Alcohol Abuse among the Youths of the Northern Cape Province, South Africa

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Abstract:- Adolescent alcohol use is related to a variety of problem behaviors, including harmful alcohol use, drinking and driving, risky sex, and violence. The article explored the perspectives on alcohol drinking patterns, consequences, and risk factors contributing to drinking amongst the youth living in the Northern Cape Province of South Africa. Alcohol is one of the most commonly consumed substances in South Africa, despite the many health problems associated with excessive alcohol use. Young people's consumption of alcohol is an ongoing problem. Many young adults binge-drink alcohol excessively, with serious negative consequences thereafter. The study intends to realize the consequence causing alcoholism among adolescents in the Northern Cape Province in South Africa. Oualitative research method were adopted for the study. Adolescents between the ages of 14 and 35 who consume alcohol were the population of the study in the Cape Province. Participants Northern knowledgeable of the cultural lives of their reservation communities. Although there was an agreement regarding the pervasiveness of heavy drinking, participants reported different opinions about the meaning of alcohol and appropriate intervention strategies. Three dilemmas were identified, suggesting that community ambivalence may serve as a barrier to

Keywords:- Alcohol use, young adults, contributing factors and influences, youth alcohol abuse, adolescence, systematic review.

reducing problem drinking. Implications, limitations, and future research directions are discussed. The study

finding is lastly presented chronologically.

I. INTRODUCTION

Excessive alcohol consumption has adverse impacts on health and well-being (Rehm, Mathers, Popova, Thavorncharoensap, Teerawattananon, and Patra, 2009: 379). The harmful use of alcohol is a component cause of over 200 disease and injury conditions (Rehm, Baliunas, Borges, Graham, and Irving Kehoe, 2010: 817) and causes 5.3% of deaths worldwide (WHO, 2018). Alcohol use disorder is a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol or continuing to use alcohol even when it causes problems. This disorder also involves having to drink more to get the same effect or having withdrawal symptoms when you rapidly decrease or stop drinking. Alcohol use disorder includes a level of drinking that's sometimes called alcoholism. According to the National Drug Master Plan (NDMP), (2009:29), alcohol remains the primary substance of abuse in South Africa, between 7.5% and 31.5% of South Africans have an alcohol problem or are at risk of

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developing one (NDMP 2009-2011). The per capita consumption of alcohol in South Africa is 11 liters, the most in Africa. Underage Drinking Statistics. In 2019, about 24.6 percent of 14- to 15-year-olds reported having at least 1 drink. In 2019, 7.0 million young people ages 12 to 20 reported that they drank alcohol beyond "just a few sips" in the past month. According to Aware.org, 50% of teenagers in South Africa drink alcohol.

Alcohol use has serious challenges that continue to deprive adolescents of their normal child growth and development. Drinking is associated with dangers that fighting, crime, unintentional accidents, unprotected sex, violence and others. When young people abuse alcohol and illicit substances, they put themselves at several ways, including general like overdosing and becoming addicted. This is concerning because recent research shows that two-thirds of teens will have used alcohol before they graduate high school, and over one-third will have used another illicit drug (Johnston, Miech, O'Malley, Bachman, Schulenberg, & Patrick, 2021). According to Odgers, Caspi, Nagin, Piquero, Slutske, Milne, Dickson, Poulton, & Moffitt, (2008: 1037-1044), young people are more susceptible to social and environmental influences, such as peer pressure and social norms, and have poorer impulse control and decisionmaking abilities.

II. RESEARCH METHOD

In the article titled Northern Cape women's highest drinkers in SA (SABC news, 2018/11/18) it was reported that at least 6% of women in the Northern Cape have a drinking problem, which is at least double the national average. Women in the Northern Cape are some of the heaviest drinkers as compared to their counterparts in the rest of the country. This is according to Statistics South Africa's Demographic and Health Survey. At least 6% of women in the province show signs of problem drinking. This is at least double the national average. And 10% of Northern Cape women are more likely to binge drink, also double the national average. In another article titled alcohol abuse is rife in the Northern Cape (Health 24, 2015/07/20) the member of the executive council (MEC) of health Mxolisi Sokatsha told committee members thatfoetal alcohol spectrumdisorder is prevalent among farming communities in Upington and De Aar, and is even worse in Kimberley, with Galeshewe township recording rates of 11% per 1 000 young people.

III. THEORETICAL FRAME OF SOCIAL COGNITIVE BEHAVIORAL THEORY

The theory that underpinned the study was Social Cognitive Theory (SCT), which looked at how socioenvironmental and cognitive variables influenced young people's involvement in alcohol abuse. Cognitive behavioral theories explain alcoholism as a learned behavior that can be changed using the same behavior modification interventions employed to alter other learned behaviors (Kadden, Cooney, Getter, and Litt, 1989:279), Debvi, Khandelwal and Das (2017). The goal of social cognitive theory is to explain how people regulate their behavior through control and reinforcement in order to achieve goal-directed behavior that can be maintained over time. Social learning theory is increasingly cited as an essential component of sustainable natural resource management and the promotion of desirable behavioural change (Muro & Jeffrey, 2008). This theory is based on the idea that we learn from our interactions with others in a social context. Rather than passively absorbing knowledge from environmental inputs, the social cognitive theory argues that people actively influence their learning by interpreting the outcomes of their actions, which, in turn, affects their environments and personal factors, informing and altering subsequent behavior (Schunk, 2012).

IV. RISK FACTORS ASSOCIATED WITH ALCOHOL CONSUMPTION AMONG THE YOUTH

The participants identified peer pressure, "bad" company, curiosity, ideas of alcohol being a fashion or status symbol, enjoyment, getting relief from stress and household tensions, and addiction as some of the reasons for drinking: "The reasons why people drink are because it is in fashion a mode of reducing anxiety or relaxation, to reduce work pressure, to maintain status" (female, high SES, 39-58 years).

V. PEER PRESSURE FACTOR

Peer pressure can lead to alcohol abuse. It helps diminish a gene that prevents people from developing alcohol problems, per a study published in Alcoholism. Peers can encourage friends to use drugs and alcohol or tease them for being afraid to try them, which can lead to the initiation of drinking and drug use. There is a variety of problems related to alcohol that can have a devastating impact on individuals and their families and can significantly affect the community (Constantiatinescu and Constantiatinescu, 2012; Salanta, el al., 2016). Adolescents are greatly influenced by their peer groups, particularly the values of the society they are involved with during their developmental stage (Mei-Yu Yeh, 2006). Heavy alcohol consumption amongst youth impacts on individuals, education, and society: excessive drinking behavior amongst youth is linked to a range of alcohol-related problems, including injuries, unprotected sex, violence, car accidents, and health problems, resulting in a significant economic burden for health systems (Moreira et al., 2012; Guillén et al., 2015). This risky behavior with drugs and/or alcohol can result in the following:

- Accidents
- Addiction;
- Alcohol or drug poisoning;
- Asphyxiation
- Driving under the influence (of alcohol or other drugs);
- Overdose;
- Sexually transmitted diseases.

A. Behavioral risk factors

Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving. The study of personality focuses on two broad areas: One is understanding individual differences in particular personality characteristics, such as sociability or irritability. There are at least three behavioral indicators consistently associated with the alcohol drinking onset among adolescents: previous peer involvement in antisocial (particularly delinquent) behavior (Webb, Baer, & McLaughlin, 1991), peer academic performance (McGue, Iacono, & Legrand, 2001), and peer alcohol and drug abuse. Other behavioral Indicators include parenting patterns or behaviors like monitoring or control, knowledge and discipline (Romero & Ruiz, 2007), all of them associated with fewer psychosocial risks; type of parent-(parent attachment) and quality of relationship communication (with guiding purposes) among family members.

VI. RISKY SEXUAL BEHAVIOUR

Adolescence is a critical age in which people need to undergo sexual development (Blum and Mmari, 2004). Many health risks and complications secondary to unprotected sexual activity among adolescents have been documented by the World Health Organization (WHO, 2011, Chandra-Mouli, 2013), for which interventions should be implemented promptly. Adolescents are slightly at an increased level of vulnerability for different health conditions including sexually transmitted diseases when compared to the adult population (Nicholson, 2012). Risky sexual behavior is characterized by different hazardous behaviors such as premarital sex, multiple sexual partners, and unprotected sex. Such hazardous sexual behaviors are reported to end up with unpleasant health outcomes like HIV/AIDS, unwanted pregnancies, and unsafe abortions Alamrew, Bedimo, and Azage, 2013).

High-risk sexual behaviour include:

- Unprotected intercourse without male or female condom use.
- Unprotected mouth-to-genital contact.
- Starting sexual activity at a young age. The younger people are when they start having sex, the greater their risk is of getting genital herpes.
- Having multiple sex partners.
- Having a high-risk partner (one who has multiple sex partners or other risk factors).
- Having unprotected anal sex or a partner who does.
- Unprotected mouth-to-genital contact.
- Having unprotected anal sex.

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• Having sex with a partner who injects or has ever injected drugs.

VII. SOCIO-DEMOGRAPHIC RISK FACTORS

In the first category, we usually find variables such as gender, age, ethnic background, and socioeconomic status as potential risk factors for alcohol consumption onset. Information concerning many of these variables is derived primarily from descriptive epidemiology, using cross-sectional surveys that rely on aggregate analyses. Findings recommend careful interpretation of these indicators since isolated analysis could drive to limited conclusions. For example, studies intending to show differences between males and females concerning the initiation of alcohol drinking were statistically nonsignificant (Beck, Shattuck, Haynie, Davis, & Simons-Morton, 1999).

VIII. DISCUSSION

Alcoholism is linked to codependency in relationships as well as abusive behavior both verbally and physically. Deterioration in married or unmarried couples often stems from arguments, financial troubles, and acts of infidelity, or, worse, domestic violence. Alcohol consumption refers to the act of ingesting – typically orally – a beverage containing ethanol.

"So speaking about alcohol, as the brother said. It is for the nice times. It is enjoyable for the first time. The friends are together, we drinking, music is playing, T-shirts are taken off, the girls are dancing on the table – it is a fun time." [Translated] (Male participant, Mixed-group 1) It is true man. That feeling that they had the first time. So it gets you, and you spiral out of control." [Partially translated] (Male participant, mixed group 1).

Some social and cultural factors predict increased alcohol use, including discrimination and its related stigma. The role of discrimination and stress in health-related risk behaviors, including alcohol use, is well established (Dawson, Hahm, & Crutchfield-Peters, 2020). The harmful effects of alcohol misuse are far-reaching and range from accidents and injuries to disease and death, as well as consequences for family, friends, and the larger society. In the study, many young people was having different opinions on the use of alcohol. They use alcohol to address their lack of self-confidence and to cope and belong to a specific friendship group when under the influence they are freer to express themselves. Alcohol consumption varies across gender and race/ethnicity. Across the world, men consume more alcohol than women, and women in more developed countries drink more than women in developing countries (Rehm et al., 2009).

Psychopharmacological action varies from one individual to another. With biological markers, the recognition of differences in susceptibility to alcohol, such as a genetic predisposition to alcoholism, is attempted or indicators of abusive alcohol consumption are sought. Existing biological markers, however, are not yet specific for certain psychopharmacological actions sought by

patients in a self-medication process. Some cite I was under the influence as a result "I can't be blamed for it".

"I think young people look for a sense of identity from alcohol because when they are drunk it is whereby they are able to express themselves. They have low self-esteem when they are sober, and alcohol boosts their self-esteem to do whatever they want to do." (Female, participant, Mixed-group 3) "I feel like people use it as an excuse. Getting drunk-... like oh I was drunk so now I can just blame it on that." (Female participant, female group).

Some participants especially the young respondents state that drinking alcohol clearly has an important effect on their social behaviors, such as increased aggression, self-disclosure, sexual adventuresomeness, and so on. They respond to state that alcohol gives them a feeling of pleasure and makes them feel confident and powerful to face ladies socially.

"It's all - it gives you a confidence boost man." (Male participant, mixed group 1) "So when they are drunk whereby it's easy to communicate and make new friends or engage with certain people." (Female participant, Mixed-group 3) "When you drink alcohol, you are confident, and you get turned on so that leads to sex." (Male participant, Mixed-group 3).

"... you know the actions that we do out of alcohol, is the action we were longing in the mind but you don't have the courage to go and stand up and do something, and now when you take that alcohol and drink, its whereby you get that self-confidence to do it..." (Female participant, mixed-group 3).

Some male youth participants report that when under the influence you are brave to face anyone you had a quarrel with for a fight, and force a lady for sexual intercourse against her will.

"You lose your morals! Girls become - some girls become so ratchet hey! It's like liquid courage. If you have beef with somebody, you are more likely to act out on it You remember nothing of the night before."

"...if my judgment is not clouded I have a choice of who speak with or who I want to do what with. But, once I start drinking or smoking or whatever my judgment is clouded and it might get to the point where anything goes..."

IX. RECOMMENDATIONS

• Interventions for preventing underage drinking

The minimum drinking age laws should prohibit:

- ➤ Possession of and use of falsified or fraudulent identification to purchase or attempt to purchase alcoholic beverages.
- ➤ National government should require all sellers and servers of alcohol to complete state-approved training as a condition of employment.

- ➤ Provision of any alcohol to minors by adults, except to their children in their residences.
- Underage drinking in private clubs and establishments.
- ➤ Higher prices or taxes on alcoholic beverages are associated with lower levels of alcohol consumption and alcohol-related problems, especially among young people.
- South Africa to contemplate alcohol policy reform, and this study underscores the importance of these policies.
- Monitoring liquor outlets- The Police, liquor board, and other government departments to rigorous monitoring of heavy drinking environments (Parks, clubs, taverns) may also serve to establish baseline data to evaluate the effects of any future policy changes provincially.
- Future research should also focus on risk factors that may contribute to increased alcohol use and risky sexual behavior among the youth, such as psychological distress and sexual and racial discrimination.
- ➤ National Government should establish administrative procedures and noncriminal penalties, such as fines or community service, for alcohol infractions by minors.
- Make rehabilitation facilities available for teens involved with underage drinking to get help, and know that it's okay to ask for and get help.
- ➤ Work with State, Tribal, and local groups to reduce underage drinking.
- ➤ Encourage communities to change their attitudes about underage drinking.
- The police should routinely implement sobriety checkpoints.
- Local police, working with community leaders, should adopt and announce policies for detecting and terminating underage drinking parties.

X. CONCLUSION

South Africa (SA) is a hard-drinking country. It is reckoned that we consume in excess of 5 billion litres of alcohol annually; this figure is likely to be higher still if sorghum beer is included, and equates to 9 - 10 litres of pure alcohol per person. According to a World Health Organization (WHO) report released in 2011, this is among the highest per capita consumption rates in the world, and it is continuing to rise. In conclusion, this study has discovered that substance abuse does not start immediately when a person is involved in alcohol or drug use. Alcohol abuse is influenced by several factors which include social influence, economic influence, and family values. The instances of physical violence in the informal settlements have been mostly caused by people that are highly intoxicated. Alcohol abuse in many communities has become a daily lifestyle and it has been difficult to stop.

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