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**INYUVESI
YAKWAZULU-NATALI**

Alcohol use at Universities: A Case Study of Young Students in Durban

Masters Dissertation by

Akhona Presentia Bhengu

214554593

Supervisor: Professor Pranitha Maharaj

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School of Built Environment and Development Studies

DECLARATION

I, Akhona Bhengu, declare that:

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I would firstly like to thank God for helping me come this far, I will forever be grateful. Mama wami, Dumisile T. Bhengu, thank you for your sacrifices and your unconditional love and support. This dissertation is dedicated to you. I would also like to thank my entire family for believing in me and for giving me courage to always soldier on. My friends, thank you for being my motivation and for always giving me hope and assurance that I am more than capable to complete this dissertation, your love does not go unnoticed, I will forever cherish it. I also wish to acknowledge the unwavering support and guidance I got from my supervisor, Professor Pranitha Maharaj, thank you Prof for always being present and for your willingness to help me progress. Shanaaz Rademeyer, thank you for your assistance.

~Ngiswele imilomo engingakubonga ngayo, Your Holiness Nyazi Lwezulu~

Abstract

Alcohol use is a global concern because of the health risks it poses that contributes to the overall burden of disease. Alcohol use among young people, especially university students, is concerning and a major public health issue because of the increasing levels of use. Excessive alcohol use can affect a young individual's general health, emotional wellbeing, and their social development. There is a dearth of literature that focuses exclusively on the use of alcohol by male university students. This study aimed to fill this gap by providing insights into alcohol use by male university students by drawing on the qualitative research approach. In total, 20 semi-structured in-depth interviews were held with students at the University of KwaZulu-Natal. The findings of this study suggest that there is a high prevalence of alcohol use among the study sample. Students revealed that they first started using alcohol when they were at high school. In addition, the study revealed that individual, environmental and demographic factors contribute to alcohol use. Although students were aware of the adverse effects of alcohol use, they were also aware of and used various strategies to deal with these alcohol-related challenges. Similarly, the interviews suggest that male students had negative attitudes towards alcohol because of the bad experiences they encountered when they consumed alcohol. This study recommends that future research explores the factors that encourage and help students responsibly decrease alcohol use. Universities need to strengthen their responsibility to manage their students' drinking patterns. Student driven alcohol awareness and education programmes by universities is also recommended to prevent alcohol use at campuses.

Key words: alcohol use, university, male students,

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ALD	Alcohol Liver Diseases
AUDs	Alcohol Use Disorders
BAC	Blood Alcohol Concentration
DALYs	Disability-Adjusted Life Years
HIV	Human Immunodeficiency Virus
NSFAS	National Student Financial Aid
STI	Sexually Transmitted Infections
UKZN	University of KwaZulu-Natal
WHO	World Health Organization
YRBS	Youth Risk Behaviour Survey

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CHAPTER ONE: INTRODUCTION

1.1 Background to the study

Across the world alcohol is one of the most abused substances and poses a major public health concern because it contributes to a significant number of deaths and disability adjusted life years. Even though alcohol use affects the health of the population its use continues to increase globally, especially among the youth. Global alcohol use increased from the 1990s and in 2016 approximately 2.3 billion people aged 15 years and older used alcohol (Manthey, 2019). In 2016 approximately 45% of the total recorded alcohol use were spirits, and 34.3% was beer (WHO, 2018). Alcohol use is especially pronounced among young people. A cross-sectional survey of first year university students in Mexico revealed that 75% of males and 66% of females used alcohol (D'iaz-Martínez et al., 2008). Another study in the United Kingdom revealed that approximately 58% of students consumed more than four units of alcohol on a single occasion (Craigsa et al., 2021). Similarly, another survey in Mexico City showed that about 35% of male and 24% of female students engaged in binge drinking at least twice per year (Strunin et al., 2013). A study conducted in Kenya showed that approximately 52% of university students indulged in alcohol use and 98% reported alcohol related problems such as health issues, unprotected sex, and unplanned pregnancy (Govender et al., 2015).

There is higher prevalence of alcohol consumption in South Africa, with a consumption of 5 billion litres of alcohol annually, which equates to 9-10 litres of pure alcohol per person. This is partly because alcohol has become 60% more affordable in South Africa over the past 50 years (Van Walbeek and Blecher, 2014). In 2014-2015, 33.1% of the South African population reported alcohol use, where more males (47.7%) than females (20.2%) consumed alcohol (Vellios et al., 2018). Consequently, according to the World Health Organization (WHO) Global Status Report on Alcohol and Health, South Africa scored “4 out of 5 on a least risky to most risky patterns-of-drinking scale – the higher the score, the greater the alcohol-attributable burden of disease for the country,” (Seggie, 2012:587). Alcohol use in South Africa is high and problematic, as witnessed in the recent COVID-19 induced national disaster hard lockdown enforcement, whereby erratic looting of alcohol outlets in the country was reported (Cupido, 2021). The 1998 South African Demographic and Health Survey indicated that between 25% and 34% of people consume alcohol to intoxication, and at hazardous levels over weekends (Parry et al., 2005). In South Africa, “alcohol harm is the fourth most important risk factor for premature death among the 17 risk factors identified by the South African National

Burden of Disease Study,” (Vellios and van Walbeek, 2018:33). There is a contested academic and social debate that the alcohol industry is responsible for the detrimental consequences of alcohol use. However, the industry argues that it encourages responsible use of alcohol, rather than hazardous use (Alcohol Industry Association for Responsible Alcohol Use, 2017).

Studies suggest that many young people are experiencing the devastating consequences of alcohol abuse, especially when this occurs at younger ages (Kapustianskyi and Slipchenko, 2021) because they engage in hazardous or harmful drinking. WHO (2007) highlights three different categories of alcohol use along the range of safe to dangerous use, which are categorized as ‘hazardous’, ‘harmful’ and ‘dependent.’ (Parry et al., 2005). Hazardous alcohol use involves consuming more than 14 units (for women) and 21 units (for men) per week and this has adverse health outcomes for the user without having yet causing any alcohol-related harm: (1 unit is equal to 10mg of pure alcohol, a standard glass of wine equates to 2 units and one beer equates to 2 units) (Young and de Klerk, 2008). This category also includes binge drinking, which is rapid and excessive alcohol use over a short period of time (McAlaney and McMahon, 2007). On the other hand, harmful alcohol use causes physical or mental health outcomes for the drinker but does not meet the full clinical criteria of alcohol dependence (Young and de Klerk, 2008). Dependent alcohol use is characterized by moderate or severe reliance on alcohol whereby the user experiences craving for alcohol, uncontrollable alcohol use and physiological withdrawal symptoms when alcohol is not taken (Gill, 2002).

Excessive alcohol use is a concern because globally it is the third leading preventable risk factor burden of disease which has claimed 3.3 million lives (mostly those aged between 15 to 49 years), which is approximately 6% of all global deaths (WHO 2012). Alcohol use accounts for more male than female deaths. According to WHO (2014) 2.3 million alcohol related deaths were men, whilst 0.7 million deaths were women. This was also confirmed by the Global Burden of Disease report of 2017 which concluded that the burden of alcohol use disproportionately impacted young people and those living in poor countries (WHO, 2018). Globally, in 2016, approximately 2.8 million deaths (3.8% females and 12.2% males) and 131.6 million disability-adjusted life-years (DALYs) were linked to alcohol use (WHO, 2018; Shield et al., 2020). In addition, 13.5% of these deaths were among people aged 20–39 years (WHO, 2018). The three leading causes of deaths linked to alcohol use in 2016 were tuberculosis (1.4%), road accidents (1.2%) and self-harm (1.1%) (GBD Alcohol Collaborators, 2018). Similarly, in 2016, global statistics revealed that from the three million deaths, alcohol-related

mortality was higher than that caused by tuberculosis, HIV/AIDS, and diabetes. It accounted for about 5% of these fatalities, and 5.1% of disability-adjusted life years (WHO, 2019).

Data from South Africa indicates that in 2000, about 7% of all deaths were attributed to alcohol, which is significantly higher than the global average of about 6% (du Preez et al., 2016). This was earlier stated by the 2002 South Africa National Injury Mortality Surveillance System which found that approximately 46% of alcohol related deaths had significantly high blood alcohol concentrations (BAC) (Parry, 2005). Additionally, approximately 58% of deaths on South African roads is linked to alcohol consumption (South Africa Government, 2019). Despite the well-recognized negative impact associated with alcohol consumption among adults and youth in South Africa, where the legal age to purchase alcohol is 18 years, many university students persistently use alcohol (Nyandu and Ross, 2020). While alcohol use is a prevalent phenomenon for adults, its' prevalence among undergraduate university students results in great concern as it affects their psycho-social well-being, self-worth, and general self-efficacy. Binge drinking is one of the main challenges in the study of alcohol use, especially among teenagers and university students. Binge drinking is "a pattern of drinking alcohol that brings the blood alcohol concentration to 0.08% or above. For most male adults, this method of drinking refers to drinking five or more drinks, or females drinking four or more drinks in 2 hours. These dangerous drinking episodes are marked by lengthy periods of sobriety but is dangerous for the drinker as well as society," (Borsari, 2013: 333). In South Africa, data from five national surveys, revealed that binge drinking amongst youth aged 15-24 years rapidly increased from 29% to 31% (Chauke et al., 2014). About 20% of the study population at one South African university engaged in binge drinking (Nyandu and Ross, 2020). Despite these findings, a high proportion (78%) reported performing poorly on a test or exam due to alcohol consumption in the preceding 12 months (Nyandu and Ross, 2020).

1.2 Motivation for the study

Excessive alcohol use among young people, aged between 15- 29 years is a public health concern because of the impact that it has on health and educational outcomes (Lorant et al., 2013). In addition, alcohol use among students has been widely associated with poor academic output and antisocial behaviour (Singleton and Wolfson, 2009). University students frequently and dangerously use alcohol in comparison to their non-student peers (du Preez, 2016). This is supported by Chauke et al. (2017) who argued that alcohol use, is the root of social and health problems in many countries, South Africa included because of many factors associated

with demographic characteristics, availability of alcohol and neighborhood contexts. Different characteristics of the neighborhood's social environment, such as economic situations, social cohesion, and collective efficacy, are widely associated with adolescent alcohol use (Fagan et al., 2015). A neighborhood with high concentration of illegal operated liquor outlets entices young people to use alcohol. This is also the source of alcohol related violence (Chauke et al., 2017). Furthermore, Slutske et al. (2016) argue that adolescents in urban and rural areas have different patterns of alcohol use, mainly because of geographical and cultural differences that exist between these communities.

Several studies reveal that teenagers and young adults between the ages of 18 to 29 years in universities misuse alcohol (Dawson et al., 2004; Park et al., 2006). Young people, aged between 18-24 years, need developmental aptitudes to independence and self-sufficiency (Mahmoud et al., 2012). However, because of a lack of maturity, college students may use negative coping strategies, such as drinking alcohol to solve stressors (Changxiu and Xiaojun, 2014). There is a debate that most university campuses struggle with containing and controlling alcohol consumption by their students, since the age at which students first enter such institutions is an age of freedom and experimentation, where young people have the opportunity to test the limits previously set by parents and schools (Young and de Klerk, 2008). In the South African context, the current use of alcohol among various samples of adolescents assessed from 1993 to 2006 found a range of current alcohol use from 21.5% to 62%, likewise binge drinking ranged from 14% to 40%, while hazardous or harmful drinking was only assessed in one sample where 19% was found (Peltzer, 2011).

Chan et al. (2015) argued that there is high prevalence of alcohol use by youths living in rural and remote areas than those who live in urban areas. The high prevalence of alcohol use by youths in rural areas is attributed to the social norms associated with alcohol use (Chan et al., 2015). In 2002, the Youth Risk Behavior Survey (YRBS) which was conducted by the Medical Research Council had found that 23% of teenagers engaged in binge drinking and in 2008 the figure rose to 28.5% (SA Government, 2016). A 2011 YRBS in public schools also revealed that approximately 50% of students had used alcohol and about 25% had engaged in binge drinking in the 30 days before the survey, and 12% indicated that they started using alcohol before the age of 12 (Reddy et al., 2013). The estimates available highlights the concern of alcohol use among young people however, most of the available studies are quantitative and few are qualitative. Most studies on alcohol use amongst students use quantitative methods, which do not focus on self-reported personal experiences of students who take alcohol

(Govender et al., 2015). There is a dearth of qualitative studies that document the experiences and perspectives of undergraduate university male students. This qualitative study aims to shed insights into alcohol use by male university students by understanding the experiences of university undergraduate students in South Africa. The motivation behind understanding students' perspectives on alcohol is because it is mostly students who are responsible for their social upliftment, and most of them would not want to compromise their studies at the expense of alcohol.

The study also focuses on males only because statistics indicate that alcohol use is higher among males in comparison to females. The South African Demographic Household Survey conducted in 2016 indicates that the alcohol prevalence rate among men is 61%. More than 28% of these men revealed that they drank five or more alcohol units at least once in the month before the survey, and 16% showed signs of harmful drinking. These results were further corroborated by data from the SA National Income Dynamics Study, 2014-2015 which indicates that "48.2% of male drinkers reported binge drinking, while 32.4% of female drinkers reported binge drinking," (Vellios and van Walbeek, 2018:37). Thus, this study focuses on males only. According to Campbell and Alexander (2002) it is vital to explore men's drinking cultural motives to create culturally appropriate strategies. Males drink to express their masculinity, as a reflection of patriarchal and cultural meanings related to alcohol use (de Visser and Smith, 2007). Constructions of gender in alcohol use determines the desired context of drinking for males and females, for instance, when to drink alcohol (functions, anniversaries), where to drink (home, taverns, universities), what to drink (traditional beer, wines), who to drink with (friends, family), and how much (Fox and Marsh, 1998). According to Amit et al. (2013) culture is also central to alcohol use. The use of alcohol is associated with cultural identity (Arokiasamy, 1995).

1.3 Why focus on alcohol use in universities?

Universities play an integral role in preparing students academically, emotionally, and socially in preparation for entry into the workplace. However, Govender et al. (2015) argues that universities mostly prepare students academically and not socially. For instance, more focus is given to the completion of the curriculum, at the expense of dealing with social ills, such as alcohol use. Most university students, especially first years, explore their freedom and hence they indulge in alcohol (Govender et al., 2015). According to Viner and Barker (2005) there is a correlation between individual life experiences during teenage years and the direction of

their lives towards bad habits, such as smoking and alcohol use. This study focuses on the experiences of students in a university, where they are more likely to engage in harmful alcohol use behaviour. According to Amare and Getinet (2018:1), “alcohol is a psychoactive substance that leads to dependence and harmful drinking.” For the purpose of this study, alcohol use refers to beer drinking, including wine and opaque/traditional beer.

Experimenting with alcohol and peer pressure is usually common among adolescents, which culminates into behavioural problems (Glaser et al., 2010). In addition, the transition from high school to university is associated with some stressful experiences. Janse van Rensburg and Surujlal (2013) argue that this transition is associated with a sense of self-independence over their lifestyles and behaviour, especially towards alcohol use. Other researchers and theoretical frameworks of health outcomes highlight the impact of alcohol use on poor health outcomes and show how alcohol use contributes to an excessive health burden and the low college output (WHO, 2016). There is a link between alcohol availability, prevalence of alcohol use, and alcohol-related problems (South Africa Government, 2016). Alcohol-related health costs include the treatment of individuals with alcohol related disorders. For instance, a study in South Africa showed that alcohol abusers make up more than 50% of all patients in treatment for drug addiction, hence financial burden to the state (Plüddemann et al., 2009). Alcohol use directly and indirectly affects both the university and students. Problems with poor academic performance, dropouts, increased stress levels and other health related challenges, financial mismanagement, halted life plans and unmet dreams are some of the problems that many studies have observed as attributed to alcohol use among university students (Hammond et al., 2007).

In a study conducted in New Zealand among university students, findings revealed that there is a correlation between alcohol use and psychological outcomes, social and personality factors (Blank et al., 2016). Additionally, some studies highlight that there are purported benefits derived from alcohol use, which include general individual well-being, better life gratification, contentment, heightened temperament, stress reduction; increased pleasantness and social integration; and improved cognitive function and work-related outcomes (El-Guebaly, 2007). Similarly, Nyandu and Ross (2020) reported that 88% of students use alcohol for social reasons and enjoyment. Harmful alcohol use is detrimental to health and social functioning of the drinker resulting in medical complications and ultimately posing as a danger for those around them (Muskin, 2015). This is supported by a study conducted by Govender et al. (2015) in South Africa which revealed that the use of alcohol among first-year university students leads

to social and academic problems, such as high dropout rates. Therefore, the prevalence of alcohol use needs to be understood from the perspective of undergraduate university students.

1.4 Aim of the study

The overall aim of the study is to shed insights into alcohol use by male university students. The specific objectives of the study are:

- To explore the reasons for alcohol use amongst UKZN students at Howard campus
- To explore attitudes to alcohol use amongst UKZN students at Howard campus
- To understand coping mechanisms of UKZN students on alcohol use

To address the aims of the study there is an attempt to answer these key questions:

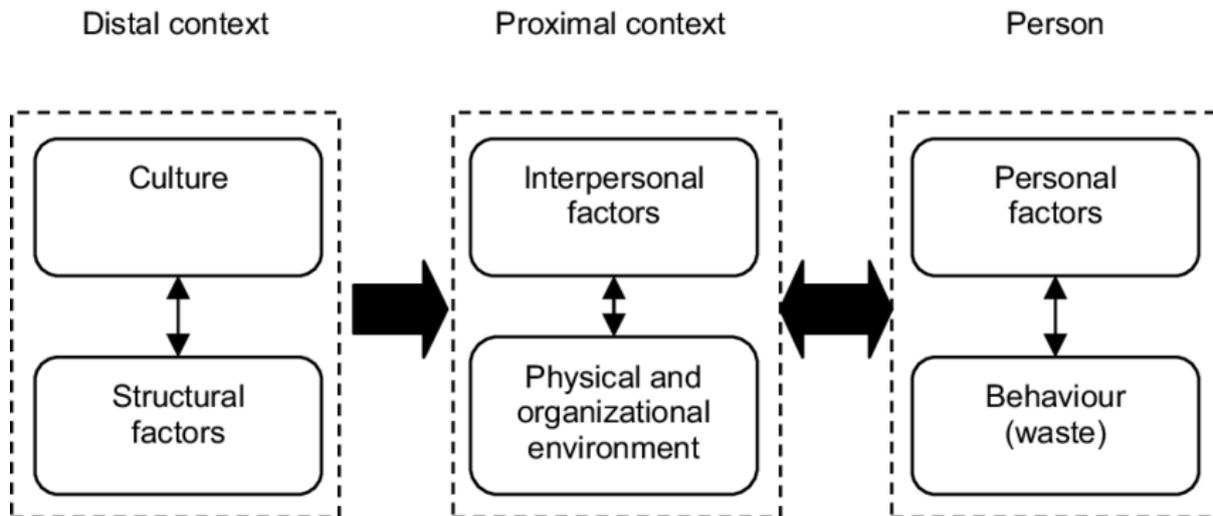
- Why do UKZN students at Howard College use alcohol?
- What are the attitudes of students towards alcohol?
- What are coping mechanisms UKZN students on alcohol use?

1.5 Theoretical Framework

This section explores the theoretical framework the study uses, which is the Eaton et al. (2002) model. This theoretical framework discusses sub-systems that assist in analyzing data. To date, the Eaton et al. (2002) theoretical model has been used to improve several health-related behaviours, such as risky sexual behaviour, which can also be borrowed for risky behaviours associated with alcohol use. The model helps to understand influences of alcohol use on risky behaviours, and how people and their immediate neighbourhood are influenced by broader social conditions (Eaton et al., 2003). To understand risky behaviours (sexual or alcohol related) it is imperative to explore the objective social, economic, environmental, and political factors, which are broadly classified into three levels: within the person, within the proximal context (interpersonal relationships and physical and organizational environment) and within the distal context (culture and structural factors) (Eaton et al., 2002). This perspective highlights that people are strongly influenced by interrelationships between individuals, families, and communities. In the personal context the model highlights that culture includes traditions, beliefs, values, and “societal norms (what other people think and feel, and whether the individual is motivated to comply with these perceived pressures) within subgroups and segments in the community,” (Eaton et al., 2003:150). It is therefore important to look at the

knowledge and beliefs the students have when it comes to alcohol consumption. On the same level, the model emphasises that structural factors have an influence on personal behaviour, hence should not be neglected when trying to understand alcohol related issues among students. Examples of structural factors include the legal, political, economic, or organisational elements of the population/country (Eaton et al., 2003). According to the framework, teenagers have well-developed beliefs about alcohol and its effects even before they have personal experience with drinking. A recent survey conducted by an alcohol industry group found that 73% of the public agreed that alcohol advertising is a major contributor to underage drinking (Joel and Lawrence, 1994). From seeing such adverts, teenagers believe that consuming alcohol is acceptable. This theory also mentions interpersonal factors. This is whereby a person is influenced by surrounding individuals to consume alcohol. Peer influence, including peer pressure and conforming to adult norms, has been found to be strongly associated with alcohol use among adolescents (Nash et al., 2005). The last part of this model is the distal context which includes aspects such as culture and structural factors (comparison between rural and urban areas and poverty) (Eaton et al., 2002). Figure 1.1 is the Eaton model, which presents a framework to shed insights into alcohol use by male university students, by highlighting alcohol use in relationship to individual behaviour, personal factors, and the proximal and distal contexts.

Figure 1. 1 Proximal-Distal model



Source: (Eaton et al. 2002)

The above mentioned three levels of the framework gives a logical platform to understand and interpret interdependent factors of alcohol use from the individual to families. This model was adopted in this study because it highlights the relationship between alcohol use on one side, and contextual factors, such as culture, environment, personalities and behaviour on the other hand. For instance, studies show that alcohol use vary from community to community, and from country to country, and between colleges (Lorant et al., 2013).

1.6 Organization of chapters

This dissertation consists of five chapters. The first chapter is the introduction, which discusses background to the study, motivation for the study, aim and objectives of the study, including the research questions. Chapter one also highlights the theoretical model that underpins the study. Chapter two reviews international and national literature on the reasons for alcohol use. Chapter three discusses the methodology used to address the study objectives. The study location, methods and instruments for data collection are discussed in chapter three. This chapter also discusses ethical considerations relevant to the study. Chapter four outlines the findings of the study elicited through in-depth interviews with college students who engage in alcohol use. The final chapter discusses the findings and looks at their importance and their implications for society. This conclusive chapter also gives recommendations emanating from the study.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Alcohol use is a social phenomenon that has been the subject of research in many countries. Amare and Getinet (2018) noted that the prevalence of alcohol use is significant among university students in many countries, including South Africa. According to Tse (2011) the prevalence of alcohol use was higher among university students in comparison to the general population. Alcohol use is mostly common among students aged between 13 and 29 years. Alcohol use among university and college students is a great societal concern, hence the need for better surveillance (Strunin et al., 2015). Moreover, there is a need to understand alcohol use from the perspective of university undergraduate male students. This chapter presents a review of literature on alcohol use amongst university students. The chapter focuses on the reasons behind alcohol use, the extent of use and the coping mechanism used by students. This chapter begins with a brief discussion of the context of alcohol.

2.2 Burden of alcohol use

Alcohol use, particularly bingeing, is a recognised risk factor for many health problems, and it contributes to the global burden of disease (Rehm 2011). This is also confirmed by earlier studies conducted internationally which revealed that individuals from lower socioeconomic status were mostly affected by alcohol-related challenges, such as suffering from a disease related to alcohol use (Makela, 1999). Alcohol use causes diseases, such as cancer, diabetes, neuropsychiatric diseases, heart disease, and unintentional and intentional injuries (Noronha et al., 2014; Asrani et al., 2019). Krieger (2001) posits that alcohol has been linked to complex factors ranging from individual-level (genetics) to population-level (cultural and societal factors) characteristics. Shield et al. (2020) used a comparative risk assessment research methodology to reveal that alcohol use is associated with long-term biological and social consequences as it is a major contributor to injuries, deaths, and the burden of diseases. However, WHO (2018) argue that the burden of alcohol use is determined by an individual's consumption rate and the pattern of drinking. "For females, the alcohol-attributable burden increased with age, while for males the burden increased until between 55–65 years of age, after which attributable burden decreased," (GBD, 2018:1023).

2.2.1 Alcohol-related morbidity

Alcohol use can lead to many health problems, including cardiovascular diseases such as hypertension, coronary heart disease and stroke (Piano, 2017). Findings from the analysis of 694 data sources of individual and population-level alcohol use, along with 592 studies on the risk of alcohol use revealed that, “alcohol use is a major risk factor for global disease burden and contributes to substantial health loss, leading to negative effects on organs and tissue, (GBD, 2018:1015). Furthermore, in 2016, the overall disease burden of alcohol use was 1.6% of total Disability-Adjusted Life Years (DALYs) among females and 6% among males (GBD, 2018). However, among the population aged 15 to 49 years, alcohol use caused 2.3% of attributable DALYs for females and 8.9% for males. Alcohol use contributes to alcohol use disorders (AUDs) and alcoholic liver disease (ALD), which are widely attributed to excessive alcohol use. In North America, among poor communities; AUDs and ALD conditions were linked to decreasing life expectancies (Case and Deaton, 2017). AUDs occur when there is alcohol dependence and harmful use of alcohol and it is linked to mental disorders (Rehm and Shield, 2019). According to WHO Global Health Estimates, AUDs disorders caused about 145 000 deaths (121 600 men and 24 000 women) in 2016 (World Health Organization, 2019). A study conducted by Rehm and Shield (2019) revealed that the prevalence of AUDs is five times higher in male than in female drinkers. The World Health Organization (WHO) Global Status Report on Alcohol and Health indicated a prevalence of 5.6% of alcohol use disorder among South African adults and adolescents (10% among males and 1.5% among females), and a prevalence of 2.4% for alcohol dependence (4.2% for males and 0.7% for females) (Morojele and Ramsomar, 2016). The UN Sustainable Development Goal 2030 recognized the negative impact of alcohol use, and it endorsed the health targets which strengthens the prevention and management of AUDs (United Nations, 2019).

2.2.2 Alcohol-related trauma

A study in Australia by Laslett et al. (2010) indicated that alcohol use causes trauma. Traffic injuries lead to hospitalisations, thereby straining the trauma units in hospitals. In addition, the study also found that alcohol use had negative effects on co-workers, household members, other relatives and friends, strangers, and on the community. During the COVID-19 hard lockdown in March 2020, the South African government banned alcohol, and argued that trauma units would be overwhelmed by alcohol related admissions (SA Department of Health, 2020), recognizing the negative effect of alcohol use. There was a decline in hospital admissions, and road accidents during the 2020 Easter holiday, mostly attributable to absence

of alcohol, because of the hard lockdown (SA Department of Transport, 2020; SA Department of Health, 2020). However, there were reports of home brewed and alcohol concussions, which led to fatalities (SA Department of Police, 2020; Daily News, 2020). Consumption of home brewed alcohol (commonly referred to as ‘moonshine’) is mostly attributed to health-related challenges. There are many reported fatal incidents as a result of home brewed alcohol, which may contain a deadly methanol substance (Van Wyk, 2021). Seventy-one people died in Mozambique (in 2015) after drinking home brewed alcohol (Cable News Network, 2015). There are many incidents in South Africa of reported deaths linked to home brewed alcohol.

“The alcohol ban across the country [because of COVID-19 lockdowns] led to people concocting their own brews.... Three more people have died in the Eastern Cape after drinking lethal home-brewed alcohol concoctions..... [and before that] ... During the first liquor ban, the number of deaths related to consumption of moonshine was at 16, in May 2020,” (Dayimani, 2021:1).

Adolescents who use alcohol at young ages expose themselves to unintentional injuries (Cambron et al., 2018). These injuries affect psychomotor abilities, intentional injuries with aggressive behaviour, including, homicides (Eckardt et al., 1998; Rehm et al., 2003). An individual experiences family disruption, poor social behaviours at formal establishments (such as workplace and universities), criminal convictions, and financial problems (Casswell and Thamarangsi, 2009; Klingemann and Gmel, 2001). A study by Adlaf et al. (2005) revealed that alcohol use was associated with accidents (drinking and driving), episodes of violence (including gender-based violence) and alcohol poisoning. Common adverse alcohol effects among students were “hangovers, memory loss, regrets, and missing classes as a result of hangovers.” (Böke et al., 2019:88). On the same note, a survey of 760 university students reported that they experienced hangovers and physical effects such as nausea and headaches after alcohol use episodes (Collins et al., 2014).

2.2.3 Alcohol-related violence and crime

Child abuse, domestic and gender-based violence are attributed to alcohol use (Laslett et al., 2010). “Alcohol-related violence involves an interaction of the effects of alcohol on one or more people, the environment and the personality of the drinker,” (Graham et al., 1998), cited in (Rehm et al., 2005:1072). Several studies on violence repeatedly revealed that there is a link between alcohol use, violent crime, and the amount of alcohol intake (Graham and West, 2001; Rehm et al., 2004). Similarly, Peterson, et al. (1990) argued that alcohol impairs cognitive

functioning, consequently affecting the problem solving, tolerance and emotional capacity of an individual. In addition, Rossow et al. (2001) posits that the effect of alcohol is either influenced by the environment and the traits of the drinker. For instance, a study by Ito et al. (1996) found that the effects of alcohol were more prevalent in communities characterized by conflict and anger. Ultimately, violence and crime, such as murder and sexual harassment lead to imprisonment. There is a link between alcohol-related violence and hazardous alcohol use. A study in South Africa found that 65% of social contact crimes, such as murder, attempted murder, rape, and assault, are committed in the context of alcohol abuse (Regan, 2017). Furthermore, in South Africa, alcohol related homicide and violence, alcohol-related traffic accidents, alcohol-related disorders and fetal alcohol syndrome were responsible for 7.1% of all deaths and 7% of disability-adjusted life-years (DALYS) lost (Schneider et al., 2007). In South Africa, the issue of violent crime attributed to alcohol is on the rise (Department of Police, 2020). The country's statistics on violent crimes for 2020 showed that alcohol use was the main causal element (SA Department of Police, 2020). A study by Parry (2005) showed that people who were arrested by police for violent crime confessed that they were under the influence of alcohol when they were arrested. The study involved 1050 arrestees in police holding cells in three South African metropolitan cities of Johannesburg, Cape Town, and Durban. Another national survey conducted in South African prisons in 1996 found that 42.4% of incarcerated prisoners reported drinking at hazardous levels prior to or at the time of their most recent offence (Peltzer and Ramlagan, 2009). Approximately 25% of them were serving weapon related sentences, 22% of rapes, 17% of murders, 14% of assault cases and 10% of robberies (Peltzer and Ramlagan, 2009). Similarly, the same study revealed that high alcohol content was high for persons injured as a result of violence (Peltzer and Ramlagan, 2009).

2.2.4 Alcohol-related economic costs

Alcohol related economic costs have direct or indirect impacts and consequences such as hospitalisations, loss of productivity, damages to properties, accidents, deaths, attributable to excessive alcohol use (Bouchery et al., 2011). According to Harwood, et al. (1998) direct costs are value of goods and services used to address the harmful effects of alcohol use, while indirect costs are personal productive services that are affected due to the adverse effects of excessive alcohol use. Additionally, Sangamithra and Shanmugapriyaa (2016) argue that the price paid to consume alcohol does not match the price borne by society. Therefore, society bears more alcohol related costs, which have a negative impact on the socio-economic status of individuals,

families, communities and countries. These costs are borne by many other people than those who excessively use alcohol (Matzopoulos et al., 2014). The families of individuals who excessively use alcohol bear the direct economic costs. Similarly, the government, insurance companies and crime victims are not spared. For instance, in 2006, the alcohol related economic cost to the United State (US) government was \$94.2 billion, accounting for 42.1% of the total cost. In addition, the estimated economic cost of alcohol abuse “was \$223.5 billion in 2006 (72.2% from lost productivity, 11% from healthcare costs, 9.4% from costs, and 7.5% from other factors” (Bouchery et al., 2011: 516). Similarly, binge drinking accounted for 76.4% of the total costs, while “underage drinking \$27 billion; and drinking while pregnant \$5.2 billion.” In addition, the cost of alcohol-related crime stood at \$73.3 billion (Bouchery et al., 2011). In South Africa, the direct financial cost of excessive alcohol was R37.9 billion in 2009, accounting for 1.6% of the gross domestic product (Matzopoulos et al., 2014).

The economic burden of alcohol use goes beyond declining performance and productivity but can affect other areas of an employee’s life. Venter (2010) observed that individuals’ finances and relationships can be negatively impacted. Studies revealed that alcohol use, and in particular heavy drinking, increases social and economic costs to both the country (including employers) and the individuals (including families), thereby negatively affecting productivity (Anderson, 2012). A study revealed that almost 6 million workers in USA bring their alcohol-related problems to workplaces (Jacobs and Schain, 2010). For instance, these misconducts included early arrival at work, and early departures from work, causing culprits to lose financial compensations, and in some instances, losing their jobs. Similarly, recent studies in the European Union showed that excessive alcohol use in workplaces is associated with higher turnover due to alcohol related deaths or injuries, theft and other crimes; strained co-worker relationships (Hensing et al., 2011). Similarly, students miss academic lectures due to alcohol, which may contribute to failures or low performances. A study by Parry (2005) showed that there was a relationship between alcohol use and student absenteeism and student failure rates. A sample of Grade 8 and 11 students in Cape Town, South Africa, revealed that students who use alcohol were regularly absent from school, and as a result, they failed their examinations, thus forcing them to repeat a grade, hence they were a financial burden to parents or guardians (Parry, 2005).

2.2.5 Alcohol use and HIV/AIDS

Alcohol use is associated with risky sexual behaviours that are linked to HIV and other sexually transmitted infections (STI) (Kalichman et al., 2007). Studies conducted have shown that alcohol use is related to sexual risks in many communities, especially among those with the highest prevalence of HIV infections (Weinhardt and Carey, 2001). Studies reveal that in developing countries, HIV infections disproportionately affects the youth, particularly in developing countries (Binagwaho et al., 2012; Pettifor et al., 2013). South Africa has the highest number of people living with HIV/AIDS in the world, standing at approximately 20% of the adult population aged 15 to 49 years (UNAIDS, 2018; Zanoni et al., 2016). This accounts for at least 33% of infections in SADC. Furthermore, many studies have explored the role of alcohol in the spread of HIV in South Africa (Muula, 2008). However, there is a contextual relationship between alcohol use and HIV/AIDS mainly because excessive alcohol increases vulnerability among men and women living within urban areas. Daniels et al. (2018) argues that excessive alcohol use lowers a person's perceived risk for acquiring sexually transmitted diseases, such as HIV/AIDS. In addition, there are different immune suppressive consequences of alcohol use on HIV positive people, such as malnutrition. A study conducted in Johannesburg, South Africa by Bello et al. (2017) showed that there was a link between excessive alcohol use and risky sexual behaviour. Resultantly, men and women who excessively use alcohol engage in transactional sex, which consequently contributes to risky sexual behaviours such as condom-less sex (Dunkle et al., 2007). In addition, the study found that alcohol use in men was associated with gender-based violence and sexual abuse, as they would use physical force to have sex (Bello et al., 2017). Similarly, excessive alcohol use by men who have sex with men (MSM) has also been associated with increased sexually transmitted diseases and HIV/AIDS and other risky sexual behaviours (Kim et al., 2016). In their study of MSM in rural South Africa, Daniels et al. (2018) showed that participants used alcohol to socialize and for sexual pleasure.

Excessive alcohol use and HIV/AIDS are common in different populations, including South Africa. There are approximately 7.7 million HIV positive in South Africa, and this include 19% of people aged between 15-49 years (Avert, 2019). According to Vellios and Van Walbeek (2017), 33.1% of the South African population consume alcohol. As such, alcohol use and HIV/AIDS infection are major public health issues, especially if both coexist in the same person. Alcohol use can negatively affect an HIV positive individual, as alcohol consumption weakens the immune system and damages the liver (Hilliard, 2021). Similarly, alcohol use is

widely associated with risky sexual behaviours that may increase the chance of getting HIV or transmitting it to others. There are a significant number of HIV-infected people who also excessively use alcohol. Several studies showed that there is a link between alcohol use and risky sexual behaviour, such as having unprotected sex with multiple or unfamiliar partners (Nelson and Bagby, 2011). Studies indicate that, alcohol consumption is common in communities with high prevalence of HIV/AIDS (Baum et al., 2010). Unfortunately, alcohol affects the immune system through alcohol-related burdens, such as alcohol-induced malnutrition and diseases, causing high susceptibility to opportunistic infections (Baum et al. 2010). Alcohol consumption and intoxication can lead people to engage in unsafe sex thus indicating that there is some causal relationship between alcohol use and HIV infection (George et al., 2009). Alcohol use has a detrimental impact on the course of effective HIV antiretroviral treatment, such as taking medication regularly (Pandrea et al., 2010). There is a strong link between alcohol use frequency, quantities consumed and problem drinking on one side, and the number of sexual relationships a person has had sex with that would later regret (Morojele et al., 2004a). On the same note, a 2005 South African National HIV Prevalence, Behaviour and Communication Survey (SABSSM II) had found that HIV positive alcohol users were found to be more frequently hazardous and binge drinkers than HIV negative individuals (Peltzer and Ramlagan, 2009). This is further supported by Trangenstein et al. (2018) who reported that in 2015, alcohol use was attributed to increasing incidents of sexually transmitted infections.

2.3 Impact of alcohol use

A study in Colombia by Castaño-Perez and Calderon-Vallejo (2014:739) showed that in general, “students who consume large quantities of alcohol are more likely to engage in risk behaviours than those who do not”. The adverse impact of alcohol consumption in young people are different from those in adults (Stueve and O'Donnell, 2005). In young people, excessive alcohol use affects the relationship with family, friends, and teaching staff, and contributes to poor academic performance. Similarly, alcohol use among students causes aggression, crime, public disorder, and high-risk behaviours, such as driving after alcohol consumption, as well as unprotected sexual activities, resulting in unintended pregnancy and sexually transmitted diseases, such as HIV/AIDS (Stueve and O'Donnell, 2005).

Excessive alcohol use has been associated with arrange of social and economic problems in many developing countries, such as South Africa, hence alcohol use has a negative impact on

individuals, families and the country (Monteiro, 2001). In the context of South Africa, the former Minister of Social Development (Ms. Bathabile Dlamini) voiced her concern when she stated that "the emotional and psychological impacts on families, the high levels of crime and other social ills have left many communities under siege by the sale of alcohol and drugs" (South Africa Government, 2013:2).

The burden of alcohol use among college students includes missing lesson and poor academic performance, accidents, sexual assaults, overdoses, memory blackouts, changes in brain function, lingering cognitive deficits, and death (White and Hingson, 2013). The COVID-19 pandemic caused major disruptions in 2020, which also affected the higher education sector. On 18 March 2020, as part of its COVID-19 Disaster Management Strategy, the South African government announced and implemented alcohol restriction, including limitations on the sale, distribution, and transportation of liquor (Rehm et al., 2020). It also, included restrictions on-site consumption of alcohol, restrictions on liquor trading hours (SA Government, 2020). According to the South African Government (2020) alcohol ban was attributed to the decline in accidents and assaults thereby availing space for much-needed hospital beds for COVID-19 patients. Colleges and universities shut down, and they studied remotely, likely causing stress amongst students (Patrick and Terry-McElrath, 2017). High levels of stress are linked to increased alcohol use (Johnson et al., 2013). However, there is little evidence regarding the extent of alcohol use by student as a result of the Covid-19 lockdown.

The prevention of early initiation of alcohol use is a vital decision in improving the health of adolescents and young adult's health (Catalano et al., 2012). Earlier studies in the USA showed that early intervention of alcohol use significantly reduced the phenomenon of alcohol misuse, abuse, and dependence by youth in their adulthood (Guttmanova et al., 2011).

2.4 Factors that encourage alcohol use

To develop an understanding of alcohol use, it is important to identify individual and structural factors that cause individuals to initiate alcohol use. In this section the researcher explores the relationship between alcohol use, peer pressure, demographic characteristics, social identity, neighborhood, and the media. This is to understand the causal links and examine the reasons why university students consume alcohol. Consequently, the section will view the extent of the issue of alcohol use in universities.

Studies indicate that alcohol use among students varies from country to country, and between colleges or universities. For instance, alcohol use in the USA colleges is different because of various social contextual factors such as, “reduced parental control, increased social homogeneity, wide availability of alcohol-related social activities such as pre-partying and student folklore (traditional, extra-curricular, and generally recreational activities managed by student organizations)” (Lorant et al., 2013:2). It is important to explore the socio-economic dynamics associated with alcohol use among students in order to design effective prevention strategies (Jaccard and Levitz, 2015). Alcohol use should be explored in the context of different variables such as neighborhood, family, and media (Riley et al., 2018). Studies have established that there are several contextual factors associated with alcohol use among university students (Brandão et al., 2011; Newbury-Birch et al., 2000). Some of these factors include demographic characteristics such as age, gender, religion, and socio-economic status including income and schooling; lifestyle factors such as personal health, extent of physical activity, nutrition and perceived quality of life, engagement in social activities and study related stress as well as alcohol consumption by parents; type of family relationships; pressure from peers; and stress in the educational environment (Pourmohammadi and Jalilvand, 2019:524).

Many qualitative studies have presented different motives for alcohol use. Cooper (1994) used a motivational model to confirm that adolescents and youths drink for four main reasons, namely social motives, coping motives, conformity motives and enhancement motives. Social reasons are externally generated positive motives which include alcohol use to attain certain social goals such as to enjoy social gatherings. Many studies indicate that social motives are mostly attributed to alcohol use among young adults, thus revealing that social motives are relatively ‘healthy’ and they give a ‘protective set of reasons for drinking (du Preez et al., 2016). Secondly, coping reasons for alcohol use are internally derived negative reinforcement motives such as drinking to deal with negative affective conditions such as anxiety and depression (Cooper 1994). A study by Kuntsche et al. (2006) revealed that coping motives have been linked to alcohol related problems. Conformity motives are externally produced negative reinforcement reasons such as using alcohol not to feel left out of a group. This was further elaborated by Riordan et al. (2015) when they explored the phenomenon of fear of missing out (FoMO). Fear of missing out is “the uneasy and often all-consuming sense that friends or others are having rewarding experiences from which one is absent,” (Riordan et al. 2015:2055). FoMO is evident when an individual wishes to always be socially connected and lack of that leads to social anxiety contributing to moodiness and low life satisfaction (Riordan et al., 2015).

A study by LaBrie et al. (2007) revealed that individuals who exhibit more FoMO heavily rely on social media such as Facebook and WhatsApp and this may expose them to many social events involving alcohol. An individual with an enhanced FoMO show greater conformity to alcohol use, such as drinking beer for the purpose of being liked by friends (LaBrie et al., 2007). A descriptive quantitative study in New Zealand by LaBrie et al. 2007, found that conformity to join social gatherings exposes individuals to risky social circumstances (Riordan et al., 2015). This is also confirmed by Lorant et al. (2013) who observed that students use alcohol for the reason of social gathering and as a way of socializing.

In a study in South Africa, Du Preez et al. (2016) presented nine motives why university students use alcohol. Their quantitative results confirmed that, “media consumption patterns, reference groups, culture, social drinking norms, socio-demographic indicators, alcohol knowledge, attitudes toward alcohol, alcohol outcome expectancies, and drinking motives contribute to alcohol use” (Du Preez et al., 2016:75). However, du Preez et al. (2016) argue that other reasons for alcohol use are emerging with new studies in differing contexts. This is equally true, especially on the new normal on alcohol use as a result of COVID-19, which places alcohol as one of the catalysts in the spread of the pandemic (WHO, 2019). WHO (2004) also highlights that the availability of alcohol under different circumstances, such as alcoholic families or communities, parental permissiveness, poverty, and peer pressure fuels teenage alcohol use. This is supported by other studies (Kuntsche et al., 2005; Read et al., 2003) which listed three main reasons why young people use alcohol, which are enhancement, social, and coping motives mainly influenced by social context and social influences. Different studies have indicated that university students tend to use alcohol during social gatherings in the spirit of social interaction and high level of alcohol abuse was prevalent among students living in the campus residences with high density of roommates (Lorant et al., 2013; Kuntsche et al., 2010; Labrie et al., 2007). In confirming this argument, Riordan et al. (2015:2055) also wrote that membership in sorority or fraternity groups, density of local alcohol outlets, participation in large social events, and past use of alcohol are some reasons why most youths use alcohol.

In addition, some of the most prevalent and important social mechanisms related to alcohol use among students are interpersonal relationships (peer pressure), demographic profile (socio-economic status, gender), community and neighborhood, identity exploration, family status, smoking tobacco, and the influence of media.

2.4.1 Peer pressure

Peer pressure, defined by Clasen and Brown (1985) as the social pressure to act along certain peer prescribed norms is widely associated with alcohol use. According to Wechsler, Lee, Kuo and Lee (2000) studies indicate that four out of five college students consume alcohol. This is because young adults between 18 and 30 years of age engage in role exploration, have high accessibility of alcohol and high acceptance of addictive behaviours (Arnett, 2000). Therefore, there is a higher likelihood that college peers who drink tend to be more accommodating of alcohol use (Johnson, 1989). According to Bandura behavioral theory, peer pressure plays a role in the socialization of adolescents and younger adults as it highlights the perceived norms (Bandura, 1977; Clasen and Brown, 1985). Many studies have identified peer pressure as the main factor for excessive alcohol use by college students (Borsari and Carey, 2001). Interpersonal relationships and peer environment contribute to alcohol use through overt offers, modeling, and perceived norms (Borsari and Carey, 2001). Overt offers of alcohol is whereby friends extend kind gestures and invitation to drink alcohol. In addition, peer pressure also occurs through modelling, whereby a person's behaviour relates to another person's concurrent drinking pattern. Perceived social norms involve the perception that excessive alcohol use is common and acceptable to human life (Borsari and Carey, 2001). Alcohol use is closely linked to the drinking behaviour of peers (Simons-Morton, Haynie, Crump et al., 2001). Therefore, peer influence determines the willingness to drink alcohol.

Clasen and Brown (1985), cited in Studer et al. (2014), identified five categories of peer pressure, which are peer involvement, which entails young adults engage in social activities, for instance, attending functions with others. The second category is called misconduct, which is characterized by use of alcohol and engagement in unsafe sex. The third category of peer pressure is peer conformity, followed by involvement in school, and lastly, involvement with family. Additionally, Studer et al. (2014) highlights that there is direct and indirect peer pressure. Direct peer pressure involves explicit invitations to alcohol use, for instance, offering a friend alcohol or encouraging him to drink (Borsari and Carey, 2001). On the other hand, indirect peer pressure includes beliefs associated with alcohol use which in turn dictates drinking behaviours. A study by Bahr et al. (2005) revealed that peer pressure contributes to the development and continuation of alcohol use during early adulthood.

Borsari and Carey (2001) argue that college life is dominated by peer pressure mainly because of a pronounced shift in influence from parents or guardians to newly acquired friends during college. A study in Greece acknowledged that leaving the home environment for higher education increases the exposure to alcohol use because of more socially permissive norms around drinking (Sudhinaraset et al., 2016). However, Varvil-Weld et al. (2014) argue that protective parental influences mitigated the negative impact of peer influences among Latino college students. For instance, a present father may discuss alcohol prevalence challenges with his son.

Similarly, friends become increasingly central to one's social life, thus one becomes relatively independent of parental social management (Brown et al., 1997). For instance, young adults, especially those graduating from high school to university, will create new social network for behaviour change, support, and intimacy (Paul and Kelleher, 1995). The new social network may include new social ties, such as friendship and the new behaviour could be any changing actor's characteristic, such as, alcohol use (Jaccard and Levitz, 2015). In addition, students may use alcohol frequently to adopt a new identity as well as creating a sense of belief of freedom from parental control (Maggs, 1997). Borsari and Carey (2001) further highlights that alcohol use is regarded as part of college culture by students. It is available at most social functions and is part of many peer interactions (Thombs, 1999). Most students believe that drinking alcohol at college is fashionable, hence they drink excessively (Johnston et al., 2000).

Studies about drinking motives postulate that individuals drink to get certain valued outcomes (Kuntsche et al., 2006). According to du Preez (2016:77) "the motivation to drink is further regarded as one of the most important – if not the most important – antecedents of drinking behaviour and reflects both personal and environmental influences on alcohol use."

2.4.2 Demographic characteristics

To develop an understanding on the social mechanisms associated with alcohol use, it is essential first to explore the nature and the trend of alcohol use within given cultural, religion, ethnicity, age, gender, family, financial and marital contexts (Trangenstein et al., 2018). A study conducted in Zimbabwe among the Shona ethnic group revealed that higher alcohol use was often related to being male, older, not married, more highly educated (Cubbins et al., 2012:333). Cultural norms and beliefs are strong predictors of both alcohol use among different communities (Sudhinaraset et al., 2016). Beer (*utshwala*), especially umqombothi (Traditional

Zulu Beer) is central to the social culture of the Zulu people (Eshowe, 2020). A study conducted by Mvune, Bhana and Mayeza (2019:147), revealed that the IsiZulu traditional gathering, the “*inkwari* (a weekend-long rave-like party) is based on partying, alcohol, drug use and engagement in spontaneous sexual encounters.” Many studies revealed that there is an association between socioeconomic, demographic factors and drinking behaviour, particularly among the youth and young adults (Lu et al., 2015). These factors include educational attainment, income, employment, health, housing, living environment, and crime (Jones and Sumnall, 2016). Other studies found that alcohol use by university students is attributed to demographic profile (gender and age), family socio-economic status (income and parent educational level), lifestyle (subjective health, nutritional awareness), perceived quality of life, socialisation and university-related stress (Karam et al., 2007; Bewick et al., 2008).

Other demographic factors that influence alcohol use include the year of study, marital status, family's economic status and the living arrangements (Boitt et al., 2016). There was a link between alcohol abuse and marital status in a study conducted by Boitt et al. (2016), which highlighted that married students tend to abuse alcohol more than unmarried students mainly because of the influence of their spouses. These findings were collaborated by Gezahegn and Mitiku (2014) whose cross-sectional study found that married students at one of the Ethiopian universities were more likely to use alcohol than their unmarried counterparts. In addition, the same study revealed that there is a significant link between alcohol use and the student's family economic status. Students from middle income families associated alcohol use as an instrument defining their status and life achievements. This was earlier confirmed by Karama, Kypros and Salamoun (2007) who argued that alcohol abuse was more prevalent among students from high socioeconomic backgrounds. Findings from a study by Lu et al. (2015) in Chinese high schools also showed that individuals from higher socio-economic status frequently use alcohol because they are more likely to be financially stable to buy alcohol in pubs and parties. However, Poonawalla et al. (2014) argue that adolescents who experience a downward socio-economic mobility during childhood stage would use alcohol more regularly. A study in Australia by Liang and Chikritzhs (2012) showed that divorced, unmarried and separated individuals were likely to consume alcohol at higher levels than married people. This was attributed to poor mental health status that is mainly evident in unmarried or divorced individuals.

There are other demographic components that determine the degree of intoxication. These include gender differences, body mass, genetics, metabolism, and race/ethnicity (Alcohol Pharmacology Education Partnership, 2020). Females “drink less and reach intoxication at a lower rate of alcohol consumption than men because fewer alcohol dehydrogenase enzymes are available to help break down the alcohol” (Amit et al. 2012:392). Similarly, Schulte et al. (2009) posited that physiological factors (genetic risk and neurological abnormalities and social factors (personality) manifest differently based on gender, as boys begin to manifest a constellation of factors that expose them to increased risk for disruptive drinking. In a clinical study about drug use based on gender, males demonstrated considerably higher alcohol use than females (Riley et al., 2018).

2.4.3 Sensation seeking

Drinking for pleasure explains alcohol use patterns and can be used by researchers to explore alcohol prevention and intervention strategies (Young et al., 2006). It can also be used to explore the associations between drinking initiation from alcohol use to alcohol abuse. According to du Preez et al. (2016), there are two categories of alcohol outcome expectancies, which are positive expectancies and negative expectancies. The former refers to the conviction that alcohol use enhances sociability and confidence, and on the other side, alcohol use suppresses affective distress. Positive alcohol outcome expectancies often lead to alcohol use and heavy drinking, (du Preez et al., 2016). A study by Riordan et al. (2015) showed that university students used alcohol to socialize with peers. On the other hand, negative alcohol expectancies are prevalent when one increases alcohol consumption rather than decrease consumption Baumeister and Kraus (2010). Many studies of alcohol use amongst the youth found that alcohol outcome expectancies determine one’s drinking patterns (Stacy, Newcomb and Bentler, 1991). Social alcohol expectancies are most common among university students, and these explains the most salient reasons for their drinking outcomes (du Preez, 2016; Young et al., 2006). This confirms that alcohol outcome expectancies are a major factor influencing alcohol use individuals.

2.4.4 Social enhancement

According to Cooper (1994) enhancement motives are internally produced positive reinforcement motives whereby an individual drinks to enhance a feeling of excitement, thus creating a false sense of tension reduction. Rhodes and Trew (2010) argued that enhancement

motives are linked to high alcohol consumption, thus causing heavy drinking. Individuals sometimes drink because of unpleasant or pleasant experiences, based on the notion that alcohol use is a coping and mood enhancement activity (Grant and Stewart, 2007). This is affirmed in a study on the relationships between alcohol outcome expectancies, drinking motives, and drinking behaviour among a sample of university students in South Africa by du Preeze et al. (2016) which showed that students mainly drink for social and enhancement motives. Hasking et al. (2011) argue that a student who is not self-confident in social situations is likely motivated by social and enhancement motives for drinking. In most cases a shy student who finds himself in a social situation and needs confidence to strengthen his enjoyment of social interaction, is most likely tempted to use alcohol (du Preeze, 2016). Similarly, a study conducted by Lorant et al. (2013) indicated that most college students engage in pre-partying, which is the consumption of alcohol with friends while preparing to go out for an occasion. Pre-partying enhances sociability and conviviality, especially when meeting new people at a function (Pedersen and Labrie, 2007).

Teenage and youth experiences offer deceiving opportunities to experiment with one's identity, interests, and relationships. Identity reveals one's adaptation to the socio-economic and cultural environments they live in and by which they define themselves (Govender et al., 2015). In addition, Riordan and Carey (2019:34) observed that students may find themselves in a new environment that provides more freedom and independence often craved during high school. As a result, at the beginning of a university studentship, students may develop a new university identity to replace their high school identity (Riordan and Carey, 2019). They use alcohol to enhance, "exploration, to cope with identity confusion, or as part of their university identity," (Riordan and Carey, 2019:35). This is because young adults have a poor sense of self as they want to fit in with their friends. Seaman, Ikeguonu and Young (2010) believe that such poor identity results in cognitive dissonance especially on own identity which ends up not matching their actual behaviour, thereby causing mental health problems such as stress and anxiety. There is a correlation between self-confidence and identity on one side, and poverty and lack of other resources on the other side, which determines one's drinking pattern (Pengpid et al., 2013). On the same note, a quantitative study in Kenya by Ndengwa et al. (2017) revealed that there is a relationship between year of study and alcohol use. The study indicated that there was higher alcohol use amongst second (31%) and third year students (39%), than first (11%) and fourth year students (19%).

2.4.5 Neighbourhood context

People living in poor communities are more likely to engage in risky drinking behaviours than those living in affluent neighborhoods (Bellis et al., 2016). There is a link between religiosity neighborhood socioeconomic characteristics and alcohol use (Jones and Sumnall, 2016). Individuals with high religiosity were less likely to engage in alcohol use because spirituality can influence, mitigate and promote resilience to risky behaviours, such as excessive alcohol use, thereby enhancing healthy wellbeing (Francis et al., 2019). Alcohol prevalence is generally lower in Muslim neighborhoods (including countries) than in non-Muslim ones due to the prohibition of alcohol consumption in Islamic religion (Abu-Ras, Ahmed and Arfken, 2010). Resultantly, the pattern of alcohol use in these neighborhoods differs greatly from the pattern in non-Islamic countries. In addition, several studies have presented that neighborhood characteristics and opportunities for alcohol purchasing and consumption factors are social trajectories of alcohol use (Diez Roux and Mair, 2010; Sudhinaraset et al., 2016). The social nature of drinking in the neighborhood causes people to influence each other's drinking patterns (Babor et al., 2010). Some researchers have explored how impoverished or unstable neighborhoods may affect adolescent development (Leventhal and Brooks-Gunn, 2000), cited in (Cambron et al., 2018). In their longitudinal, theory-oriented research in USA, Cambron et al. (2018:370) suggested that poor neighborhoods characterized by high poverty, and lack of stability among residents are more likely to have lower levels of informal social control which is important for inhibiting deviant behaviour among young people. A study conducted by Bernstein et al. (2007) showed that people who lived in communities with a poorly built environment, such as informal settlements were likely to report heavy alcohol use than those who live in upmarket built environments. Observations made by Romley et al. (2007); Freithler et al. (2015); Pollack et al. (2005) are worthy for consideration, whereby they argue that spatial geographical set-ups between alcohol outlets and individuals explain the differential rates in alcohol use in communities and racial groups. For instance, a number of studies globally, and in particular South Africa, argue that poor communities have higher concentrations of liquor stores than their affluent counterparts. This can influence the way alcohol is used by the youth, especially those originating from impoverished communities. Residents of informal settlements experience different challenges, such as limited access to health care services, overcrowding, hunger and stress (UN Habitat, 2003). In addition, they experience alcohol-related violence and alcohol dependence, mainly because of exposure to alcohol as there are many illegal liquor outlets, estimated to be approximately 200 000 (Charman, Petersen and

Piper, 2013). However, Trangenstein et al. (2018) reported that South Africa is currently considering a liquor amendment bill that will reduce alcohol use, by increasing the country's minimum legal alcohol purchase age from 18 to 21 years, propose a minimum half a kilometre buffer between alcohol sale points and establishments such as schools and places of worship, and hold accountable alcohol manufacturers and suppliers of alcohol to unregistered alcohol outlets responsible for adverse alcohol-related effects.

2.4.6 Family

People are social beings who spend most of their time with family and friends. There is growing evidence that alcohol use with the family (notably parents) and friends is linked to increased alcohol use among adolescents and young adults. (Walsh et al., 2014; Varvil-Weld, 2014). Several studies examining correlations between family socio-economic status and adolescent alcohol use revealed that there are positive, negative, and null effects of poor families on adolescent alcohol use (Camron et al., 2018). For instance, findings from research of nationally representative samples in USA revealed that African American youth engage in less alcohol use compared to Whites primarily because of different family socio-economic status (Camron et al., 2018). Furthermore, results indicated that higher family income protects families' members against smoking but not alcohol use. The same study also showed that adolescents in single parent households are more exposed to alcohol use. Childhood exposure to violence (including domestic and child and gender-based violence) enhances exposure to delinquent friends who drink thus facilitating alcohol use (Trucco et al., 2014). Based on these studies, and others carried out elsewhere, families that have emotional problems with one another (broken families) contribute to adolescent alcohol use. Strong family ties are therefore important in curtailing alcohol abuse, especially among teenagers and young adults. This emerged in a global meta-analysis of 77 studies, which found that positive parental supervision, shared parental-children's activities, parental love, good communication, parent-child bonding, and use of positive discipline methods curtail adolescent initiation of alcohol use (Ryan, Jorm and Lubman, 2010).

Another observation by Rinker et al. (2016) is that students who are more popular, have good relationship reciprocity, and high density of network ties (i.e., the extent of students' peers who are tied to one another) were associated with higher alcohol use. This is confirmed by findings in one of campus residence in an American university which revealed that an enhanced network (i.e., nominating more peers) is linked with more and frequent binge drinking (Barnett, Ott and

Clark, 2014). Additionally, a recent study by Giese, Stok and Renner (2017) indicates that that students' alcohol use and behaviour is more similar among students with reciprocated friendship ties. For instance, if student 'x' nominates student 'y', and student 'y' also nominates student 'x'.

2.4.7 Unemployment and stress

Studies in Australia revealed that there is an association between risky alcohol use and unemployment status (Australia Institute for Health and Welfare, 2008; Coulthard et al., 2002). Latif (2014) used a state fixed-effect model to investigate drinking patterns in Canada Latif (2014) and found out that unemployment contributes to binge drinking. Janlert and Hammarström (1992) used longitudinal data in the United Kingdom to conclude that unemployment was associated with high levels of alcohol use. Unemployment is also fairly high in South Africa and many youth are unemployed. The rate of unemployment stood at 32.6% in the first quarter of 2021 (Statistics South Africa, 2021). However, the unemployment rate among the youth (those aged 15 to 34 years) was at 43.6%, while 9.3% was among university graduates (Statistics South Africa, 2021).

According to the counter-cyclical theory alcohol is widely believed to be a stress reliever because there is a general perception that alcohol consumption conceals the realities of life (Khan et al., 2002). For instance, when one is unemployed it becomes a reason to consume more alcohol as a perceived way of dealing with tension and anxiety (Sadler, 2017). According to Popovici and French (2013) economic hardship, life events, and unemployment are some of stressful events that an individual goes through, thereby attributing it to alcohol use as a way of coping with stress. Sadle (2017) concurs when he argues that individuals use alcohol to manage the negative emotions associated with stress, such as perceived failures, loneliness, job loss or joblessness. As such, Sadler (2017) focuses on the stress attributed by unemployment, hence he discussed 'societal stressors' and 'financial stressors'. Societal stressors is characterized by loss of 'work identity', defined by Sadler (2017) as missing friends who are employed, and consequently the guilty conscience of failure that working may bring. Based on this assumption, being unemployed is stressful. For instance, some students get vacation employment to augment their income, hence they do not feel stressed. In addition, some students are from families, where the breadwinners are not gainfully employed, thus they may end up getting stressed based on their family employment status. On the other hand, Sadler (2017) highlights that unemployment brings out financial stressors which entails the loss of

income. As such, either societal or financial stress may be a reason for alcohol use for individuals. In general, employment and income are seen as life rewards for individuals to sustain their lives. Once deprived of these benefits, people show antisocial behaviour as a result of frustration (Sadler, 2017). This phenomenon is called ‘frustration aggression mechanism’ and is one of the reasons why unemployed people use alcohol (Catalano et al., 2011).

2.4.8 Media

The impact of mass media on influencing people’s perceptions has been recorded for a long time and it emerged that media discourse determines how people construct meaning (Radu et al., 2012). Consequently, depending on the level of accessibility, effectiveness and potential to manipulate people’s way of thinking around alcohol use, advertisements or the media can influence reality and public opinion on alcohol use amongst students. Radu et al. (2012) further elaborates that the media is categorised into print (newspapers, leaflets, posters) and electronic (radio, television, mobile phones, internet, which include social media platforms such as WhatsApp, Facebook, Twitter, and MXit). Although alcohol sales and marketing are regulated in many other countries, individuals are exposed to many alcohol advertisements.

Studies reveal that the media influences social norms about alcohol use, especially through advertising in a wide range of sources, including movies, television, social media, and diverse forms of entertainment (Sudhinaraset et al. 2016). An argument presented by Sudhinaraset et al. (2016) suggests that strategic alcohol marketing (targeting 21–29 year olds) in individuals enhances positive notions about alcohol use as socially acceptable and encouraged. However, there is fierce opposition by the alcohol industry to the proposed ban on alcohol advertisements especially in South Africa (Parry, 2014). A study in the USA revealed that youth exposed to alcohol advertisements usually consume more alcohol than their peers who were not exposed or exposed less to alcohol-related marketing (Snyder et al., 2006), cited in Sudhinaraset et al. (2016). For instance, the same study indicated that for each additional advertisement viewed by youth there was a one percent increase of individual intake of alcohol. Furthermore, targeted alcohol marketing develops brand preferences by youth and young adults (Ross et al., 2015). In support of the USA study, and other studies on the impact of alcohol advertisement, in their longitudinal survey in Tshwane, South Africa, one of the first in Sub Saharan Africa. Morojele et al. (2018) suggests that there is evidence that exposure to alcohol advertisements influences alcohol use among the youths. This had been confirmed by an earlier study, a 2004 Global School-Based Student Health Survey in Zambia which found that access of free alcohol via a

representative of an alcohol company was linked to increased alcohol use amongst the youth (Swahn et al., 2011).

2.4.9 Tobacco use

The link between alcohol and tobacco use is vital to understand because many people who use alcohol also smoke (USA National Institute of Alcohol Abuse and Alcoholism, 2007). Co-use of alcohol and tobacco is so common because both substances have almost similar health effects. According to Hurt et al. (1996) more alcohol-related fatalities are also attributable to tobacco-related illness. The national survey showed that men who smoked were two times more likely to have consumed alcohol in the previous week, thus indicating that there is an association between alcohol and tobacco use (Banta et al., 2012). Tobacco use has been widely identified as a health risk factor, because of its adverse effects on body organs, especially the lungs. Smoking is generally associated with alcohol use, particularly beer drinking. Drawing from a study of university students in Bhutan, India, most students who use alcohol, especially binge drinking, also smoked (Dorji et al., 2020). This study is also confirmed another study which highlighted that tobacco use influenced alcohol use, especially among men (Lund et al., 2019). Likewise, a study in Namibia also showed that students who used tobacco also engaged in alcohol use behaviours (He et al., 2019).

2.5 Factors that contribute to alcohol intoxication

Based on Rehm et al. (2004) model of alcohol consumption, alcohol use is attributed to intoxication, alcohol dependence and alcohol biochemical effects. Intoxication leads to injuries or poisoning because alcohol affects the central nervous system and consequently determines the subjective experiences of alcohol use (GBD Alcohol Collaborators, 2018). Intoxication causes accidents, intentional injuries or deaths, violence, poor health and social outcomes (Rehm et al., 2004). Thus, Rehm et al. (2004:962) highlight that intoxication may, for example, result in chronic social implications (e.g. when a driver that is drunk may kill somebody and thereafter loses his or her job and social status in the community). The effects of alcohol on the central nervous system mainly determine the subjective feeling of intoxication, for instance, dependence on alcohol may lead to impairments as well as self-harm or violence (GBD Alcohol Collaborators, 2018:1015). On the other hand, biochemical effects of alcohol use increases chronic disease in a harmful way, such as increasing the risk of high blood pressure (Rehm et al., 2004).

2.6 Coping strategies associated with alcohol use

Gebreyosus (2018) described coping as a process by which people appraise and respond to social and environmental challenges of stress to get rid of the difficulties caused by those stressors. Coping strategies are the methods that people adopt to and interact with the problem situation (Baqtayan, 2015). In addition, Frydenberg (2004) posits that there are healthy coping strategies which enable individuals to deal effectively with a conflict and stressful situation, thereby enhancing productive outcomes. On the other hand, destructive coping strategies brings out negative outcomes, thereby escalating conflict and discord. As such, coping determines how individuals deal with life challenges, trials, and tribulations of (Diehl et al., 2014). Many studies have identified that stress is most prevalent among university students. However, the mechanisms used to cope with this situation determines their physical, mental, behavioural, and academic well-being (Brougham et al., 2009). A study by Brougham et al. (2009) among college students reported different coping strategies for different stressors. Cheng et al. (2014) argues that an individual must have coping flexibility, the ability to use different coping strategies when dealing with life challenges, especially young people undergoing developmental changes, such as transition from high school to university. Therefore, students use different coping strategies to mitigate against the effects of adverse experiences, such as alcohol use. Colleges (including universities) have used different individually focused and environmentally oriented strategies and interventions to address alcohol use among students, especially on excessive use (Twersky, 2017). Individual strategies aim to change students' knowledge, attitudes, perception and behaviours about alcohol, while environment focused strategies deal with the campus and community contextual influences in which student alcohol use happens (Miller et al., 2013; Twersky, 2017). However, coping is a process, so coping strategies depend on the situation. Therefore, experiences with alcohol use determines the coping strategy to use. Building on the above literature review on the phenomenon of alcohol, this section explores different coping strategies identified to be related to alcohol use in a community and university setting.

2.6.1 Appraisal-focused versus problem-focused coping

Appraisal-focused strategies deals with an individual's thought processes whereby they adjust how they think about alcohol use challenge as they fit these strategies to align to their goals and values (Britton, 2004). Appraisal coping strategy also involves the use of religion, beliefs, and values to overcome stress. However, appraisal coping mechanism is usually used by

individuals to restart the coping process (Folkman, 2007). On the other side, problem-focused strategies explore the root of the challenge (Juniea, 2011). It focuses on individual behaviour, for instance, how an individual deals with stressful situations by changing personal networks to get rid of the stressor (Schoenmakers et al., 2015). In addition, problem-focused coping strategies enables an individual to improve his relationships such as “making new friends or re-establishing contact with old ones,” (Schoenmakers et al., 2015:154). Resultantly, people learn how to deal with a stressful incident, and consequently eliminate the stressor.

2.6.2 Adaptive (positive) versus maladaptive (negative) coping

When individuals face a stressful moment, they can use adaptive coping skills which involve positive reinterpretation of the situation, mental disengagement, humor, acceptance, and use of social support (Carver et al., 1989). On the other hand, maladaptive coping strategies entails denialism, aggression, alcohol use, and even suicide (Carver et al., 1989). Alcohol use is an example of a maladaptive coping strategy. Therefore, using effective coping strategy is based on one’s ability to distinguish the difference between adaptive and maladaptive coping and then select adaptive strategies to deal with perceived stress in a positive and effective mood, thus enhancing psycho-social health (Chao, 2012). According to Dozois et al. (2009) adaptive coping strategies get rid of the stress and give a constructive way forward. For example, an alcohol abuser can seek for social support from friends, relatives, or neighbours, or he can go for physical exercises like jogging, and for mental exercises such as yoga and meditation. On the other end Wadsworth (2015) posits that maladaptive coping strategies is a short-term solution that interferes with the individual’s ability to eradicate the association between the stressor and the symptoms of anxiety through dissociation, sensitization, numbing out, anxious avoidance of a problem, and escape. However, from a health perspective, the impact of a coping strategy is inherently linked to its adaptive (positive) or maladaptive (negative) outcome on an individual’s health (Holton et al., 2016). Velezmoro and Lacefield (2010) further argue that college environment can be stressful, hence the need for students to use both adaptive and maladaptive coping.

2.6.3 Emotion-focused strategies

According to Herman and Tetrick (2009) emotion-focused strategies deal with the feelings associated with the stressor. It entails an individual to actively process and express emotions. Emotion-focused coping efforts coping strategy would lead to reduced alcohol use because they attempt to reduce distress (Park et al., 2004). People change the emotions that accompany

stress perception by releasing, distracting, or managing their mental state. A study by Brougham et al. (2009) among college students reported that college students mostly used emotion-focused coping. However, studies show that problem-focused strategy is more effective than the emotion-focused one because it eliminates the stressor, thus avoiding the short-term distractions adopted by emotion-focused strategy (Carstensen et al., 2003).

2.7 Summary

This literature review established that alcohol use is a global challenge, considering its adverse effects among university students. Although the patterns of alcohol use and related problems are highly prevalent in different societies, generally, tertiary students drink more than their peers who do not attend colleges. The association between alcohol use and alcohol related challenges faced by college students is wide and varied because of differing behaviours of alcohol use. The next chapter presents research methodology that was used in this study.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The previous chapter provided an overview of local and international literature on alcohol use. In this chapter, the focus is on the methods used to understand alcohol use among students. This study aims to reflect on alcohol use among university undergraduate students by capturing their experiences and perspectives. This study adopted a qualitative approach and used in-depth interviews to answer the research questions. The chapter explores the methods applied to conduct the research. Lastly, the chapter discusses the major limitations of this study.

3.2 Study context

According to the mid-year estimates of 2020, youth (aged 18–34 years) accounts for approximately 17.84 million people (which is approximately 33% of population) in South Africa, with 9.04 million males and 8.8 million females (Statistics South Africa, 2020). KwaZulu-Natal (KZN), the second most populated province in South Africa, with a total population of approximately 11 million, is situated on the south coastal line of the country (KwaZulu-Natal Government, 2017; Statistics South Africa 2016). Almost 19.4% (3.47 million) of the youth in South Africa lives in KwaZulu-Natal (Statistics South Africa, 2020). Similarly, 36.6% of the KZN population constitutes individuals aged between 15 to 34 years (KwaZulu-Natal Provincial Government, 2020). The province has five public universities, which are University of South Africa, University of KwaZulu-Natal, Durban University of Technology, Mangosuthu University of technology and University of Zululand. In addition, there are private universities and colleges scattered in different parts of the province. There are also public further education and training colleges. Some studies revealed that alcohol use is prevalent among students in universities in KwaZulu-Natal province (Mutinta, 2015; Mutinta, 2014; Parry et al., 2004).

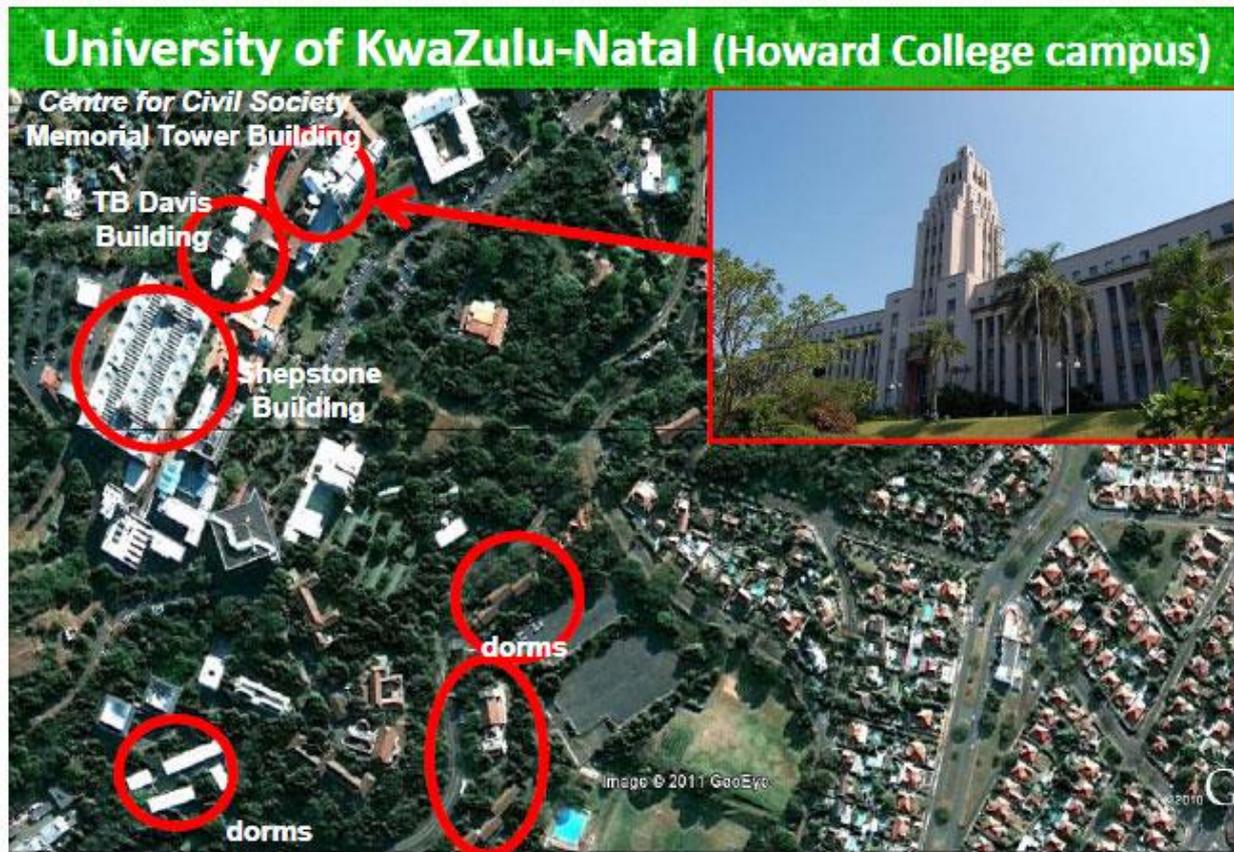
3.3 Study area

The study was conducted at Howard College at the University of KwaZulu-Natal (UKZN). The university has a total population of approximately 47 000 students, spread across five campuses, namely Howard, Edgewood, Westville, Nelson Mandela Medical School and Pietermaritzburg (University of KwaZulu-Natal, 2017). The demographic profile of UKZN is diverse and it consists of approximately 72% Blacks, 22% Indians, 1% Whites, 0.1% Coloureds and 0.43% belonging to other races (University of KwaZulu-Natal, 2017). Most students come from poor backgrounds, and they rely on government aid. Approximately 85% of the black students are funded by National Student Financial Aid (NSFAS), a government university

funding model (University of KwaZulu-Natal, 2017). Each NSFAS student gets rental expenses, food allowance and textbook stipends (including internet connectivity via monthly data provisions). However, due to accommodation shortages, a limited number of students live in on-campus residences. Some of the residence complexes are exclusive, either for undergraduates, or postgraduates, or both. Due to shortages of in-campus accommodation, some students live in off-campus residences, either in private or university managed residences (UKZN, 2020). UKZN managed residences are run by the university, with a dedicated employee (Residence Assistant) present to enforce residence rules. The Residence Assistant is usually a fellow senior student (UKZN, 2018). In addition, there is a dedicated transport service that is provided by the university.

This study was conducted at the Howard College campus, situated in Durban. The campus provides different psycho-social and medical services to all students. It has a clinic that is open five days a week during working hours, with a staff compliment of trained nurses and doctors. The clinic offers assessment and treatment of health issues, such as diagnosis and treatment of sexually transmitted infections (STIs) and HIV/AIDS tests including pre- and post-test counselling. In addition, the clinic offers assessment and referral of drug and alcohol-related problems (University of KwaZulu-Natal, 2018). Other services to students include counselling services, with dedicated counsellors and psychologists who may confidentially assist students facing different challenges (UKZN, 2019). In addition, Howard college campus offers services such as privately run restaurants, superettes, bookshop, and bank ATMs, with one bank branch. However, the sale and consumption of alcohol at the campus and all residences is prohibited. (UKZN, 2017). Figure 3.1 shows Howard Campus.

Figure 3.1 UKZN Howard Campus



Source: (Durban Climate Justice, 2011)

3.4 Research design

This study relied on a qualitative approach to understand alcohol use among undergraduate male students. Qualitative approaches to alcohol behavioural research explores the phenomenon in a very personal and confidential way (Razak, 2003). In addition, Lewin et al. (2005) posit that qualitative research creates rich and detailed research information that can be used in analysis. The qualitative data collection methods that were employed are individual in-depth interviews. Additionally, this study used a case study approach which explores the in-depth analysis of a single individual or a group of individuals in the context of qualitative research (Starman, 2013). Qualitative research generates words rather than numbers as data for analysis (Patton, 2002). In this regard, a qualitative research design helps the researcher to better understand people's underlying motives, ideas, and motivations for their behaviour (Neuman, 2014). Qualitative research also enables the researcher to provide insight into challenges and assists in developing ideas for further potential research (Neuman, 2014). This

method of research is conducted systematically and empirically through careful data collection and thoughtful analysis, allowing the researcher to directly engage in evaluation research (Patton, 1990). Qualitative method is mostly recommended when studying and comparing variables such as population, economic activities, and social factors of such as religion, identity, culture (Norman and Lincoln, 2008). This study used a phenomenological qualitative approach, which entailed the researcher to interview male students and describe how they experience alcohol use (Munhall, 2007). Alcohol use is a social phenomenon therefore, it is essential for the researcher to directly engage with the population by using qualitative methods to conduct research. In addition, this study was exploratory and descriptive, and it explored and provided thick descriptions of alcohol use that allows one to understand why alcohol use occurs in universities (Terre Blanche and Durrheim, 2006). Qualitative approach was used in this study because it elicits subjective experiences of male students who use alcohol. Furthermore, qualitative studies discover new ideas and explores the subjective reasons and meanings associated with different forms of social behaviour (Mouton et al., 2006). Additionally, Stake et al. (1998) posited that qualitative studies are multi-faceted, and therefore relevant in fields such as humanities, social and physical science.

3.5 Sampling strategy

This study used qualitative sampling methods, and according to Terre Blanche and Durrheim (2014), qualitative sampling is the selection of research participants from an entire population. This study used purposive sampling to identify the initial sample after which the snowball technique was employed. The purposive sampling technique, also called judgment sampling, is the deliberate selection of an informant due to the qualities the informant possesses. It is a non-random technique that does not need underlying theories or a set number of informants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Lewis and Sheppard, 2006). Purposive sampling entails the selection of participants who will provide responses to assist in meeting the objectives of the study whilst snowball sampling is a category of purposive sampling used to recruit future subjects from acquaintances (Terre Blanche and Durrheim, 2014; Guest et al., 2011). Snowball sampling, also called non-probability sampling, has been widely used in qualitative sociological research. Non-probability sampling entails that the probability of each individual that was selected was unknown (Guest et al., 2011). Due to the difficulties of identifying whether an individual regularly used alcohol, this research

adopted the snowball sampling strategy, which yields a study sample through referrals by those who share or know of others who possess some characteristics that are of interest for the research (Lewis and Sheppard, 2006). This method was useful for this research as the researcher is only aware of a limited number of students who consume alcohol. Furthermore, because of limited face-to-face contact due to the COVID-19 outbreak, snowballing was the most convenient method of identifying participants. Snowball sampling allows the participants to refer the researcher to other potential participants. The researcher used her networks through informants who assisted in identifying male students who regularly use alcohol. Browne (2007) supports this when he suggested that social networks such as friends and colleagues are useful to identify potential participants, thus creating a referral chain. Neuman (2014) recommends snowball sampling as the best way for qualitative researchers working with people who cannot be easily identified and reached. However, some that helped the researcher through the use of snowball sampling were not part of the study.

This study included a sample of 20 full-time, male undergraduate UKZN students at Howard College. The ages of participants were between 19 and 26 years and they were all Black Africans.

3.6 Data collection tools

Data collection is a process of gathering information on the targeted population of the study. For this study, data was collected through interviews. Interviews were conducted in English; however, participants could sometimes switch to their mother language, IsiZulu. Interviews are personal and intimate, open, and direct engagements are used to prompt detailed narrations and stories (Di Cicco et al., 2006). However, due to health protocols for COVID-19, there were limited face to face interviews conducted. Instead, in some instances, internet platforms such as Zoom, and WhatsApp were used. The study used semi-structured in-depth interviews with university students. Semi-structured questions focus on people's feelings as they can explore their thoughts and feelings on a particular subject (Davis, 2007). Resultantly, semi-structured questions enabled the researcher to get rich and deeper information on alcohol use amongst undergraduate male students. Since the researcher did not have the research interview skills, she mitigated this by conducting a pilot study of the interviews. The researcher conducted face-to-face interviews with purposefully selected three male students, who were not part of the main study. This enabled the researcher to pre-test the research instruments and identify some meaningful methods for the interviews. In addition, the pilot study gave the researcher an opportunity to monitor the information given by the participants, consequently enhancing her

confidence to conduct interviews. The researcher used all data collection instruments for the main study to conduct the pilot study. In addition, the researcher also did data analysis for the pilot study.

Since there is limited access to Howard College campus due to COVID-19 health protocols, the researcher got some participants' telephone numbers through contacts, and this helped the researcher to contact these participants telephonically. This gave her an opportunity to request participants for their email addresses for further correspondence. The researcher formed rapport by ensuring that the interview process was made up of a comfortable environment that allowed interviewees to open up and trust her (DiCicco-Bloom and Crabtree, 2006). Secondly, an information sheet that described the study and informed participants of possible physical or telephonic meeting times for interviews were emailed to interested participants. Before the interviews, the researcher followed all research interview protocols of explaining to participants on commitment to confidentiality. All participants who conducted face-to face interviews were asked to sign consent forms before the interviews. Similarly, participants who were interviewed telephonically got consent forms via emails and signed them before the interview schedule. The consent form entailed the participant to give permission to the researcher to conduct and record the interview, and the information sheet outlined the rights and responsibilities of the participant.

The researcher used an interview guide, which had open-ended questions that covered issues relevant to the objectives of the study. The duration of each interview was between 40 to 60 minutes. However, before the interview, the researcher profiled participants' demographic data on their current age, age at which they first used alcohol, how often they use alcohol and family background. The next sections of the interview guide covered the three objectives for the study. The second section met the demands of the first objective of the study, whereby the researcher asked about the reasons of alcohol use amongst university students. The first part of this section allowed participants to discuss their experiences in relation to past, current, and future perspectives about alcohol use. The second section met the demands of the second objective of the study, and asked questions related to the extent of alcohol use amongst undergraduate male university students. The last part of this section was related to objective number three of the study, and it asked participants to identify coping mechanisms they use to mitigate the adverse impact of alcohol use. The last section of the interview asked participants to discuss recommendations about alcohol in relation to psycho-social services and support from universities, families, and communities. During the interview, there were follow-up questions

to better understand and shape the interview focus. This was done by clarifying questions to the participants to avoid misunderstanding or miscommunication.

For those face-to-face interviews, the researcher understood participants' feelings, as the researcher was able to observe and note changes in voice, facial expression, and body language, with probes following these actions for better understanding (Neuman, 2014). On the other hand, telephonic interviews (conducted via video platforms, such as Zoom and WhatsApp) also enabled the researcher to observe voice changes and facial expression. However, the researcher ensured that such participants were well connected with enough data, or WIFI. While both interviewing methods yield rich information for qualitative researchers (Di Cicco et al., 2006), it has its own shortcomings, thus the need for a skilled interviewer (Neuman, 2014).

3.7 Data analysis

Data was transcribed verbatim, and data was analyzed using manual thematic analysis which is one of the mostly used forms of analysis in qualitative research. It entails that the researcher manually codes the data, rather than using computer-assisted qualitative data analysis software. Nowell et al. (2017:2) defined thematic analysis as “methods for identifying, analyzing, organizing, describing and reporting themes found on a data set.” Thematic analysis is flexible, and it focuses on examining themes within the data and organizing data sets (Boyatzis, 1998; Braun and Clarke, 2006).

Thematic analysis provided a rich interpretation of the study. Collected data from each participant was analyzed separately for easy comparison of the participant's views under each theme. However, the themes were not pre-determined, instead they emerged from the codes that were generated during analysis. In this study, the process of thematic analysis was achieved by following five steps. These steps were outlined by Durrheim (2006) which are familiarizing and immersion, inducing themes, coding, elaboration, and interpretation. Durrheim (2006) further posits that familiarization and immersion entails the development of ideas and theories about the phenomenon being studied. The researcher fulfilled this by engaging in a thorough process of reading transcripts repeatedly over a period of time to enhance familiarity. Secondly, the study followed the process of inducing themes by organizing data based on how participants responded, through understanding the complexity of the collected data. The next step entailed organization of data and construction of themes. Themes were organized according to similarities of the responses of undergraduate students. The third stage involved coding whereby the researcher marked different sections of the data. Thereafter, the researcher

systematically developed initial codes across for all the interviews. These codes were then categorized into potential themes based on how they relate to each another. This type of coding system is known as open and relational coding (Braun and Clarke, 2006). Emerging themes were constantly reviewed to confirm if the potential themes conformed to the codes and the entire data set. This process enabled the researcher to generate a thematic map of data analysis. This led to the generation of definitions and names for individual themes. The researcher identified the pattern of all the responses. The fourth step involved an elaboration process whereby the researcher captured finer nuances of meaning in the data. The last step was interpretation which involved checking and understanding collected data. Collected data was explained and compared to each other in relation to Eaton Model and literature review on the phenomenon of alcohol use. One of the reasons for comparing data was to ascertain whether the data collected met the demands of this study's three research objectives. The final report was a selection of vivid and compelling extract examples based on research questions and literature.

3.8 Data management

To uphold proper data management, all electronic interviews were encrypted, and password protected through a flash disk that was only accessed by the researcher and the supervisor. Hard copies such as the interview transcripts, field notes and the research report were kept securely in locked cabinets in the supervisor's office. Research data and primary materials will be disposed after 5 years, as per UKZN's current policy on research data (UKZN, 2018). However, a full report will be made available to all participants upon their request.

3.9 Validity, reliability, and objectivity

Reliability and objectivity are key components that distinguish a good research methodology from a poor. 'Objectivity' is usually conceptualized in the literature as 'freedom from bias', which refers to reliable knowledge, checked and controlled, undistorted by personal bias and prejudice (Kvale, 1996:64). This research was valid, reliable, and objective. This was achieved by using valid literature and being accurate when collecting data. The researcher ensured that the study participants were sober during the period of the interview, by observing some of the general symptoms of drunkenness, such as excitement, confusion, and stupor (Healthline, 2020). This ensured that respondents provided correct information to the best of their abilities, without any influence of alcohol. Objectivity is also a priority, the researcher was as accurate as possible in the process of data analysis, thereby avoiding any form of bias. To ensure objectivity, the researcher maintained legitimacy by verifying all literature with more data

sources from journals, books, and government publications (Jackson, Drummond and Camara, 2007).

3.10 Ethical considerations

This study fulfilled the demands of UKZN ethical requirements as prescribed by the university's Humanities and Social Science Research Ethics Committee (HSSREC), reference number HSSREC/00000048/2019. Ethical clearance application forms were submitted to the university HSSREC for review and approval, whereupon full approval was granted. Upon receiving approval for the study, the researcher met with participants, and in some cases contacted participants via different social media platforms. The researcher explained the purpose of the study and started making appointments with those participants who agreed to be part of the study. An informed consent form which protected the autonomy of all participants was made available to participants. Each participant willingly signed the consent form under a pseudonym to protect their identity. Since all participants in this study were above the age of 18, there was no need to acquire any permission from the legal guardians of the participants.

In order to ensure ethical consideration, the researcher followed the five widely accepted philosophical principles that determines ethics in research, and these, according to Wassenaar (2006) are autonomy and respect for the dignity of persons, non-maleficence, beneficence, justice and trustworthiness. These principles were used in the study to always treat all participants fairly and with respect. The first principle used was autonomy and respect for the dignity of persons which involved giving all necessary research related information to participants and getting consent for their participation. Information regarding the study was provided beforehand through the information letter. The researcher also provided each participant with informed consent forms to read and sign and each form had the information about the study. The second principle used was non-maleficence which calls for referral of participants to the local health care facility for immediate de-briefing when they have experienced trauma as the topic on alcohol use may be sensitive for students who experience alcohol related challenges. Wassenaar (2006) posits that non-maleficence entails doing no harm or wrong to research participants as a result of the research. However, in this study, the researcher did not cause any trauma, emotional or physical harm during the interviews. The third principle used was beneficence. Wassenaar (2006) explained that beneficence aims at maximizing the benefits that the study would produce as opposed to possible harm to the participants. The researcher provided the participants with a better understanding of alcohol use. Furthermore, the researcher affirmed and expressed appreciation for the participant's

familiarity and for sharing their experiences about alcohol use. In addition, the researcher assured participants that they would gain more insights about the research topic and that if this study were to be published, their consent would be required to do so. All participants were guaranteed confidentiality and privacy for all disclosed information. This was done through using pseudonyms. The study used pseudonyms to avoid any information being linked to individual participants. The pseudonyms also served the purpose of preventing stigmatization about alcohol use. However, before signing the consent form, the participants were given assurance that should they choose to withdraw from the study at any given time they would not suffer negative consequences on their part. The fourth principle used was justice. Wassenaar (2006) defines justice as fair treatment and equity. In this study, there was fair selection of participants through purposive and snowballing sampling techniques, and all participants were given equal respect and appreciation for their participation.

The last ethical requirement was trustworthiness, defined by Babbie and Mouton (2001) as the believability of the research in terms of whether the research fulfils its objectives and questions truthfully. The researcher ensured trustworthiness by meeting the demands of credibility, transferability, dependability, and conformability. According to Babbie and Mouton (2001:277) credibility is the “compatibility between the constructed realities that exist in the minds of the respondents and those that are attributed to them by the research.” The researcher fulfilled this by observing participants and having prolonged engagement until data saturation was achieved. In addition, the researcher explored many interpretations for tentative analysis to avoid biased views.

Secondly, the researcher ensured trustworthiness by upholding the principles of transferability. According to Babbie and Mouton (2001) this can be achieved by having a thick description of data in context and report them satisfactory so that the reader can make their own judgments about transferability. In this study, this was ensured by having thick descriptions of the interviews. The third trustworthiness principle is dependability whereby the researcher provides the reader with assurance and proof that if the study was to be redone with similar participants in the same context, its findings would be similar (Terre et al., 2006). The researcher achieved this by compiling a clear audit trail. The last principle of trustworthiness in this study was conformability. Babbie and Mouton (2001:278) defined conformability as the “degree to which the findings of the study are the product of its focus, and not the biases or subjective views of the researcher.” The researcher received and accepted constructive criticism, advice, and recommendations from the supervisor.

3.11 Limitations of the study

Due the advent of COVID-19, there was limited access to campus, and this affected the data collection process which took longer than anticipated. Secondly, this study could not accommodate all the male students who use alcohol. Instead, the study sampled only 20 students from the University of KwaZulu-Natal, and this sample does not represent the views of all UKZN students or other universities, locally or internationally. Therefore, the findings in this study cannot be generalized. Thirdly, during interviews, some participants could communicate in their home language (IsiZulu). As a result, translating the transcripts into English might have left out some important issues about alcohol abuse. Furthermore, the views and experiences of participants in this study may not be the true representation of participants' experiences, as students may have withheld or misrepresented some information because they did not want to be perceived as irresponsible alcohol users.

3.12 Summary

This chapter discussed all the methodologies that were used to gain an understanding of alcohol use amongst undergraduate university male students. The researcher elaborated on each type of the methods and procedures. Different ethical considerations that ensured the safety of participants were explained. Autonomy and respect for the dignity of persons, non-maleficence, beneficence, justice, and trustworthiness were discussed. In addition, confidentiality issues pertaining to participants were discussed. This chapter concluded by noting the study limitations, which include, amongst others, the impact of COVID-19 on data collection. The next chapter presents the study findings, which uses a thematic analysis that allowed the researcher to group collected data into salient themes.

CHAPTER FOUR: RESULTS

4.1 Introduction

The aim of this study was to shed insights into alcohol use by male university students by using individual semi-structured in-depth interviews. Chapter four provides a brief description of the characteristics of participants and then highlights the main findings from the interviews. The chapter starts by highlighting the key demographic characteristics of the 20 participants and then moves on to explore the prevalence and causes of alcohol use, perception and knowledge about alcohol use, bad experiences with alcohol use, and coping strategies. Moreover, this chapter provides a thorough discussion of the findings from the interviews that explored alcohol use by university male students. As such, the discussion in this chapter relied on the data collected through in-depth interviews with male students from the UKZN Howard college campus.

4.2 Study sample characteristics

This study consisted of 20 male students, as shown in Tables 4.1. All the participants were students at Howard College campus at the University of KwaZulu-Natal. The participants were aged between 18 and 35 years. The average age at the time of the interviews for participants was 22 years. All the participants reported that they regularly used alcohol during the time of the interviews. The majority of study participants were Black Africans. The participants were all South Africans, who come from both urban and rural areas in KwaZulu-Natal, Free State, Gauteng, Mpumalanga and Eastern Cape provinces. Most of the participants interviewed reported residing at a university residence, with only two participants renting a shared flat near the university. The majority of the participants reported being on NSFAS and other bursaries that provided monthly living income ranging from R1000 to R4000. Below is a table presenting participants' demographic data.

Table 4.1: Participants' demographic characteristics

Participant	Race	Age of participant	Age at first alcohol use	Level of study	Place of residence at university	Source of income
Participant 1	Black	24	17	3	Campus	Bursary
Participant 2	Black	22	16	2	Campus	NSFAS
Participant 3	Black	19	15	1	Campus	NSFAS
Participant 4	Black	20	17	1	Campus	NSFAS
Participant 5	Black	20	13	2	Campus	NSFAS
Participant 6	Black	26	22	4	Campus	NSFAS
Participant 7	Black	19	17	1	Campus	NSFAS
Participant 8	Black	25	16	3	Off campus	NSFAS
Participant 9	Black	23	17	3	Campus	NSFAS
Participant 10	Black	19	13	2	Off campus	NSFAS
Participant 11	Black	20	17	1	Campus	NSFAS
Participant 12	Black	25	12	3	Campus	NSFAS
Participant 13	Black	20	16	2	Campus	NSFAS
Participant 14	Black	23	20	2	Campus	NSFAS
Participant 15	Black	21	16	1	Campus	Bursary
Participant 16	Black	23	14	4	Campus	NSFAS
Participant 17	Black	24	17	3	Campus	NSFAS
Participant 18	Black	20	19	2	Campus	NSFAS
Participant 19	Black	20	13	1	Campus	NSFAS
Participant 20	Black	21	19	3	Campus	NSFAS

4.3 Prevalence of alcohol use

Alcohol use was common among the study participants as many reported that they started using alcohol in their teenage years. The students expressed that alcohol use was increasingly prevalent among teenagers and undergraduates. They reported that men are more likely to use

alcohol than women, especially in rural areas and informal settlements. The extent of alcohol use was described by participants as most common in rural areas

“It is a common social norm to drink alcohol, especially in the rural areas ... If you do not drink alcohol, you feel left behind in terms of social networks” (Participant 1, aged 24).

In addition, participants reported that there was high prevalence of under-age drinking in informal settlements where they come from, especially among teenage boys. The participants further revealed that alcohol use by teenagers was common during weekends.

“There are many young people who drink. I have been drinking since the age of 13, and I know many boys below the age of 13 who use alcohol. Alcohol use is common, especially where I come from, in informal settlements, we know that every weekend is beer-drinking everywhere” (Participant 5, aged 20).

“My sister, many young boys, as young as 12 years old, use alcohol in my community. I cannot blame them, I also started drinking when I was 15 because it was a common thing to do ... Friends would tease you for not drinking.” (Participant 3, aged 19).

The participants in this study reported that they binge drink at the beginning of the year, at the end of the month end and after their semester examinations because of various reasons such as excitement, availability of money and celebrations of their success, respectively. The participants also revealed that they do not regularly drink during the semester. Instead, they revealed that they use alcohol on special occasions when celebrating some events such as the passing of examinations, or birthdays.

“In my second and third year of studies, I drank a lot of alcohol during our first week at campus to celebrate our reunions with friends after a long Christmas break. We also drink to celebrate our academic achievements and that we made it into second and third year respectively. During the rest of the year, we drink occasionally, especially during weekends” (Participant 9, aged 23).

“First things are first my sister, we came here to study, so I drink responsibly and usually on my birthday or my friends’ birthdays, or when I pass my major assignments and examinations” (Participant 16, aged 23).

This study also revealed that reunions with friends was another excuse for consuming alcohol. In addition, this study confirms the argument raised by Khan et al. (2002) when they posited that alcohol use conceals anxiety. The participants reported that they use alcohol to deal with anxieties associated with examination failures.

“When I registered for my second and third year, me and my friends celebrated our ‘reunion’ by drinking beer and catching up on what we did during the festive season. I also drink heavily after writing our final exams while waiting for our results. I drink to deal with anxiety associated with fear for failure and the prospects of writing a supplementary exam. And I also drink when our exams results are announced, that is, I drink to celebrate my success” (Participant 12, aged 25).

“Waiting for examination results is stressful my sister, so during that waiting period, we party to kill time” (Participant, 16, aged 23).

The interviews revealed that participants with disposable income are more likely to buy and use alcohol. This is supported by Karama (2007) who noted that alcohol use in colleges was more prevalent among students from middle to high socioeconomic status. Additionally, the study revealed that drinking comes with financial responsibility, hence it emerged that participants created budgets and allocated money for alcohol use. They had this to say:

“I always drink when I get my NSFAS monthly stipend. In addition, I have a friend whose father is a businessman, so affordability is not an issue when it comes to drinking” (Participant 1, aged 24).

“Though I am not from a middle-class family, my brother - who is abroad [in China] always sends me remittances to supplement my academic needs. So, including my NSFAS monthly stipends, I have enough to drink. What is important for me is to create a budget so that I do not overspend” (Participant 20, aged 21).

However, one student highlighted that the extent of alcohol use by students is also determined by past bad experiences with alcohol use. The study showed that past irresponsible drinking behaviour made the participants to refocus their energies on college work, rather than engaging in ‘endless’ alcohol use.

“Because of academic work, I could only drink occasionally, because I did not want to repeat the same mistake I made in my first year, of neglecting my academic work at the expense of alcohol, and I failed some modules. However, when we come from Christmas break, people are ‘loaded with money’, so we use it to drink, as we welcome each other back.” (Participant 8, aged 25).

This study also highlighted that students were overwhelmed by their first days at campus, which is located in an urban area. They did not want to get drunk in an unfamiliar environment.

“As a first-year student, I was overwhelmed by the university environment...I spent two months without drinking, the longest time I had done so prior to COVID-19” (Participant 4, aged 20).

“It was my first time in Durban, and I used my first two months to make friends and adapt to the new environment. I did not want to take chances to indulge in alcohol, because that would mean movements to unfamiliar territories, thus risking my life....as I had heard many stories about violent crimes in some parts of the city” (Participant 7, aged 19).

Most of the participants reflected on the adverse impact of alcohol on their studies. They often missed lectures because they were often hungover. White and Hingson (2013) highlighted that one of the burdens of alcohol use among students was bunking lectures, and failure to meet deadlines for academic work. It was further observed that in most cases, the participants engaged in binge-drinking over weekends.

One student indicated that he overspends on alcohol, to the extent of not buying enough food that can last until the following month. This was also confirmed by Brougham et al. (2009) who highlighted that student face personal financial management challenges during the transition from secondary school to university.

“There is rampant abuse of alcohol by students during weekends, especially male students. Unfortunately, I am one of them, because I binge drink with other students, and we risk our lives in many ways. I usually do not attend my Monday lectures because of a hangover, thus compromising my studies” (Participant 2, aged 22).

“Yes, I can confirm, from my snap survey that many people and students, including myself, use alcohol. Most students go hungry, as they spend their

stipends on alcohol, and I must correct this as soon as possible. I think in the future, I will buy my groceries first before alcohol” (Participant 12, aged 25).

4.4 Causes of alcohol use

Students identified a number of reasons for indulging in alcohol. Some argued that they felt pressured by their peers to conform.

4.4.1 Peer pressure

The participants reported that using alcohol is perceived as a norm, thus indicating that those who do not use alcohol are perceived as non-conforming. All the participants reported that they started using alcohol because of peer pressure. The study revealed that friends are more likely to influence young men to start using alcohol. The participants also reported that friends, especially those who are from middle to high socioeconomic class, create an environment that allowed them to use alcohol. Friends could pool resources together for a binge-drinking ‘excursions.’ Furthermore, some young men boast about alcohol use expeditions, putting pressure on young men to engage in alcohol use.

“I started using alcohol during my first year of study because of two of my friends. I am not blaming them though, but they had a great influence on how I use alcohol. My parents only realized that I was using alcohol during my second year of study” (Participant 8, aged 25).

One participant revealed that though peer pressure is linked to alcohol use, especially among teenagers. The participant however revealed that it was the sole responsibility of an individual to make a personal choice and to account and take full responsibility for their behaviour, rather than blaming someone else for using alcohol.

“I started ‘experimenting’ with alcohol at 12 years because of my childhood friend, whose mother had a tavern. My friend could steal beer from her mother’s tavern, and we could ‘sip’. Even in our neighbourhood, most people of that age could be seen drinking, of course without the knowledge of their parents. So, I can say friends influenced me to drink, but I cannot blame them because it was also my choice” (Participant 18, aged 20).

In addition, one participant indicated that he started drinking while in high school because of peer pressure from classmates. The participant further highlighted that his first drinking

experience was nasty. Furthermore, the participant got the opportunity to reunite at university with his former high school classmates, further influencing him to regularly use alcohol.

“I had high school classmates who used alcohol, who influenced me to drink. My first drinking was during our matric farewell party. My friends coerced me to take a sip, thereafter, I took more until I passed out. When I came to university, I reunited with some of those friends, and from there, I became a regular drinker, especially every weekend” (Participant 7, aged 19).

Students reported that the need to belong to a certain social group influenced them to engage in alcohol use. They explained that their conversations with peers included bragging about alcohol use, and how they meet new friends, especially girlfriends. These social discussions about alcohol, created pressure to use alcohol to access different networks.

“You know what, I could see that most of my friends who drink beer had more friends than I. They bragged that they meet beautiful girls at taverns, and you end up feeling the pressure to join them. They would encourage me to go drinking with them if I wished to meet a potential girlfriend” (Participant 6, aged 26).

“When you graduate from high school to university you feel like you are an adult, which gives an edge to engage in risky behaviour, including drinking and having sex. When you see ‘everyone’ drinking, you feel left out, hence the reason why most people use alcohol” (Participant 3, aged 19).

“All my friend drink, so I felt left out, hence I joined them” (Participant 9, aged 23).

Another participant revealed that sometimes he is pressured by friends, against his desire to socialize. He reported that in such instances, the friends who invite him usually pay for their expenses. He admitted that he felt pressurized to use alcohol because he was with his friends.

“Usually on Fridays, most students do not want to hang around the campus. In such instance, I usually get invites from friends to go and drink. If I refuse, they pressure me to accept the offer against my will, for fear of disappointing their ‘good’ gesture. They usually meet the costs for the drinking occasions” (Participant 14, aged 23).

4.4.2 Socio-economic status

Historically, financial issues are one of the challenges faced by students in universities in South Africa (Gwacela, 2013). However, because most of the participants are funded by NSFAS, they receive monthly stipends, which they budget for alcohol use. The findings of this study reveal that source of income is a determinant of alcohol use.

“I use alcohol because I can afford, I create a budget from my NSFAS grant monthly stipend. However, I sometimes overspend on alcohol. On the other hand, I believe if I did not have a regular source of income I would not be drinking regularly.” (Participant 13, aged 20).

One participant reported that a regular source of income can influence one’s drinking pattern. The participant further elaborated on this by highlighting his experiences and observation on how the COVID-19 relief fund for the unemployed has resulted in increased alcohol use prevalence in some communities,

“When you have money, you can drink, because you can afford it. In my community, there is high prevalence of alcohol-use during the month end, when most people get paid. So imagine - if your brother gets paid, he can sponsor some beers. Look my sister, a good example are those so-called COVID-19 R350 monthly governments grants for the unemployed ... When these recipients get paid, beer will literally be flowing ... I have seen relatives and friends who receive these grants buying beer for young men, some of them first time alcohol users. So, I believe that there is a link between one’s source of income and alcohol use” (Participant 14, aged 23).

The study also revealed that participants who had wealthier friends regularly use alcohol because of affordability. The participants reported that their friends and family members had enough disposable income which allowed them to buy alcohol.

“My parents are civil servants, and they give me money, and I can afford to buy alcohol. In addition, my parents also drink, hence they are my ‘sponsors’ for drinking” (Participant 15, aged 21).

“I have a brother who is working in Dubai. He regularly sends me money ... imagine converting the USA dollar into Rands ... I always spoil myself with expensive alcohol

... *Yes, I can say my drinking is linked to my income, I drink in well-established beer outlets. To me, where you drink beer defines your status*” (Participant 11, aged 20).

4.4.3 Lack of education about alcohol

Most participants believed that they could have learnt more about alcohol in schools and universities, as is the case with HIV/AIDS. They reported that alcohol related topics did not receive much attention. Furthermore, the participants reported that no one at family level discusses the burden of alcohol use, hence everything they know about alcohol is self-taught. Even at university they were rarely informed about the risk of alcohol use. They observed that the campus was flooded by HIV/AIDS outreach and advocacy programmes.

“Yes, our teachers, especially Life Orientation teachers used to talk about alcohol, but in passing. In my case, my LO teacher was known as one of the heavy drinkers in our community, so how could he talk about alcohol-related challenges when he was part of the problem. After all, we never took LO seriously, as it never accounted for your university score points. I would have appreciated if there was a topic about alcohol in Life Science, for instance, in the same way we learn about the digestive system of food” (Participant 12, aged 25).

“No one sat down with me to discuss alcohol [at home and community level], so lack of education at home or at university can lead one to drink. Look my sister, at UKZN, we are flooded by HIV/AIDS outreach programmes by HEAIDS [Higher Education AIDS]. In my three years at campus, I rarely see the same energy extended to alcohol-use by the same organization. But if you look closely, there is a link between the two ... Maybe the university assumes that since we are adults, all is left in our hand to control the use of alcohol among students. Honestly, I believe that the university alcohol advocacy programmes are not visible” (Participant 10, aged 19).

4.4.3 Easy access to alcohol

The interviews confirm that easy access to alcohol in communities is closely associated with its use. While all participants acknowledged that they have easy access to alcohol, they reported this negatively. Participants reported that there is poor regulation of alcohol sales. Participants reported that a number of community members resort to illegally selling alcohol to make a living, especially as a result of COVID-19 induced economic hardships.

Three participants reported that most taverns in informal settlements sell alcohol to teenagers, knowingly or unwittingly. The participants confirmed that in most cases when teenagers are denied by tavern owners to buy alcohol, they would go under the pretext that they had been sent by an adult (in most cases someone who is known to the tavern owner). The participants even queried the lack of the Liquor Act enforcement, where alcohol should not be sold to under 18-year-olds.

“I have seen taverns selling alcohol to teenagers. I remember when I started drinking beer as a 14-year-old teenager, we could buy beer at a local tavern. Interestingly, there are notices on some of these liquor outlets not to sell alcohol to under 18 year olds. However, the reality on the ground is that most taverns in townships, especially shebeens, do not follow this rule. The police need to work on this” (Participant 14, aged 23).

“People in my community start drinking as early as 7 in the morning, because these shebeen owners can sell alcohol anytime of the day. So, growing up in such an environment teaches that alcohol use is a norm, and we do not see it as a risky behaviour” (Participant 11, aged 20).

Participants reported that home brewed alcohol was easily accessible in their communities. They reported that home brewed alcohol was cheaper, hence it was affordable. They also reported that there are many informal sites in eThekweni municipality where traditional beer is sold, and there are no regulated times for selling the alcohol. The participants also reported that smuggled beer from neighbouring countries was easily accessible in their communities, especially during COVID-19 lockdown restrictions on alcohol sales.

“I come from rural areas of the Eastern Cape, so there is a lot of traditional home brewed beer, which is affordable. It promotes alcohol use because a cup of beer costs just R5, and I believe it has unrestricted alcohol content. So, people believe that there is value for their money on home brewed beer. Even here in Durban, if you go to the EThekweni Early Morning Market shelter, traditional beer is easily accessible as early as 7 in the morning. What I am saying is that people use alcohol because they can get it easily and cheaply, especially home brewed beer” (Participant 14 aged 23).

“I also believe that in my community of rural Manguzi, in UMKhanyakhude, northern KZN, we get cheap smuggled beer from Mozambique. Our borders are porous; hence it is easier to smuggle beer from neighbouring countries, and these beers are relatively cheaper. As such, you find people, especially young people end up using alcohol” (Participant 15, aged 21).

The participants in this study reported that some festivals promote alcohol use, especially among the youth. Participants reported that alcohol is easily accessible during the annual events, such *Umkhosi womuthayi* (Amarula Festival) held in KZN. The festival “is an annual ritual of the Tembe clan where older women deliver a brew derived from the first fruits of the marula harvest to their chief, Inkosi Mabhuda Tembe,” (SA Government,2018:1). The participants reported that this shows the importance of traditional beer in their culture.

“During the Amarula festival it is common for teenagers and adults to ‘hold a cup’ [gourd of beer]. That is where I had my first experience of alcohol use” (Participant 14, aged 23).

Some participant revealed that the annual international fashion and horse racing shows held in Durban is a big occasion for celebrating sports, creativity, arts, and culture, and consequently, this is a platform where alcohol is also sold. For the following participant, these events offered him the opportunity to use alcohol, because of the excitement associated with them. The participant confirms that alcohol is available at major sports events, such as the Durban July.

“I remember attending the Durban July Festival, of course before the arrival of COVID-19, where I got introduced to alcohol. That excitement and fanfare was awesome. We capped it up with beer drinking. So, I think there are many people who started using alcohol during festivals and functions because of the hype and easy accessibility of alcohol” (Participant 15, aged 21).

4.4.5 Cultural identity

The study revealed that culture encourages men to use alcohol. The participant revealed that traditional home brewed beer is used for cultural events, and as such, men use alcohol in these gathering to demonstrate their cultural identity. This is confirmed by de Visser and Smith

(2007) who argued that male use alcohol to express their culture. The study further showed that there is a perception that using alcohol is an acceptable cultural behaviour at traditional ceremonies. Participants reported that alcohol use is easily accessed during traditional ceremonies such as *emcimbini wamadlozi* (ancestor worship ceremonies). During these ceremonies family members are expected to drink traditional beer. This is the easiest way to introduce them to alcohol.

“In our culture, when we hold traditional ceremonies, there are some instances where home brewed beer is given to all family members in honour of a particular cause. I can say some elements of our culture promotes alcohol use” (Participant 2, aged 22).

“In our IsiZulu culture, during tombstone unveiling ceremonies, traditional beer is abundantly available and can be accessed by most people. I started drinking beer during one of such ceremonies when I was a teenager” (Participant 12, aged 25).

“I do not know if it is a myth, in my IsiZulu culture most people believe that alcohol is used to ‘khipha ubuthi’ [remove the poison in the body]” (Participant 16, aged 23).

4.4.6 Unemployment, lack of recreation and stress

The interviews suggest that lack of job opportunities, limited recreational facilities and stress are some of the factors that cause people to use alcohol. The study also revealed that there was high rate of unemployment among the youth in informal settlements. Participants reported that alcohol use is a way of dealing with socio-economic related stress. Although participants acknowledge the adverse effects of alcohol use, they reported that they are left with no option, but to use alcohol.

“Despite the dangers associated with beer, I never imagined me drinking alcohol. After matric I had a gap year and spent the whole year looking for a job opportunity. During these job-hunting expeditions, I started drinking because of stress, and disappointments of not getting a job. I believe that there are many other people who use alcohol to get rid of stress associated with unemployment and other life challenges” (Participant 1, aged 24).

“In my community of Cato Crest informal settlement in Durban, there are many unemployed youths, who roam the streets doing nothing. There are no job opportunities

for most these youths. However, they are exposed to alcohol, and have no option but to spend their time drinking” (Participant 4, aged 20).

The reports from participants showed that their communities have limited leisure facilities and programmes for meaningful entertainment. Informal settlements are faced with many challenges, such as poor infrastructural development, and lack of recreational facilities (Marutlulle, 2017). As a result, this study revealed that lack of internet and study facilities leaves youths with no other option except engaging in alcohol use. The participants reported that due to lack of educational and entertainment facilities, they become restless and bored which consequently exacerbates the use of alcohol. Additionally, this study revealed that alcohol sale is not consistently regulated because of the high number of illegal liquor outlets. The participants reported that there are many and unregulated beer selling outlets in their communities.

“Lack of entertainment is one of the reasons why some youths end up congregating at taverns, thereby drinking. Imagine there is only one library in Cato Crest [Durban], which has 8 computers. If you want to use these computers you book for one hour only, and the internet is very slow. The situation is made worse by COVID-19 restrictions, there are no slots for reading in the library. The situation really looks bad and will lead to more youths using alcohol” (Participant 6, aged 26).

“We have limited entertainment facilities in my community. There is only one soccer pitch that can keep us busy playing soccer. No government funded entertainment programmes for the youths. Many of these youths end up drinking beer. There are more alcohol selling sites than entertainment spots in my community.” (Participant 7, aged 19).

The proximity of liquor outlets to schools and religious places was highlighted by the following participant, who revealed that some taverns are located near schools. This is a violation of the Liquor Act, which stipulates that beer outlets must be at least 500 metres from such public establishment (SA Government, 2016). Consequently, this comes down to lack of enforcement of liquor laws and by-laws by local authorities.

In my community, there is a liquor outlet some few metres, in fact less than 300 metres from a high school, just imagine (Participant 16, aged 23).

“There are quite a number of youths who use and abuse alcohol who are high school drop-outs. In addition to the lack of job opportunities, they are bored. The only pass-time they have is drinking alcohol” (Participant 6, aged 26).

The participants are from different socio-economic backgrounds, and they must adapt to the demands of the new environment. The findings of the study revealed that students sometimes feel stressed, anxious, or depressed mainly because of the transition from high school to university, new life experiences, and the fear of performing poor academically. However, the study participants confirmed that they believe that emotional distresses, anxieties, or depression can be alleviated by using alcohol.

“It is very difficult to adapt from high school ... I believe that the transition from high school to university is stressful on its own, and it created anxiety for me and I dealt with it by ‘taking one or two’ [beers]” (Participant 3, aged 19).

“One of the reasons why I drink beer is to deal with stress. I usually need a quiet environment, such as my room to enjoy a couple of drinks, especially on weekends. Yes, we know that beer is not allowed in residences, we take advantage of security loopholes to take alcohol into our rooms. It is one way of getting rid of stress, you know we get a lot of work to be covered within a short period. However, on some occasions when we are drunk, we make a lot of noise, thereby attracting the attention of security officials” (Participant 17, aged 24).

Most participants in this study revealed that although alcohol is not allowed at campus, the university security rarely detects alcohol smuggling into residences. One of the participants reported that he felt safe when he drinks beer in his room, with his friends. In addition, the participant reported that he uses alcohol to deal with stress resulting from missing home and family.

“I usually drink during weekends, and I do this in the comfort of my room. I read many incidents of alcohol related violence, so I protect myself by staying indoors, especially at night. Because I am away from home, I feel stressed. I deal with stress by taking

some glasses of beer, with my friends. Though it is not allowed to drink in residences, we occasionally do it.” (Participant 15, aged 21).

4.4.7 Absent fathers and lack of parental guidance

The participants reported that limited parental involvement contributes to alcohol use among the youth. Some participants expressed that there is a lack of role models within homes and communities. The study revealed that there is also prevalence of alcohol use and abuse by adult family members. These factors contribute to youth using alcohol. Seventeen of participants in this study blamed lack of parental supervision and guidance on why the youth use alcohol. The participant reported that absent fatherhood contributes to alcohol use by the youth, as there is no male role model in the family. Consequently, participants revealed that there is high prevalence of mother-headed households.

“I grew up in a mother-headed family ... I believe if there was a good father figure, I could not have used alcohol” (Participant 1, aged 24).

“I think things would have been different if my father had been present in my life. I always hear my teetotaler roommate at university talking to his father. His father always discusses alcohol abuse. I remember one day when his father visited my friend, he took us for lunch, and he gave us a lecture about alcohol use and abuse, especially at university. Imagine having a hands-on father like that from an early age, I do not think I could be drinking” (Participant 20, aged 21).

“My parents did not stay with me during my high school days, so I did what I wanted during their absence. That is how I started drinking beer” (Participant 9, aged 23).

This study revealed that most participants felt that parental participation in alcohol use education is vital in preventing alcohol abuse. In this study, twelve participants reported that if their parents had taught them about challenges associated with alcohol use, they would not have used alcohol. When asked who spoke to the participants about alcohol use, they reported that no one taught them about the related risks.

“Honestly speaking, in my family no one ever taught me about the dangers of alcohol. I only learnt about it during church sermons, but you know what, pastors can speak

about anything that is immoral, such as alcohol related problems.” (Participant 15, aged 21).

“Our parents do not talk to us about alcohol, they do not even tell us that alcohol has destroyed many lives, especially the youths” (Participant 10, aged 19).

However, the participants reported that after they started using alcohol that is when their parents started to talk to them about alcohol, something which was no longer useful as they had already indulged in it. One participant reported that his father lacked guidance and counselling skills on issues related to alcohol use. Instead, the participant revealed that his father uses threats instead of advising about dangers of alcohol use.

“I stay with my father, who never discussed alcohol issues with me. However, when my father realized that I was drinking, he came to me and screamed at me. He threatened to kick me out of the house” (Participant 7, aged 19).

4.4.8 Influence of media and bad role models

The study participants expressed that beer advertisements on television, radios and newspapers are colourful thereby deceiving young people to drink. In addition, the participants reported that alcohol advertisements use social influencers in their advertisement, who in turn will contribute to alcohol use by the youths. More so, the study revealed that major sporting tournaments are associated with the alcohol industry. The participants reported that soccer matches, especially South African premier soccer league, promotes the alcohol industry, by the inclusion of the Carling Black Label (one of the beer brands in South Africa) tournament that features Kaizer Chiefs and Orlando Pirates football clubs.

“See my sister, we all love soccer, I love soccer. If you follow what I am saying, how many adverts are flirted before, during and after big soccer events such as the UEFA Champions league? Drinking Heineken beer is portrayed as fashionable and a show of middle-class status. The television station does not care that there are children watching these matches, what they care for are advertisement revenues ... So, I can say the beer industry pumps money into sports, and the sports industry has no choice as they want revenue. Here in South Africa, our soccer premier league is officially opened by Carling Black Label [beer brand] by two of the biggest teams [Kaizer Chiefs and Orlando Pirates] ... What the hell!” (Participant 1, aged 24).

“Beer advertisements are splashed everywhere [in media]. On newspapers, it you can find a whole page colourfully displaying alcohol...and have noticed how colourful and strategically positioned billboards that advertise alcohol are. They have money to spend on advertisement, to influence us that drinking is good. Yes, I know that drinking is bad, but I do not like the situation whereby young children are influenced to drink by advertisements, it is morally wrong!” (Participant 2, aged 22).

Furthermore, this study revealed that beer adverts in newspapers and on billboards are strategically placed and colourful to attract the alcohol users, or potential alcohol users. The participant questioned why alcohol advertisers do not categorically warn teenagers and youth about alcohol use. The student reported that advertisers only warn about the prohibition of the sale of alcohol to underage individuals, not the alcohol related burdens. The participants also reported that there was a need for banning of alcohol advertisements on public platforms, such as radios and televisions.

“My sister, beer advertisers must account for the high prevalence of alcohol use by teenagers. They hide under the banner of ‘terms and conditions apply’, which are printed in small font. They say ‘not for sale to persons under the age of 18’ and ‘drink responsibly’. Why must they write it in small font? These messages are not easily visible” (Participant 9, aged 23).

“Yes, media influences the way we perceive alcohol. The government banned tobacco advertisements, why can they not do the same with alcohol? The government is the greatest beneficiary of alcohol use through ‘sin taxes’” (Participant 11, aged 20).

This study also revealed that participants were aware about the revenue contributions made by the alcohol industry to the State.

4.4.9 Pleasure and social enhancement

The interviews suggest that the desire for pleasure and social enhancement were linked to alcohol use. In this study, the participants revealed that they engaged in binge drinking and ‘clubbing’ because they wanted to feel happy, and to network with other people. Most participants reported that they were aware of the risks associated with binge drinking. They also revealed that they use alcohol before big soccer matches as a form of entertainment and celebrations for victories by their respective football clubs. In addition, participants reported that they are more likely to drink alcohol during music, and dance entertainment. The

participants also highlighted that during alcohol drinking sessions, they also smoke other drugs, such as marijuana. These substances make young people feel more confident to do certain activities.

“I am usually a socially reserved person, so drinking gives me an edge to do things I am shy of doing, like getting on the dance floor. So, to me, I drink because I want to enjoy my moment” (Participant 6, aged 26).

“I drink beer to celebrate an achievement, especially between rival soccer clubs. When Kaizer Chiefs wins over our rivals such as Orlando Pirates, I drink to celebrate. Also, I enjoy smoking tobacco, and sometimes some drugs such as marijuana” (Participant 9, aged 23).

4.5 Attitudes of alcohol use

Most participants reported that alcohol use was common among both male and female students. Additionally, the study participants reported that most students use alcohol responsibly. This indicates that there is a high level of knowledge and awareness about alcohol use among the study population. However, students expressed that there is high prevalence of alcohol use among the communities they come from.

“Alcohol use defines your personality. My sister, here at campus, all my friends use alcohol ... It is fashionable. I know most girls here use alcohol. Yes, we have regular and occasional alcohol users, but the bottom line is that we have high prevalence of alcohol use. Fortunately, most student drink responsibly, based on alcohol related incidents we hear about, unlike in communities, where there are incidents of alcohol related violence. Maybe it is because of the rules at university in terms of alcohol use” (Participant 1, aged 24).

“I think alcohol use is common among males and I believe that most men in my communities use alcohol... for social interactions, hence there are many people who drink” (Participant 12, aged 25).

The students in this study expressed that there is high prevalence of alcohol use by teenagers in high schools, resulting in teenage delinquency. Additionally, the participants highlighted that some teenagers miss classes for alcohol. They reported that there is lack of leadership to address the high prevalence of alcohol use by teenagers.

“There is rampant underage drinking in my community. This is bad, and no one steps up to stop it. These kids drink in front of adults, and we rarely challenge them, showing lack of leadership at family and community levels. So, I can say there is high rate of alcohol use in my community” (Participant 2, aged 22).

“Some high school students bunk lessons for alcohol, you see them in parks, drinking and smoking. They are destroying their future, but no one disciplines them. This is all because of alcohol” (Participant 5, aged 20).

4.6 Bad experiences with alcohol use

The findings in this study indicate that alcohol use is closely associated with voluntary and forced school drop-out, gap years and poor academic results. In addition, most of the participants stated that they had bad experiences with alcohol, having suffer from alcohol use attributed trauma, violence, economic losses, and risky sexual behaviour. They blamed such experiences on themselves, or other fellow alcohol users, including their friends. Participants also narrated stories of their firsthand bad experiences after alcohol use, and the risks associated with it.

4.6.1 Trauma and violence

This study revealed that alcohol use is associated with violent crimes, which in most cases are traumatic to both the victim and the community. They reported that stabbings and gunshots are common, especially in unlicensed liquor outlets. In addition, the participant explained that because of alcohol use, and abuse, they sometimes engage in risky and irresponsible behaviours that expose them to physical harm. They reported that they sometimes drive under the influence, resulting in accidents

“My sister, I missed death by a whisker because of drinking. We do not listen when police say do not drink and drive. But how many cars do you see at a drinking spot? After taking 6 beers, I can cruise home, even at 100km/hour. On this day, I took my normal six glasses of beer, then I drove off home. What I remember are tire screeches. I found myself in hospital for 3 weeks ... that is drinking and driving for you. I blame it on myself, luckily there were no fatalities, but I suffered financial losses, and the government too, because my hospital bed could have been used for a good cause, not for alcohol related trauma” (Participant 2, aged 22).

“I got stabbed at a tavern when I was drinking with my friends. Look, look, look here [showing the interviewer the scar]. Yes, we had some arguments with this guy, and both of us were drunk. Without warning, he stabbed me on the hand for having offended him, up to today, I do not remember what I had said. I blame it on alcohol” (Participant 12, aged 25).

The participants further revealed that they were traumatized by witnessing killings as a result of misunderstandings and criminality at illegal liquor outlets

“I have not been directly affected by alcohol use, but I have seen quite a number of people who died from gunshot wounds and stabbings, especially in taverns situated in townships and informal settlements” (Participant 8, aged 25).

“I lost a friend, who was shot at when we had an argument with some patrons at one of the taverns. I still have vivid memories about that, which is traumatic to me” (Participant 14, aged 23).

4.6.2 Financial losses

One challenge that stood out across all the participants was that most participants overspend on alcohol. The findings in this study revealed that there are direct and indirect financial losses suffered by participants because of alcohol use. Most the participants reported that they lacked personal financial management and budgeting skills, resulting in them accumulating debt from borrowing money for alcohol.

“Last month, I spent most of my income on alcohol, and this forced me to borrow money for food. Of course, that was irresponsible on my part, and I hope I will never repeat such a mistake. I have also seen many other students who overspend on alcohol” (Participant 8, aged 25).

“I always overspend on alcohol, I find myself broke because of alcohol use” (Participant 1, aged 24).

When probed further on how he then made ends meet to mitigate the loss, one participant indicated that he resorted to borrowing from informal money lenders, who charge exorbitant interests.

“I borrow from family and friends, under the false pretext of buying academic essentials. However, I once borrowed from these loan sharks, Yoooh my sister that was

R500, which I would pay within a month, with an interest of 100%. Unfortunately, I failed to meet the obligation, and the 'loan shark' [illegal money lenders] demanded the interest only, so I paid him R500 interest, and the following month, I had to pay him R500 interest, plus R500 that I had borrowed. I also failed to secure the R1000, so I paid him the interest. I finally paid all his dues in the third month, but yoooh [exclamation], I could feel that I am drowning in debt, all because of one drinking occasion. However, I vowed not to borrow from 'loan sharks' (Participant 5, aged 20).

One participant narrated that because of alcohol use, he suffered financial losses at a personal and family level. The participant incurred medical costs for the injuries he sustained in the accident attributed to alcohol use. Consequently, he missed valuable academic time, and he also lost a family member. The interviews suggest that participants were aware of the huge burden that alcohol has on the national budget due to numerous alcohol related accidents and deaths.

"I have traumatic experiences that I attribute to alcohol use. I went clubbing with my uncle and enjoyed good times. Unfortunately, on one occasion, we had too many to drink, and on our way in my uncle's car, we were involved in a fatal accident. My uncle, who was driving, lost control, and I only found myself at King Edward Hospital [in Durban]. My uncle passed away on the spot, and I could not say good goodbye to him because I was fighting for my life in hospital. I was admitted for 2 months, and I missed out on my academic work, forcing me to drop out. What a financial loss to me and my family. My uncle was a lecturer at an FET college, and what a loss for us and the government. Reading from newspapers and listening from televisions and radios, you can see that there are many alcohols related accidents and fatalities, and the loss at national level is big" (Participant 6, aged 26).

4.6.3 Health challenges

Health problems such as exposure to contracting COVID-19, stress, and exposure to risky behaviours, such as unprotected sex, not eating regular meals were reported by participants. Some participants reported that they started using tobacco as a result of alcohol use.

Two participants linked alcohol use to COVID-19, and they were aware that alcohol use exposes people to the risks of contracting COVID-19. One participant indicated that he suspected that he contracted COVID-19 from a local tavern in his community where he frequently goes to drink alcohol. This is what they reported:

“The year 2020 was a painful one for us during the hard lockdown. Three months without beer, before that I rarely spent two weeks without beer, but last year we spent more than 3 months without alcohol. I felt depressed, partly because of the absence of alcohol” (Participant 18, aged 20).

“My experience about alcohol is bad, as suspect that in March this year [2021], I contracted COVID-19 at a local tavern. The pain I went through is something that I had never experienced, especially the headache. Luckily, I survived. However, I now firmly support the government’s alcohol ban in 2020, especially during the peak of the first wave, otherwise, the whole country could have contracted COVID-19” (Participant 19, aged 20).

Participants narrated their experiences of risky sexual behaviours. They engage in sexual intercourse with commercial sex workers when they are drunk, thus exposing themselves to STIs and HIV/AIDS. Resultantly, the participants reported that transactional sex, especially with commercial sex workers, has affected their perception about women, especially in relationships. They reported that they had a wrong perception that all females who frequently go to beer outlets are commercial sex workers.

“I think I am so used to paying for sex, so each time I move about in my neighbourhood - when I see a beautiful woman that I like, I associate her as a sex object, something I sometimes feel ashamed of. So, you see at the moment, I do not have a steady girlfriend, I only appease my sexual appetite through commercial workers, exposing myself to the dangers of HIV/AIDS” (Participant 15, aged 21)

“I had multiple ‘girlfriends’ at taverns. You know what, during drinking, you are surrounded by beautiful women, some of whom are hookers. They entice you, when you are drunk and at some drinking spots there are rooms for rent for one hour. I used to book these rooms, one hour for R200 to have sex with women, who could charge me R100 per 30-minute sex session. If you think I am lying, go to a hotel in Field Street, in Durban CBD, you will see what I am talking about. In some instances, these girls insisted the use of condoms, but in some, they did not - exposing myself to HIV/AIDS” (Participant 13, aged 20).

When probed further about why he continues to engage in risky sexual behaviour with commercial sex workers, and why he can’t seek help, one participant revealed that he needed guidance and counselling in that regard. In fact, the participant highlighted that he thinks that

alcohol related health issues do not receive much attention in clinics, as compared to other burdens, such as TB, HIV/AIDS, and COVID-19.

“These are one of the traps of alcohol use, and abuse. I regret it, but when I am drunk, I find myself into it. I hope one day I will quit this ... [emotional]. On seeking help to end this, it is a tricky issue. You know as men in general, we are selfish to ourselves, we do not open up for assistance for fear of being blackmailed, and lack of trust between us and those who can help us ... Imagine going to a clinic for assistance about my risky sexual behaviour when using alcohol. The stigma comes from the frontline healthcare workers, when I narrate my challenges... in this era, I suspect I will be wasting time for nurses who are dealing with the burden of COVID-19. The psychological services on ‘minor’ alcohol related challenges are rarely visible.” (Participant 15, aged 21).

4.6.4 Poor academic performance

The results of this study suggest that some participants had poor academic performance primarily attributed to binge drinking. The participant revealed that when they were in their first year of studies, they did not regularly use alcohol, and their academic performance was pleasing. However, when they engaged in irregular alcohol use during their second year of study, the participants reported that their academic work took a knock. However, in their third year of study, they reduced the frequency of alcohol use, and their academic performance immensely improved.

“I was not a regular drinker during my first year, and I paid more time on my studies, which yielded positive results. I got an average of 60% in all my examinations. However, things turned the other side during my second year of study. We hooked with girls, and guess what, my marks drastically fell. I failed two modules, and those that I passed, I passed them with low marks” (Participant 12, aged 25).

“I have reduced the frequency of alcohol use in my third year of study because I do not want to repeat the same mistakes I committed in my first year of study [of regular alcohol use at the expense of academic work]” (Participant 8, aged 25).

However, in contrast to bad experiences faced by most of the participants, one participant reported that he had no bad experiences with alcohol use because he drinks responsibly by not engaging in binge drinking, avoiding confrontations when drunk, and not driving under the influence of alcohol.

“I believe I am a responsible drinker. All my family members [father, mother and three brothers] drink responsibly. We know the do’s and don’ts of drinking. I do not drink and drive. I do not expose myself to situations where I suspect I may get into trouble. I drink for pleasure and socialization, with a greater responsibility that tomorrow will be another day to drink, hence the need to know your intoxication level” (Participant 3, aged 19).

4.7 Coping strategies

The findings in this study suggest that the participants use appraisal-focused, problem-focused, emotion-focused, and adaptive coping strategies to deal with alcohol-related stress ((Britton, 2004; Schoenmakers et al., 2015). Furthermore, the participants indicated that they had high levels of resilience, if faced with challenges, such as poor academic performances as a result of alcohol abuse. In addition, the study revealed that it is difficult to command a person to ‘stop drinking’ because it eradicates one coping skill without substituting it with an alternative. As such, participants reported that they challenge their own assumptions about alcohol and modify the way they relate to it.

4.7.1 Creating humor

Adaptive coping strategies entails the creation of humour to deal with adverse effects of an event (Carver et al., 1989). The findings in this study suggests that the participants use adaptive coping strategies to deal with alcohol related stress and burdens. The participants indicated that when they make mistakes because of alcohol use, they use humour to learn and rectify the behaviour. They reported that it was important to carry out debriefing exercises to reflect on what they did right or wrong at a ‘drinking excursion.’

“Usually, when I do bad things during a drinking session with my friends, I create humour about it. For example, I fell and got bruises ... and the following morning, my friends dramatized the way how I staggered, and fell down. I was feeling bad about why I fell down, but after that humour, I felt a bit relieved.” (Participant 5, aged 20).

“If we go clubbing with friends, we do informal debriefing sessions to see where and who was overwhelmed by alcohol use. The way we do it is exciting, but not meant to humiliate each other though” (Participant 9, aged 23).

4.7.2 Resilience and self-motivation and taking responsibility

The participants in the study reported that despite the adverse effects of alcohol use, they are self-motivated to complete their university studies, and join the job market, so that they could have more ‘alcohol buying power.’

“In as much as we drink, and sometimes affecting our studies, I feel self-motivated by the prospects of being a graduate in the near future. I know education is vital as it enhances my chances of getting employed” (Participant 8, aged 25).

One participant reported that blaming alcohol, friends and circumstances for alcohol related challenges is not the solution to his problems. Instead, he challenged other alcohol users to take responsibility for their actions, especially on alcohol use

“I sometimes feel low, especially when I am broke because of alcohol expenditures. In life, when faced with challenges, we always blame on something, or someone ... I have heard friends blaming the apartheid government for our drinking patterns (Participant 4, aged 20).

4.7.3 Social support

This study revealed that despite many alcohol related challenges experienced by the participants, they reported that their families were supportive of them. The study highlighted that family social support is one of the adaptive coping strategies.

“When I was involved in an accident, my family were there for me when I was admitted in hospital for 3 weeks. I thought they would desert me because they always warned me about my drinking patterns. Instead, they were there for me. So for me, social support from family and friends plays a significant role as a coping strategy when faced with challenges” (Participant 2, aged 22).

“My family is always there for me...I know they do not like me to drink, but they supported me when I failed my examinations. Instead of them blaming it on alcohol, my dad went on to borrow the phrase ‘what does not kill you makes you strong’ and I felt humbled by that because I knew that my failure was attributed to alcohol abuse.” (Participant 1, aged 24).

Additionally, the participants highlighted that they sometimes seek spiritual intervention when faced with challenges. The participants reported that they regularly pray for safety in their lives.

As such some participants revealed that when faced with challenges, they get emotional and spiritual support from their pastors.

“I am a religious person who believes that God protects me from all forms of evil. Most of the time, I pray to get wisdom from God. Maybe that is why I use alcohol responsibly.” (Participant 8, aged 25).

“When I got involved in an accident because of drunken driving, I became connected to God. My pastor visited me in hospital every day for prayers. That support made me feel wanted and supported by those close to me” (Participant 2, aged 22).

4.8 Suggestions on how to deal with alcohol related challenges

The study revealed that participants were concerned about the adverse effects of alcohol use, especially among the youth. Student participants reported that there is a need for more support for a new approach in universities on dealing with alcohol related issues. They suggested that there should be student-driven alcohol advocacy programmes, from the university public health departments.

“There is great need for alcohol intervention programmes at our campus, many students miss lessons because of binge drinking. In my class, there are many dropouts, because of issues, such as alcohol challenges. Our university must loudly speak out against alcohol abuse. Of course, there are Counselling services, but few students utilize them for alcohol related challenges” (Participant 2, aged 22)

“Yes, we read about alcohol abuse here and there, yet there are no visible advocacy programmes about alcohol. Students must take up the challenge to help fellow students who are struggling with alcohol related challenges” (Participant 5, aged 20).

4.9 Summary

In this chapter the extent of alcohol use in the communities and universities was highlighted. Furthermore, the chapter presented nine reasons why people, including students, use alcohol, and the findings revealed that these reasons are interconnected to each other. Participants reported their personal reasons on why they indulge in alcohol use, and their revelations showed similar patterns. Students also highlighted their perception and knowledge about alcohol use causes. They also reported their personal bad experiences with alcohol use, which included trauma, violence, economic losses, health challenges and poor academic performance.

In addition, the chapter presented coping strategies used by students to fight against alcohol related challenges. However, in as much as students use and abuse alcohol, they gave suggestions on how best to tackle the alcohol related challenges faced by them.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Introduction

Alcohol abuse is a major concern and is widely used among young people. However, it is likely to have adverse socio-economic and adverse health implications, especially among the youth. The overall aim of this study was to shed insights on alcohol use among male university students. This chapter discusses the findings of the study in relation to the literature. The chapter also uses the theoretical framework used to better understand alcohol use among young people. This qualitative study reported on the views of twenty students, using semi-structured, in-depth interviews to gain vivid descriptions of the perspectives and experiences of alcohol use among students.

5.2 Discussion

The findings of this study suggest that there was widespread alcohol use among male university students who participated in this study. They use alcohol when they are on campus and at home. A study conducted by Graupensperger et al. (2021) reported that some students engaged in more alcohol use, relative to before the COVID-19 pandemic. The participants mentioned that alcohol use was common in their communities, and with some reporting that alcohol use by teenagers was of great concern. This is supported by studies from Europe, Asia, America, Africa and in particular, South Africa, which indicates that alcohol use by youth and university students is worrisome (Atwoli et al., 2006; Castaño-Perez and Calderon-Vallejo, 2014; Getinet, 2018). Alcohol use by students is one of the reasons for academic failure, school dropout and health related challenges (Atwoli et al., 2006). A recent study suggested that a significant number of South African university students face alcohol related challenges (Govender et al., 2017).

Studies indicated that alcohol use is a result of early introduction, exposure, and access to alcohol (Delgado-Lobete et al., 2020). Despite many factors that cause students to use alcohol, participants were able to identify reasons which relate to their lived experiences. The findings revealed that sixteen of the participants first started using alcohol before the age of 18 years, with participants stating that they were influenced by their peers and community. The Eaton theoretical model employed in this study suggests that alcohol use is influenced by one's personality (within person), social environment and networks (proximal context) and culture (distal context) (Eaton, 2002). The youth have personal beliefs about the effects of alcohol prior to use. Additionally, the structural component of communities (socio-economic, legal, and

political) also determines the prevalence of alcohol use. Equally, many previous studies on alcohol have reported various socio-economic and geographical factors which contributes to alcohol use by students (Brandão et al., 2011; Lorant et al., 2013; Pourmohammadi and Jalilvand, 2019). Collins (2016) argued that there is a correlation between alcohol use and an individual's educational level, employment status, and living conditions). Social media has a strong influence on how children perceive alcohol (Moreno and Whitehill, 2014). Most social media applications such as Facebook, Twitter and WhatsApp provide platforms for individuals to share thoughts, experiences, photographs, videos, news and stories, hence there is a concern about young people being exposed to alcohol marketing on these platforms (Jernigan and Rushman, 2014). Furthermore, alcohol use, as reported from the study participants, was closely influenced by the media, especially electronic media. Sudhinaraset et al. (2016) reported concerns that alcohol advertisements have the potential to influence teenagers and youth to consume alcohol.

The study also highlighted regular source of income, such as NSFAS and how it influences the frequency of alcohol use by students. Some study participants indicated that they come from middle class families and their parents or guardians were able to send them more money, which they used to purchase alcohol. Karam et al. (2007) also identified family socio-economic status as one of the determinants to alcohol use by students. However, the majority of participants felt that they were able to balance their academic work and leisure time that includes alcohol use. This revealed some level of responsible alcohol use as they demonstrated academic resilience.

The study revealed that many of the students interviewed come from female-headed households and are vulnerable to alcohol use because there are no proper parenting and guidance skills. According to Lorant et al. (2013) there are different contextual factors, such as reduced parental control, that contributes to alcohol use by students. Some participants communicated that they felt let down by absent fathers, and they lacked role models in their families and communities. Furthermore, participants highlighted that older males in their communities abuse alcohol. The study findings further suggest that the socio-economic status of the communities and individuals determine the prevalence of alcohol use. This is rooted in the low socio-economic status of their community, which increases their exposure and vulnerability to alcohol (Bellis et al., 2016). Furthermore, some study participants complained about the lack of alcohol law enforcement to prevent illegal sale of alcohol in their communities, especially to children under 18 years old (The National Academies Press, 2004).

All the participants who stayed off-campus explained that they were more exposed to alcohol related challenges, as they live in communities that have a high prevalence of alcohol use and abuse. Participants who stayed off-campus communicated that they were restricted from accessing university resources, thereby frustrating them. Students who stay in privately owned off-campus residences have limited access to university facilities, such as the internet, hence they focus their attention on alcohol. The lack of on-campus student accommodation is a challenge in many universities, hence some students rent off-campus accommodation, which exposes them to many other social challenges, such as crime and alcohol abuse (Mudau, 2017).

Several studies suggest that peer pressure results to teenagers and youth using alcohol to conform to their peers (Studer et al., 2014; Borsari and Carey, 2001). This is further confirmed by Arnett (2000), whose study revealed that when the youth are widely exposed to adults who frequently engage in alcohol use, young people ultimately use alcohol. In support of these assertions, a study focusing on college students by Borsari and Carey (2001) found that college life is influenced by peer pressure. This study confirms that peers and friends create a comfortable environment to use alcohol. Participants got pressured to go out for drinking occasions. A study by Nyandu and Ross (2020) reported that 88% of students reported that they use alcohol for enjoyment purposes. However, this study further revealed that if a student did not conform to alcohol use, they would feel lonely, as there would be no one in residences because ‘all’ students would be partying, thus friends and peers have normalized alcohol use such that those who do not subscribe to that norm are regarded as ‘outcasts and abnormal’.

Education about life skills is vital for social well-being, as evidenced by the findings of the study. The lack of knowledge on alcohol-related issues is one of the causes of alcohol use. Students reported that the lack of education on alcohol influenced their use. The students argued that parental involvement in educating them about alcohol use could have prepared them to address alcohol related challenges. Some students reported that they are self-taught when it comes to alcohol related challenges, and in some instances, they learn through lived experiences, which are mostly traumatic and stressful. However, the study also reported that there is poor communication between parents and teenagers, which in most cases is one sided, whereby parents command instructions on socially acceptable behaviours. The lack of parental guidance has been highlighted as one of the causes of rebellious behaviours emanating from teenagers (Hoskins, 2014). In this study some male students reported using alcohol as a form of rebellion against strict rules presented by their parents.

The participants in this study also felt that they could have been well prepared against alcohol abuse when they were in school. They felt that the education system did not help them address such issues. They indicated that schools focus more on sex and sexuality during Life Orientation lessons. The participants believed that sexuality and alcohol use are linked to each other, yet the latter receives little recognition, as teachers mention it briefly. The participants also believed that educators only teach to complete the curriculum, not to impact lifelong outcomes.

Studies suggest that there is a need to restrict access to alcohol so as to curtail alcohol related challenges, such as underage drinking and violence (Freithler et al., 2015; Pollack et al., 2005). This is supported by findings in this study where participants indicated that there are many illegal taverns in communities, especially in townships and informal settlements, and this contributes to alcohol use as it is easily accessible. Some participants reported that alcohol was available in their communities during the COVID-19 induced hard lockdown illegally. However, they reported that it was sold at exorbitant prices; in some cases, three times more than the recommended retail price, however people could still afford to buy it. Participants suggested that home brewed beer was also easily accessible in their communities, and most youth were buying it because it was relatively cheaper. Charman et al. (2013) reported that there are approximately 200 000 illegal outlets in SA, which fuels alcohol related challenges, such as violence.

Overall, the findings revealed that the experiences and attitudes of students on alcohol use were common. Nineteen of the twenty participants had bad experiences that included stress and trauma as a result of alcohol use. Therefore, all the participants had negative attitudes towards alcohol because of the bad experiences they encountered. None of the participants in this study dropped out of university because of alcohol related challenges. Instead, only two participant missed lessons as a result of hospital admission caused by alcohol related behaviour. This finding contrasts with other studies which reported that students were more likely to drop out of university because of alcohol related challenges (Govender, et al., 2015).

The participants described that they had negative experiences in using alcohol, as they suffered physical, mental, and economic losses. Two participants reported that they were involved in car accidents because of driving under the influence of alcohol. However, the participants reported that they are aware of the dangers they are exposed to, but they are not deterred to use alcohol because they have prior beliefs about alcohol. As mentioned earlier, adverts influenced

some male students to feel that consuming alcohol is acceptable in their communities. This suggests that some participants were not aware of the vulnerabilities they expose themselves to, as a result of alcohol use. These findings are in line with the Eaton theoretical framework used in this study, which argued that the personal context influences youth to have well-developed beliefs about alcohol and its effects.

The study findings revealed that students engage in risky sexual behaviour when they use alcohol. Some male students reported having sexual intercourse with women they met at taverns. This was also confirmed by a study in a Kenyan university which revealed that approximately 98% of students faced alcohol related problems which included unprotected sex (Atwoli et al., 2006). A study by Leigh (2002) revealed that alcohol use at first intercourse was linked with decreased condom use. Participants who reported never using condoms were well informed about the advantages of using condoms during sex but were unwilling to use condoms because of negative attitudes towards condom use. Nonetheless they confirmed that condoms were easily accessible in university residences. This study found that students had negative attitudes towards condom use. The issue of condom availability and use in universities was also confirmed by Raselekoane et al. (2016) who reported that male students at the University of Venda did not use condoms despite their availability in residences. However, in this study, some participants acknowledged the use of condoms in such instances.

According to Baqutayan (2015) coping strategies are used by individuals to deal with adverse situations. Ultimately, the coping strategies explored in this study includes both appraisal-focused, adaptive-focused and emotion-focused. When faced with life adversities, individuals use both the internal protective factors (such as self-awareness) and the external protective factors (for example, expectations by family and society) (Gizir and Aydin, 2009). The interviews indicated that many participants use family, friends, and resilience to cope. Many students communicated that the family support system was one of the influential coping strategies they use when they encounter challenges that resulted from alcohol use. Equally, participants indicated that they were goal-oriented (of graduating), hence they were able to adjust against all adverse effects of alcohol use. In addition, they reported that they use religion and culture to cope, thus highlighting the role of spirituality to overcome challenges. Britton (2004) suggests that the degree of religiosity is a coping strategy that is commonly used by individuals. In addition, the majority of students reported that they are resilient during stressful or disruptive events.

The study also confirmed that some male students at UKZN use university social and academic support systems as one of the coping and self-help seeking strategies. They go for counselling services thus indicating that the university is trying to help students deal with alcohol related issues. Nonetheless, the study findings suggest that some students do not use these psycho-social services. The participants confirmed that they have never utilised these psycho-social resources because they were either unwilling to use them (because they hold negative attitudes towards seeking help), or they were not aware of their existence. This is supported by Vuuren (2014) who indicated that some students do not use psycho-social services at university campus because they were not always aware of their existence.

5.3 Recommendations

Future research is needed to probe ways of decreasing the extent of alcohol use among students, by mainly focusing on the causes of alcohol use at family and community levels. While there is also a need for studies that inform ideas on decreasing alcohol use among students, there is a need for universities to design and implement student centered programmes that fight against alcohol use among students. Some of the participants in this study advised the university to design and implement alcohol advocacy programmes that are run and managed by students themselves, which may include those students who have successfully dealt with alcohol abuse. They also argued that there must be more visible advocacy programs initiated by universities that should be rolled out for high school learners, such as highlighting alcohol uses versus bad lived experiences by students. Furthermore, universities should include a topic on orientation day for first years on the extent of alcohol use by students. In addition, students who had negative experiences with alcohol use may provide more insights on how they cope. This will help government, universities, communities, and families to design better strategies on alcohol abuse. Consequently, this will reduce university dropouts.

Students use alcohol at an early stage of their life, because of their socio-economic and geographical setup. The theoretical framework of this study does not discuss why individuals do not resist the pressures of alcohol use, thereby using their independent internal judgement skills. Therefore, it is vital for further studies to explore internal factors that can prevent alcohol use.

There must be similar research that uses a quantitative approach that can collect student samples that are more representative. For instance, there should be a longitudinal study of UKZN students' drinking patterns over the four years of undergraduate study, so as to get

representative results that determine the prevalence of alcohol use among UKZN male students. In addition, this study recommends that there is a need for an increased and improved partnership between communities, NGOs dealing with alcohol related issues, secondary schools and UKZN tertiary education can smoothen the transition phase of the first years.

Another recommendation which may be effective is that universities must create proactive and preventative advocacy programmes. This would help decrease the rate of academic failure and dropouts by students which hinders their personal growth. Alcohol related coping strategies in male students needs to be further explored. Participants in this study suggested that there is a need to regularly have open dialogues on alcohol use by students, or design the curriculum that focusses on alcohol issues, and these must be studied across all disciplines for credits accumulation towards their studies.

It is also vital that students get support and motivation to complete their studies on time, since alcohol use has the potential to derail studies. The support and resources for students at the university are vital for dealing with alcohol related problems. This research highlighted some of the psycho-social support that are provided for students at UKZN Howard campus are underutilised by students. There is therefore a need to strengthen these psycho-social systems, particularly on counselling and advocacy. In addition, the university needs to address the phenomenon of alcohol use and abuse as a social ill. More so, UKZN must strengthen its security to control the influx of alcohol into residences.

5.4 Conclusion

This study contributed to the existing literature by exploiting several reasons why male students use alcohol. The study further explored a variety of students' experiences with alcohol that could explain the association between alcohol use and coping strategies. As such, the study explored the effects of alcohol use on students' wellbeing. The study has shed insights into alcohol use by male university students. The study collected data from 20 male undergraduate students through semi structured interviews. However, all participants reported to possess fairly strong coping strategies to deal with challenges they face as a result of alcohol use. The study concluded by highlighting suggestions for further studies on alcohol use by undergraduate male students. Equally, participants also recommended the need for visible and robust peer driven alcohol awareness programmes in universities and communities.

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Appendix 1: Interview Guide: Semi Structured Questions

Demographic Data	
Age	
Gender	
Marital Status	
Year of Study	
Place of Residence (Campus Res/Off Campus Res)	

Main Research Questions.
<ul style="list-style-type: none">• Why do UKZN students at Howard College use alcohol?• What is the level/ extent of alcohol use amongst UKZN students at Howard Campus?• What are coping mechanisms UKZN students on alcohol use?

Interview Questions

Reasons for alcohol use.
<ol style="list-style-type: none">1. Tell me, how prevalent is alcohol use in your community?2. What do you think are the reasons that influenced you to use alcohol? Probing question: Are these different for others in your neighbourhood?3. How old were you when you started using alcohol. Probing question: Tell me more about that experience, and why it happened?

Extent of alcohol use

4. When did you start using alcohol at the university, and why?

Probing question: Are these reasons for drinking at university different from your colleagues at the university?

5. How often do you drink during the semester/ and during the semester break?

6. In your opinion, what contributes to your drinking patterns/behaviour?

7. In your opinion, what causes alcohol abuse among university students

8. From your experience, what are the adverse effects of alcohol abuse to yourself, other students and the general drinking young adult population?

Probing question: In what way has alcohol affected your studies, and that of other students.

Coping mechanisms

9. Considering challenges that are associated with alcohol use, what coping mechanisms do you adopt?

Recommendations

10. In view of the extent of alcohol use in universities, especially by undergraduate students, what advice do you give to potential undergraduate students on alcohol use (especially those completing high school)

11. What suggestions on alcohol use can you give to university management?



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YAKWAZULU-NATALI

20 August 2019

Miss Akhona Presentia Bhengu (214554593)
School Of Built Env & Dev Stud
Howard College

Dear Miss Bhengu,

Protocol reference number: HSSREC/00000048/2019

Project title: Alcohol Use at Universities: A case study of young students in Durban.

Full Approval – Expedited Application

This letter serves to notify you that your application received on 16 May 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year from 20 August 2019.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely

Dr Rosemary Sibanda (Chair)

Humanities & Social Sciences Research Ethics Committee
Dr Rosemary Sibanda (Chair)
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

APPENDIX 3: INFORMED CONSENT FORM

**UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS
COMMITTEE (HSSREC)**

APPLICATION FOR ETHICS APPROVAL

For research with human participants

INFORMED CONSENT RESOURCE TEMPLATE

Information Sheet and Consent to Participate in Research

Date: Day of 2019

Dear potential participant

My name is Akhona Bhengu, a master's student from the School of Built Environment and Development Studies (BEDS), Population Studies, at the University of KwaZulu-Natal Howard college.

You are being invited to consider participating in a study that involves research about "alcohol use among young college students. The aim and purpose of this research is to discover why college students excessively consume alcohol, what are their attitudes to alcohol and lastly, understand their coping mechanisms of students on alcohol use. The study is expected to enroll 20 male participants who are undergraduate students at Howard College. It will involve the following procedures, interviews which will be tape recorded. The duration of your participation if you choose to enroll and remain in the study is expected to be 30- 45mins which will be used to conduct the interview.

The study does not involve any risks, however, it may involve discomforts as some questions may be personal. We hope that the study will create the following benefits, it will help shed insight in different aspects of alcohol use amongst students, and it will assist the society in developing effective coping mechanisms for this issue.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

In the event of any problems or concerns/questions you may contact the researcher at 0814579210 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Your participation in this research is completely voluntary, there will be no financial benefits, and withdrawal can be done at any time due to any reason.

In the event of refusal/withdrawal from participation in the research, there will be no penalties nor consequences to the participant for withdrawal from the study.

Please note that all the information you share during the interview will be kept confidential by the researcher and the research supervisor.

Your names and identity will remain confidential, pseudonyms (false names) will be used in research report. The interview transcripts will be stored in secure storage and destroyed after five years.

CONSENT

I.....have been informed about the study entitled “Alcohol use at Universities: A case study of young students in Durban” by Akhona Presentia Bhengu.

I understand the purpose and procedures of the study

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at 214554593@stu.ukzn.ac.za or call 081 4579 210

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

I hereby provide consent to: Audio-record my interview YES/NO

Signature of Participant

Date

Signature of Witness

Date