of inhibition and increased sexual drive due to alcohol consumption as a contributing factor towards risky sexual behaviour. Similarly, Mataure et al.'s (2002) study on Zimbabwean youth frequenting drinking establishments highlighted the disinhibition effect that alcohol had on young men in particular and the reduced control effect it had on women. These combined effects increase people's likelihood of engaging in risky sexual behaviour. These findings were corroborated by Morojele et al. (2006) whose qualitative study focussed on South African adolescents' perceptions of drug use and sexual encounters. A worrisome implication of these findings is that these studies reflect on the indirect relationship between substance abuse and HIV infection.

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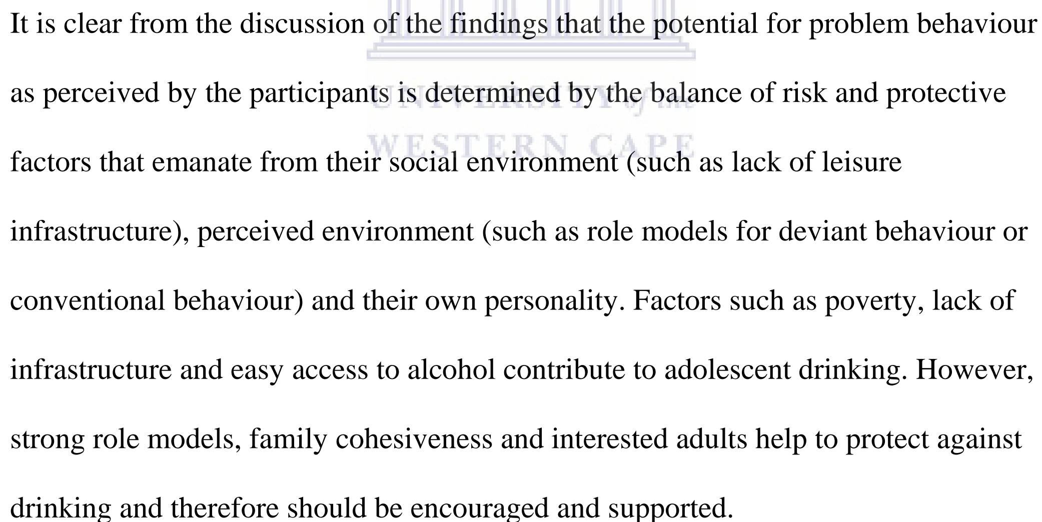
It was the perception of adolescents in this study that the consumption of alcohol contributed towards a lack of contraception during sexual activity. Although there is strong evidence for the belief that adolescents who use alcohol are more likely to be sexually active and to engage in unsafe sexual practices (Bonomo et al., 2001; Lavikainen et al., 2009), some studies have however reported contrary findings (Flisher & Charlton, 2001). What seems important to recognise is that although

alcohol is one factor that is repeatedly linked to unsafe sexual practices, not all researchers agree that it is the determining factor in the occurrence thereof.

5.3.2 Accidents and Injury

Adolescents increase their risk for interpersonal injury from fighting when under the influence of alcohol (Swahn & Donovan, 2005; Bonomo et al., 2001). Both adolescents and adults in this study reported that fighting and stabbing were common behavioural consequences to alcohol consumption. Being knocked over by a car was also a possibility when under the influence of alcohol.
Several participants reported that rape of women occurred when adolescents were under the influence of alcohol.



It is clear from the discussion of the findings that the potential for problem behaviour as perceived by the participants is determined by the balance of risk and protective factors that emanate from their social environment (such as lack of leisure infrastructure), perceived environment (such as role models for deviant behaviour or conventional behaviour) and their own personality. Factors such as poverty, lack of infrastructure and easy access to alcohol contribute to adolescent drinking. However, strong role models, family cohesiveness and interested adults help to protect against drinking and therefore should be encouraged and supported.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This study set out to describe the patterns of alcohol use among adolescents in a disadvantaged community and to identify the factors that contribute and inhibit the use of alcohol among young people.

The study setting itself played an important part in the findings of the study. The accessibility to alcohol in the township setting is an issue. The fact that underage adolescents can buy alcohol easily is worrisome to both adolescents and adults who are concerned about the welfare of the youth. The lack of policing control of illegal taverns is a problem and concerns many adolescents and adults in the community. The township environment itself exposes adolescents to public drinking where they often observe adults displaying drunken behaviour. Over time this display of public drunkenness becomes the social norm and children come to accept this as part of their daily lives.

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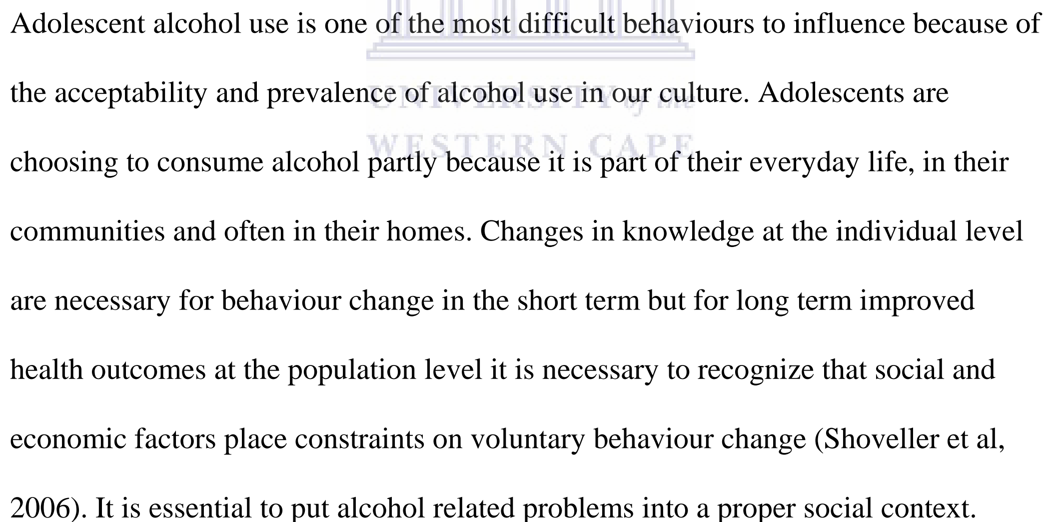
The lack of resources due to past inequalities and the current poverty in the area also had a significant impact on adolescent drinking. Many adolescents felt that there was not enough for them to do during leisure time and that this contributed toward underage drinking. Some adolescents drank alcohol to help ease the stress and suffering that accompanies poverty. Peer pressure and poor adult role models facilitated the use of alcohol among adolescents in this study. Those adolescents who came from cohesive families with interested adults were less likely to drink.

Affiliation with a religious organisation also helped protect adolescents from alcohol misuse.

Adolescence is a time of tremendous change, which can be both exhilarating and overwhelming. An adolescent's circle of friends is of extreme importance in terms of emotional support and a feeling of togetherness in the roller coaster ride of adolescence. The choices adolescents make are sometimes to fit in with peers which creates an ideal opportunity for peer-led intervention programmes. Together adolescents can challenge the social norms within which they find themselves making choices and learn to re-define their self-identity with regards to alcohol and other choices they must make during this time of their lives.



Adolescent alcohol use is one of the most difficult behaviours to influence because of the acceptability and prevalence of alcohol use in our culture. Adolescents are choosing to consume alcohol partly because it is part of their everyday life, in their communities and often in their homes. Changes in knowledge at the individual level are necessary for behaviour change in the short term but for long term improved health outcomes at the population level it is necessary to recognize that social and economic factors place constraints on voluntary behaviour change (Shoveller et al, 2006). It is essential to put alcohol related problems into a proper social context.

Programmes that do not address the social, emotional or other reasons that people consume alcohol moderately or dependently are at risk of failure. Integrating knowledge and understanding from the many behaviour theories relevant to adolescent behaviour provides a comprehensive understanding of the factors that

influence adolescent drinking. Comprehensive interventions need to target the social, environmental and personal influences that affect adolescents to help them to address and cope with these factors in a manner which can lead to them making positive choices in this phase of experimentation and self discovery.

6.2 RECOMMENDATIONS

From this and other studies it is clear that for any preventive interventions to be successful they have to be multifaceted and address the personal, social and environmental factors that play a role in adolescent alcohol consumption.

It is important to recognise that young people need to be engaged with directly and to play a role in the design of any interventions that will affect them. With regard to the findings from this study the following recommendations are made when designing intervention programmes:

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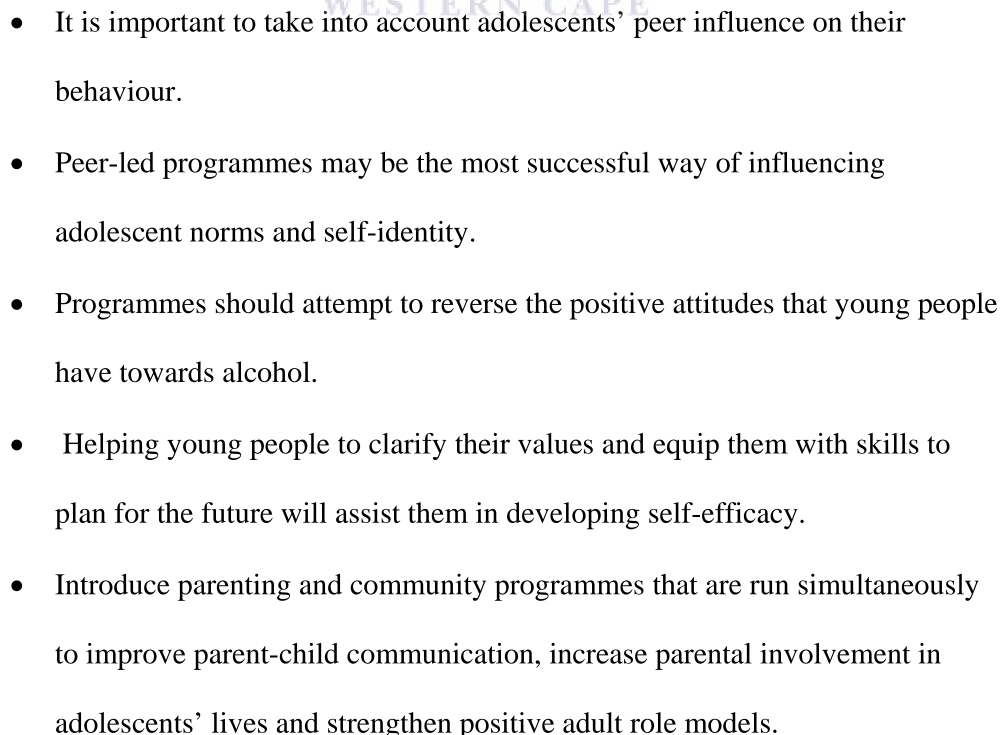

- It is important to take into account adolescents' peer influence on their behaviour.
- Peer-led programmes may be the most successful way of influencing adolescent norms and self-identity.
- Programmes should attempt to reverse the positive attitudes that young people have towards alcohol.
- Helping young people to clarify their values and equip them with skills to plan for the future will assist them in developing self-efficacy.
- Introduce parenting and community programmes that are run simultaneously to improve parent-child communication, increase parental involvement in adolescents' lives and strengthen positive adult role models.

- Introduce community programmes such as citizen monitoring of liquor outlets to address the lack of control of illegal taverns when it comes to serving minors.
- Mobilize for increased services at municipal level according to the needs of the youth such as libraries, computer access and leisure facilities.

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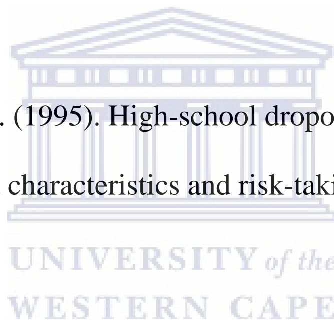
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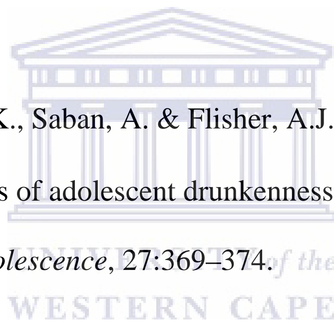

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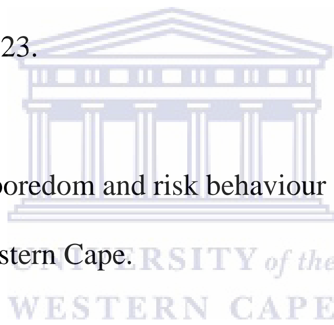

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APPENDIX

APPENDIX 1

Focus Group Interview Guide

Introduction

Find out socio-demographic factors to start. Then begin casual discussion about what young people do on weekends, who they like to spend time with etc. to create a relaxed atmosphere before questions begin.

1.Can you describe to me a typical evening on the weekend when young people would drink alcohol?

2.How would they gain access to alcohol?

3.If you drink, why do you drink and how much would you drink on one night?

4.How does drinking make you feel?

5.Can you share with me all the reasons why young people drink alcohol? Are these your reasons too?

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6. Do many of your friends drink?

7.Do you have friends that don't drink? Why do you think they don't drink?

8.Tell me how your friends or peers influence your decision to drink alcohol?

9.Can you describe to me some of the things young people get up to when they are under the influence of alcohol?

10.What can you tell me about the bad or harmful things that can happen to people when they have been drinking?

11.Are there things that you have done while under the influence that you feel bad about afterwards? If yes, can you describe them to me?

12. Separate question for male and female groups:

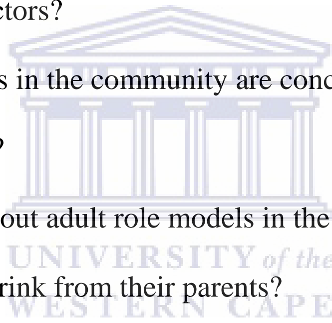
Tell me whether the presence of boys or girls would make you drink more or less and what are the reasons for this?

13.How do the adults in your community feel about young people drinking? What do you think about this?

14. If there is a problem of alcohol abuse in this community how do you think this could be addressed?

Key informant Interview Guide

1. Could you share your perceptions of general adolescent behaviour within this community?
2. Do you think that drinking amongst adolescents in this community is common?
3. Do you have any ideas how they access alcohol?
4. Do you know where they are drinking?
5. What do you think are some of the contributing factors towards adolescent drinking in this community?
6. And the inhibiting factors?
7. Do you know if adults in the community are concerned about adolescent alcohol consumption?
8. What do you think about adult role models in the community? - Are the children learning to drink from their parents?
9. Do you know some of the risky things that these adolescents get up to when they have been drinking?
10. Do you ever have adolescents confide in you about their drinking and what kind of advice are you able to offer?
11. Is there any where in this community that an adolescent struggling with alcohol misuse could turn to for help?
12. If there is a problem of alcohol abuse amongst adolescents in this community how do you think this could be addressed?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School of Public Health

Private Bag X17 ● **BELLVILLE** ● 7535 ● South Africa
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INFORMATION SHEET

Dear Participant

Thank you for your willingness to participate in this research. Below is an explanation of the research process and the role that you will play as a potential participant. This research is being conducted by myself for a mini-thesis, which is part of the requirements for completion of a Masters in Public Health. If you have any questions please ask me. My contact details and those of my supervisor are listed below.

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Project Title: Understanding the patterns of adolescent alcohol use in a peri-urban historically disadvantaged community in the Western Cape Province, South Africa

Purpose of Study:

This research is trying to understand the factors that promote and inhibit adolescent participation in alcohol consumption. We are inviting you to participate in this research project because you are an adolescent/person living in this community who hopefully has insight into the issue. The purpose of this research is to gather information that will help develop a better understanding of the reasons and consequences of adolescent drinking that might assist with the development of guidelines for future intervention activities.

Description of the study:

You will be asked to participate in a focus group discussion with several other adolescents in your community. This will take place at your school or in the community hall. This discussion should take about one and a half hours of your time. The discussion will be informal and will be guided by myself. If you are involved in an interview it will take the same amount of time but will be with myself and a translator if necessary.

Confidentiality:

We will do our best to keep your personal information confidential. To help protect your confidentiality, you will be asked to sign a consent form once you agree to participate in the research. Your name will not be used but a code or number will be assigned instead. I will keep this information at all times and destroy it once the research is complete.

Voluntary participation and withdrawal:

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You will be under no obligation to participate unless you are willing to do so. You will also be able to withdraw from the research process at any stage should you wish. You do not have to answer any question that you do not want to. If there is any question you would rather not discuss please say so.

Benefits and cost of research:

There will be no direct benefits of this research to you and no cost to you. This research is not designed to help you personally, but the results may help the investigator learn more about adolescent alcohol use. We hope that, in the future, other people might benefit from this study through improved understanding of this issue.

Informed consent and Parental permission Form:

If you decide to participate in the research you will be required to sign a consent form, or assent form if you are under 18, before I interview you. The consent form is attached to this information sheet so you can look at what you will sign before you decide to participate. If you are under the age of 18 your parents will also be asked to sign a parental permission form on your behalf if you are willing to participate.

Questions:

If you have any questions about the research study itself, please contact

Samantha Smuts

Student number: 2616882

Tel: 044 5316865

Cell: 0832100073

Email: samsmuts@telkomsa.net

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My supervisor is Suraya Mohamed and her contact details are:Lecturer

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INLIGTINGSTUK

Geagte Medewerker

Baie dankie vir jou gewilligheid om aan hierdie narvorsing deel to neem. Hieronder is 'n uiteensetting van die navorsingsprosedure en die rol wat jy, as potensiele medewerker gaan speel. Hierdie narvorsing word deur myself gelei as 'n mini-tesis wat dan deel vorm van 'n Meestergraad in Publieke Gesondheid. Neem vrymoedigheid om enige vrae aan my te stel. My kontakbesonderhede sowel as die van my opsiener verskyn aan die einde van die stuk.

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Tema van die Projek:

Patrone van alkohol gebruik onder adolessente in 'n histories semi-stedelike minderbevoorregte gemeenskap in Suid-Afrika.

Doel van die Studie:

Hierdie studie is daarop gerig om te verstaan watter faktore bevorder en watter strem jongmense se gebruik van alcohol. Ons nooi jou om aan hierdie navorsings projek deel te neem, want jy is 'n jongmens wat in hierdie gemeenskap woon en daarom insig het in hierdie saak. Die doel van hierdie navorsing is om inligting in te samel wat ons

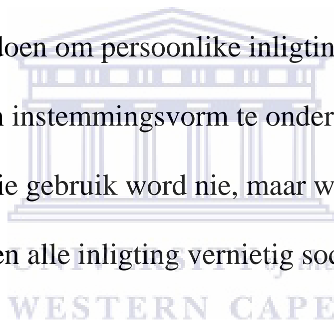
'n beter begrip gee van die gevolge van drankgebruik onder jongmense. Dit kans ons instaat stel om pro-aktief op te tree.

Beskrywing van die navorsing:

Jy sal gevrae word om deel te neem aan 'n fokus groepsbespreking met ander jongmense in jou gemeenskap. Dit sal plaasvind in jou skool of in die gemeenskapsaal. Hierdie bespreking behoort nie as langer as een en n half ure te duur nie. Die bespreking sal informeel wees en deur myself gelei word.

Vertroulikheid:

Ons sal alles in ons vermoë doen om persoonlike inligting vertroulik te hanteer. Daarom sal ons jou vra om 'n instemmingsvorm te onderteken om aan die ondersoek deel te neem. Jou naam sal nie gebruik word nie, maar wel 'n kode. Ek sal al die inligting persoonlik hanteer en alle inligting vernietig sodra die navorsing voltooi is.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Vrywillige deelname en onttrekking:

Jy is onder geen verpligting om deel te neem tensy jy gewillig is nie. Jy sal ook enige tyd mag ontrek as jy so voel. Jy hoef nie enige vrae te beantwoord as jy nie wil nie. As daar enige vrae is wat jy nie wil bespreek nie, sê so.

Voordele en koste van die navorsing:

Vir jouself is daar geen direkte voordele of onkoste verbonde aan die navorsing nie. Hierdie navorsing is nie ontwikkel om jou persoonlik te help nie, maar die uitslae mag navorsing help om meer te leer oor drankgebruik deur jongmense. Ons hoop dat ander mense in die toekoms baat sal vind uit hierdie navorsing en meer begrip sal hê vir hierdie probleem.

Ingeligte Toestemming en Ouerlike verlof vorm:

Indien jy besluit om aan die navorsing deel te neem, is dit belangrik dat jy 'n instemmingsvorm teken of 'n toestemmingsvorm as jy onder 18 jaar is, voordat ek die onderhoud met jou kan voer. Hierdie vorm is aangeheg aan die inligstingstuk sodat jy kan sien wat jy moet teken voordat jy besluit om deel te neem. As jy onder 18 is, sal jou ouers ook 'n ouerlike toestemmingsvorm namens jou moet teken.

Vrae:

Indien jy enige navrae het oor die navorsings projek, kontak asseblief

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Samantha Smuts

Studente nommer: 2616882

Tel: 044 5316865

Sel: 0832100073

E pos: samsmuts@telkomsa.net

My opsiener is Suraya Mohamed en haar kontakbesonderhede is:

Lektor

Skool van Publieke Gesondheid

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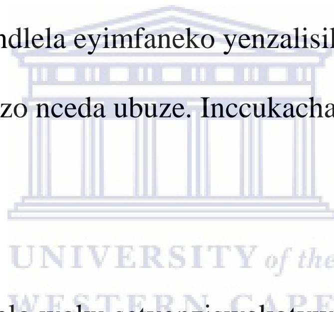
IXWEMBU LENKCUKACHA

Mthathinxaxhebo othandekekayo

Siyabulela enkosi ngozinikelolwakho lokuzithandela kweluphando. Ngezantsi kukho incazelo yenqubo edlala indima ebalukelwandim lwengcingone ebhaliweyo engqinelwe ziingxoxo, leyo ndlela eyimfaneko yenzalisiko yegcisa jikelele kwezempilo. Ukuba unombuzo nceda ubuze. Inccukacha zam nomongameli zidweliswe ngezantsi.



Isibizo so phando: Umfuziselo woku setyenziswakotywala kubantu abasebatsha sisithintela esiyimbali.

Intsingiselo yezizifundo:

Oluphando luzama ukuqondisa ubunyani bokuphuhlisa intloni kubantu abasebatsha abathatha inxaxheba etywaleni ekubusebenziseni. Sinya nzeliswa ukuba sinimeme nabanina ohlala kumphakathi wase sa. Athathe inxanxebo injongo yoluhlelo. Kukuzama ukucacisa malunga nezi yobisi ukuba sifumane incukaca ezithe vethe siya lunyikiswa ngamandla kufuneka sikhusele ubomi bethu ngefundiso.

Injongo yezicathula:

Uyakucelwa ukuba uthathe ingxaxheba kwi group niqwalasele nise benzisane kunyeuku ze ni ncedisane kuphakathiwenu lentoiza kuthatha indawo esikolweni sakho okanye emphakathini lentetho zakuthatha 1 hure na hga phezulu ixesha lemfundiso yonke ezakuba isenzwa ndim yonke ukuba uya bandakanye nawe uye kw itaview iyaku thatha 30 minyodwa.

Okukuyimfihlelo:

Ukuba unomdla wokuthatha inxaxheba koluphando yonke inkcazelo yakho negama lakho lizakubayimfihlelo.

Unonibe nomthathinxaxheba nomtsali:

Azokubopheleleka ekuthatheni inxaxheba ngaphandlekokuba ufunanjalo. Uzokubnakho ukutsalna ngokusuka kubaphandi benqubo nangeliphina ixhesha ongalingenela. Awunyanzelekanga ukuba uphendule nawuphina umbuzo ukuba awuthandi njalo. Ukuba kukho umbuzo sukuxoxo sixelele.

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Ingenelo namaxabiso okuphanda:

Akhozingeneb ziqinisekisiweyo okanye ixabiso lophando kuwe okanye ixhabiso kuwe. Oluphando olucetyelwanga wena buqu kodwa iziphumoziyakunceda abaphengululi bafunde ukuqonda ngakumbi ngabatsha abasebenzisa utywala. Siyathemba ukuba kwixhesha elizayo abantu bazakungenelwa zezizifundo ngokuphucula, ukuqonda imiphumo.

Ixwebhu iwesazisi semvume:

Ukuba ukhetha ukuthatha inxaxheba kubaphandi uyakucela ukuqobela isivumelwano sodliwanodlebe. U xwebhu wesivumelwano ludibana nexwebhu lesazisi ngoko uyakujonga ozakuqobela kuyo phambikokuba ukhethe ukuthatiha inxaxheba.

Ulwaziso ngeforomu ezisayinwayo:

Ukuba uyewathatha inxaxheba koluphondo kuyanyanzeleka ukuba usayine okanye ukuba ungaphantsi kwe 18 yeminyaka kufuneka uzeneforomu esayinwe ngumzali wakho.

Imibuzo:

Ukuba unombuzo ngophando nceda usifonele

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Samantha Smuts

Student number: 2616882

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My supervisor is Suraya Mohamed and her contact details are:

Lecturer

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APPENDIX 3

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CONSENT FORM

Title of Research: Understanding the patterns of adolescent alcohol use in a peri-urban historically disadvantaged community in the Western Cape Province, South Africa.

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As was mentioned in the *Participant Information Sheet* your participation in this research is entirely voluntary. If you choose to participate, you may stop at any time. You may also choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss please feel free to say so.
The information collected in this study will be kept strictly confidential.

If you choose to participate in this research study your signed consent is required before I proceed with the interview or focus group discussion with you.

…………………………………………………………………………………………
…………………….

I have read the information about this study on the *Participant Information Sheet*, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I consent voluntarily to be a participant in this research and understand that I have the right to end the interview at any time, and to choose not to answer particular questions that are asked in the study.

My signature says that I am willing to participate in this research.

Participant's name:……………………………………….
Participant's signature:……………………………………
Parent/Guardian's signature if participant is a minor:……………….…………….

Date: ……………………
Researcher Conducting Informed Consent:…..………………………
Date:…………………………
Signature of researcher: …………………………………

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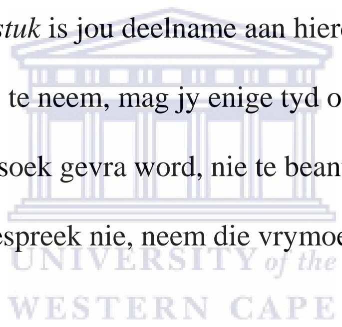
INSTEMMINGSVORM

Tema van die Navorsing: Die Patroon van alkohol gebruik onder adolossente in 'n histories semi-stedelike minderbevoorregte gemeenskap in Suid- Afrika.

Soos gemeld in die *Inligtingstuk* is jou deelname aan hierdie navorsing absoluut vrywillig. As jy kies om deel te neem, mag jy enige tyd onttrek. Jy mag ook kies om sekere vrae, wat in die ondersoek gevra word, nie te beantwoord nie. Indien daar iets is wat jy verkies om nie te bespreek nie, neem die vrymoedigheid om so te sê.



Die inligting verkry deur die navorsing sal streng vertroulik hanteer word.

As jy besluit om deel te neem aan hierdie navorsing is jou skriftelike toestemming nodig voordat ek kan voortgaan met enige onderhoud of groepbespreking waarby jy betrokke is.

……………………………………………………………………………………………

Ek het die inligting gelees oor die studie soos in die *Inligstingstuk* uiteengesit, of soos dit aan my voorgehou is. Ek het die geleetheid gehad om vrae daaroor te vra en alle onduidelikheid is bevredigend opgeklaar.

Ek stem vrywillig toe om 'n deelnemer van die ondersoek te wees en verstaan dat ek enige tyd die onderhoud mag staan en ook mag kies om sekere vrae wat aan my gestel word nie te beantwoord nie.

My handtekening bevestig dat ek gewillig is om deel te neem aan hierdie navorsing.

Naam van medewerker:………………………….

Handtekening van medewerker:…………………..

Handtekening van medewerker se ouers/voogde as medewerker minderjaarig is:………….

Datum:…………….

Naam van navorser:………………………………..Datum:…………….

Handtekening van navorser:……………………….

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IFOMU YESIVUMELWANO

Isibizo so phando: Umfuziselo woku setyenziswakotywala kubantu abasebatsha sisithintela esiyimbali.

Nje ngokuba besele nditshilo kwixwebha laku thatha inxaxheba.Oluphando lungenelela lokuthandela. Usengakhetha ukungaphenduli eminye imibuzo esifundweni. Ukuba kukho into okhetha ukungathethi kuyo zive ukhulule kile.

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Incukaca zoqokelelwa kwesisifundo izakugcinwa ngokwehlebo.

Ukuba ukhetha ukuthatha inxaxheba kwesisifundo sophando uyakuthobela ngokuvumayo ngokuvumela isicelo phambi kokuba uqhube ngo dliwanandlebe okanye uqwalasele iqela eli xoxa kunye nawe.

…………………………………………………………………………………………

Ndifundile ngencukacha zesisifundo kuba-thathi nxaxheba kwelixwebhu le ncukacha okanye ndili fundele. Ndivile ngamathuba okubuza imibuzo, ndibuzile nda phendulwa ngo neliseko.

Ndivumelana nabasebenzi bokuzithandela bathathe inxaxheba koluphando. Kwaye ndiyaqonda ukuba ndinelungelo lokuqibezela oludliwana ndlebe naninina, nokukhetha ukungaphenduli eminye imibuzo ebuzwayo esifundweni.

Ukutyikitya kwam kuthetha ukuba ndiyavuma ukuthatha inxaxheba koluphando.

Igama:………………………………. **Umhla:…………………**

Ukusayina:……………………………

Ukusayina lomzali:…………………..

Umhloli:…………………………… **Umhla:…………………**

Ukusayina:……………………………

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APPENDIX 4

SAMPLE OF PERSONAL DIARY

Focus Group Discussion- March 19th

Group 1- Xhosa, school attending, mixed genders

Setting: community hall office

Time: 16H30

This was my first focus group. There was a long waiting period for respondents to arrive. My interpreter went walking around to the houses she knew to try and find those who said they were coming. As we settled down to start there were a few interruptions as local residents wanted to come into the office to buy electricity even though it was after-hours. We closed the security gate to make it look like no one was inside and that helped.

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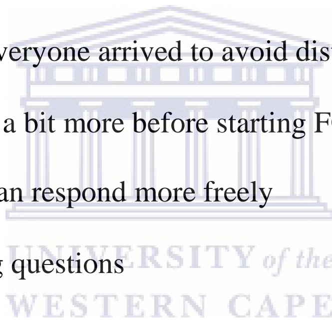
Unfortunately only 4 respondents turned up and this included only one boy - bit disappointing. Atmosphere to start with was a bit awkward, they seemed shy of me and although three of them could speak English quite well they were much more comfortable speaking Xhosa to the interpreter, gave her eye contact as they responded to questions more than me. They warmed up as the discussion progressed except the boy who remained shy and didn't say much unless discussion was directed specifically towards him and even then hardly spoke! I felt that this wasn't really a discussion; it was probably more like a question and answer session. I think that me not speaking the language played a role and I suppose cultural differences too. In a way it was a huge relief to have an interpreter because it seemed to take the pressure off me to keep the discussion going. I had time while I listened to the interpreter to gather my thoughts. I felt that I had to do a lot of prompting and I probably asked

quite a few leading questions too. One of the respondents answered my questions as if she was talking to a teacher and had rehearsed her answers- almost as if she was saying what she thought I might want to hear and not what she felt. She had a lot of information about everyone else's behaviour but didn't volunteer any personal information.

How to improve next FGD:

- Recruit more volunteers than you think you need
- Ask volunteers to come earlier than time anticipated to start to avoid such a late start
- Lock the door once everyone arrived to avoid disturbances
- Try and break the ice a bit more before starting FGD to get participants more relaxed so that they can respond more freely
- Try not to ask leading questions
- Be more relaxed myself and not so impatient for answers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