

**UNIVERSITY OF BOTSWANA
FACULTY OF SOCIAL SCIENCES**

MASTERS IN SOCIAL WORK

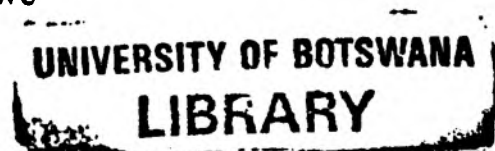


MSW 700: RESEARCH ESSAY

Factors Leading to Alcohol Abuse by Young People in Botswana.

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May, 2007

APPROVAL

This research essay has been examined and approved by as meeting requirements for partial fulfillment of Masters Degree in Social work (MSW).

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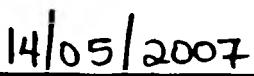
Date

DECLARATION

This research essay was undertaken from January 2006 to May 2007. This study has not been done before therefore, except where reference has been made, the contents of the paper are original.

A handwritten signature in black ink, appearing to be 'U. Agwa', written over a horizontal line.

Student's signature

A handwritten date '14/05/2007' in black ink, written over a horizontal line.

Date

DEDICATION

This research essay is dedicated to my husband (Dr. Kefa Matwetwe) and my daughters Naomi and Deborah.

ACKNOWLEDGEMENTS

I would like to thank God almighty for the gift of life and good health throughout this project. My sincere gratitude to my supervisor, Mrs. Gloria Jacques, who carried me through this project without being impatient. She was more like a mother to me, and was always willing to give me guidance. I would also like to thank Dr. Tirelo Modie for her contribution on the development of the proposal. This was of great value to me and helped me to widen my scope of thinking.

I thank my husband, Dr. Kefa Matwetwe, for his continued support both financially and emotionally. Without him I would not have succeeded. Special thanks are extended to my daughters, Naomi and Deborah, for their endurance throughout this project, and not forgetting Omphemetse Tlhong for taking care of my children while I was engaged in the research.

I also thank my friends, Kayi Ntinda and Makomisi Matekela, for their academic support especially during stressful moments throughout this exercise. Lastly, special thanks go to people who are working in the Department of Social Work (UB) and who, in one way or another, contributed positively to my studies at the University.

ABSTRACT

This study explores factors leading to alcohol abuse by young people with particular reference to Botswana. Youth is the period when an individual experiences physical, psychological, and social changes. In other words, it is a transitional stage to adulthood and it presents many challenges on biological, physical, social, psychological, and emotional levels.

The objectives of this study were to explore the connection between parental influence and alcohol abuse among the youth; to interrogate the significance of peer relationships with regard to alcohol abuse among young people; to identify the relationship between socio-economic status and alcohol use and abuse among the youth; and to consider the relevance of the findings of international (and specifically African) studies to the situation in Botswana.

The social learning theory developed by Bandura (1977) was used as the theoretical framework. According to this theory alcohol use and abuse is learned behaviour and factors contributing to that learning process are attention paid to the model; retention of observations; motor reproduction or replication; reinforcement or reward; and the environment or milieu, which helps to shape the behaviour.

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Literature was reviewed in books, articles, journals, and via the internet. Other information was collected from organizations such as the Ministry of Health, the National AIDS Coordinating Agency (NACA), and the Health and Wellness Centre at the University of Botswana.

The sources indicated that major factors leading to alcohol abuse among the youth are: parental influence, peer pressure, and socio-economic status. Furthermore, alcohol abuse can result in mental and physical ill health and contribute to, and be affected by, violence, unemployment, and poverty.

TABLE OF CONTENTS

Approval	i
Declaration	ii
Dedication	iii
Acknowledgement	iv
Abstract	v
Abbreviations	ix
<u>Chapter One</u>	
INTRODUCTION	1
1.1 Introduction to the Study	1
1.2 Background to the Study	3
1.3 Statement of the Problem	8
1.4 Significance of the Study	11
1.4.1 Social Work Practice	11
1.4.2 Social Work Research	11
1.4.3 Social Work Programmes	11
1.4.4 Social Policy	12
1.5 Objectives of the Study	12
1.6 Research Questions	13
1.7 Definition of Concepts	13

Chapter Two

2.0	METHODOLOGY AND THEORETICAL FRAMEWORK	17
2.1	Methodology	17
2.2	Theoretical Framework	18

Chapter Three

3.0	LITERATURE REVIEW	24
3.1	Introduction	24
3.2	Global Studies and Relevance to Botswana	24
	3.2.1 Parental Influence	24
	3.2.2 Peer Pressure	30
	3.2.3 Socio-economic Status	32
3.3	African Studies and Relevance to Botswana	34
	3.3.1 Parental Influence	34
	3.3.2 Peer Pressure	35
	3.3.3 Socio-economic Status	36
3.4	Focus on Botswana	39
	3.4.1 Parental Influence	39
	3.4.2 Peer Pressure	41
	3.4.3 Socio-economic Status	43

Chapter Four

4.0	DISCUSSION, CONCLUSION, AND RECOMMENDATIONS	47
4.1	Discussion	47
	4.1.1 Theoretical Application	51
4.2	Conclusion	55
4.3	Recommendations	56
	<u>Bibliography</u>	60

ABBREVIATIONS

ACHAP	Africa Comprehensive HIV/AIDS Partnerships.
AYA	African Youth Alliance
BENDU	Botswana Epidemiology Network Drug Unit
BNYC	Botswana National Youth Council
CEDA	Citizens Entrepreneurial Development Agency
INCB	International Narcotics Control Board
NACA	National AIDS Coordinating Agency
NDCCC	National Drug Control Coordinating Council
NHSS	National Household Sample Survey
OSYP	Out of School Youth Programme
TPPA	Tanzania Participatory Poverty Assessment
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Education Fund
WHO	World Health Organization
YOHO	Youth Health Organization
YWCA	Young Women's Christian Association

CHAPTER ONE

1.0 INTRODUCTION

1.1. Introduction to the Study

Alcohol is the oldest and most widely used psychoactive drug in the world (Stanhope & Lancaster, 2000). The World Health Organization estimates that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders. From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality is considerable in most parts of the world. Alcohol consumption has health and social consequences via intoxication (WHO, 2004).

Alcohol consumption is linked to many harmful consequences for the individual drinker, the drinker's immediate environment, and society as a whole. Such consequences include: traffic accidents, work place-related problems, family and domestic problems, and interpersonal violence (Klingemann and Gerhard, 2001). On the other hand, however, social consequences affect individuals other than the drinker, for example, passengers involved in traffic casualties or family members affected by failure to fulfill social role obligations or incidences of violence in the family (Gerhard and Jürgen, 2003).

It is well established that drinking can severely impair the individual's functioning in various social roles. Alcohol misuse is associated with many negative consequences both for the drinker's partner as well as children. Maternal alcohol consumption during pregnancy can result in fetal alcohol syndrome in children, and parental drinking is correlated with child abuse and impacts a child's environment in many social, psychological and economic ways (Gerhard and Jürgen, 2003).

Health effects which can be brought about by alcohol dependency may be experienced after many years of heavy use. Alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in loss of many years of life due to death or disability. There is increasing evidence that, besides the volume of alcohol, the pattern of the drinking is relevant for the health outcomes (WHO, 2002). Overall there is a causal relationship between alcohol consumption and more than 60 types of disease or injury. Alcohol is estimated to cause about 20 – 30 per cent of oesophageal cancer, liver cancer, and cirrhosis of the liver, homicide, epileptic seizures and motor vehicle accidents worldwide (WHO, 2002).

Abuse of alcohol and other substances is reported to be a major public health problem in African countries like Angola, South Africa, The Democratic Republic of Congo, and Zimbabwe (WHO, 2003). Rapid change in the economic and social sphere and prevailing political instability are reported to be contributory factors in the matter (Eide, 2003; WHO, 2003). Other contributory factors are family functioning (this can be classified as parents who drink), lack of parental guidance, peer pressure, and

ready availability of alcohol (Catalano et al, 1999; Duncan et al, 2005; World Drug Report, 2000; WHO, 2003).

Africa traditionally produces home brews in villages through fermentation of seeds, grains, fruits, vegetables or the components of palm trees. These home brews are much cheaper than industrially produced alcohol (WHO, 2004). This kind of alcohol is being used in different ceremonials, for example rituals, funerals, weddings, and for leisure.

This research essay examines settings in which young people develop behaviours associated with alcohol abuse. Different factors such as parental influence, peer pressure, and socio-economic status will be looked at in relation to the issue. Social learning theory, as the theoretical framework for the study, considers alcohol abuse as learned behaviour. The essay thus explores factors leading to alcohol abuse among young people in Botswana. The subject is worthy of exploration because young people are the future decision makers and role models at family and societal levels.

1.2. Background to the Study

Botswana is a land-locked nation centred in sub-Saharan Africa with an impressive biodiversity comprised of both desert (the Kgalagadi of central and western districts) and wetlands (the Okavango Delta and Chobe region of the north). This region of 600,370 km² is encircled by the neighbouring nations of Namibia to the west, Zambia

to the north, Zimbabwe to the east, and South Africa to the south (United Nations Botswana, 2006).

Botswana's natural resources - diamonds, copper, nickel, salt, soda ash, potash, coal, iron ore and silver - generate much national revenue, particularly the diamond mining industry. Cattle-rearing is the most significant agricultural enterprise. Small farmers rely on cattle, goats, sheep, maize, sorghum, beans, peanuts, cottonseed, and other dry land crops. Beef exports to Europe represent Botswana's second largest income generator, and the booming tourism industry, currently third, may soon overtake the beef industry as the nation seeks to diversify its economy (United Nations Botswana, 2006).

Due to the production of sorghum on a large scale traditional beer is made from this crop. One such beverage is Nyola, a home-brewed concoction prepared from commercially produced sorghum powder. This is mostly used by the Basarwa of the Kgalagadi and Ghanzi districts (Molamu & Macdonald, 1996).

Botswana, like other countries in Africa, is facing the challenge of alcohol abuse. Over the past few years it has become increasingly clear that this is one of the many factors contributing to the evolution of a high risk environment in the country (ACHAP, 2000). In 2000 ACHAP identified alcohol as one of Botswana's most abused substances leading to the proliferation of HIV/AIDS, domestic violence, family breakdown, and child abuse.

Botswana, like all developing nations, has faced increasing urbanisation in recent decades. The traditional lifestyle of migration amongst three homesteads - the cattlepost (moraka), the lands (masimo), and the village (motse) - has now evolved to include urban lifestyle and settlement (toropo). Roughly half of the nation's population works and lives (at least part-time) in towns like Palapye, Mahalapye, Selebi-Phikwe, and Francistown, and particularly in Botswana's growing capital city, Gaborone (United Nations Botswana, 2006).

Lack of employment in rural areas contributes to rural-urban migration. This has increased the urbanization of poverty where cities lack the capacity to absorb the rural poor. Some of the socio-economic conditions associated with urban living tend to encourage behavioural patterns such as alcohol and drug use (Hope, 1999). Poverty in the rural areas of Botswana is forcing young people to move to urban areas where they attempt to obtain employment. However, when they do not find work or get only low paying jobs, they engage in other income generating activities and sex-work is usually one of the alternatives available for females. On the other hand, some young people resort to alcohol and drug use not only for pleasure and excitement but also to overcome frustration (Seloilwe and Ntseane, 2000).

Alcohol abuse, drug abuse, and the HIV/AIDS epidemic are some of the major burdens of societies in the 21st century and globally more preadolescent and teenage children are using drugs (World Drug Report, 2000). Reviewed literature shows that

alcohol use among the youth is a problem worldwide, including Botswana (WHO, 2004). Health statistics in Botswana indicate that alcohol has been one of the major contributory factors of ill-health (Central Statistics Office, Gaborone, 2004). Diseases which can be caused by alcohol are esophageal cancer, liver cancer, cirrhosis of the liver, epileptic seizures, and ulcers. Alcohol has also been found to lead to an increase in motor vehicle accidents (WHO, 2004). Although these are effects, they can also constitute causative factors on an intergenerational level.

Alcohol can negatively affect the user's functioning in various social roles. Some Botswana parents enjoy drinking in bars which means that the time that they should be spending with their children is lost and this may have a negative impact on the family. Alcohol consumption also leads to misuse of money because the money used for buying alcohol could have been used to provide for the family (Cui, 2000; WHO, 2003).

Major life events and everyday problems appear to increase the amount of alcohol consumed. Due to HIV/AIDS growing numbers of children in Botswana are becoming orphans. Many are forced to stay with relatives who do not always treat them well and this has led to some young people using alcohol and other drugs to reduce stress (Official Journal of the International AIDS Society, 2004). Furthermore, some young people in Botswana assume responsibility of heading households at a very young age. The census data show that those as young as 14 years of age head

households with sizes ranging from one to ten members. More than 40 percent of these young people are female while 58 percent are male. A total of 45,658 females aged 10 – 29 years were household heads at the time of the census (Central Statistics Office, 2001).

The disorganization in the family contributed to by the mother's drinking could lead to a rise in anxiety levels among the children, higher incidences of depression, low self-esteem, lack of satisfactory role models, and poor performance at school. Some children have to drop out of school because they do not perform well in class (Edwards et al, 1997). When the mother is under the influence of alcohol most of the time her motherhood role suffers. She will not be able to provide care, love, warmth, or guidance to her children (Masilo, 2005) which in turn, can lead to the young turning to alcohol for solace.

Family conflict is frequently a determinant of alcohol consumption by the youth as it is potentially indicative, not only of a noxious family environment but also of parents who are often too distracted to communicate effectively with their children or to monitor adequately their children's activities. Under such circumstances, young people are more likely to experience stress, to engage in avoidance coping by using alcohol or other substances, and to associate with alcohol – using peers (Baer and Bray, 1999).

Botswana has a free primary education policy but the 2001 census reports cases of young people who dropped out of school from as early as pre-school age. One of the proposed national strategies in the drive for an informed and educated nation by the year 2016, is the introduction of legal liability by parents for the actions of their children or for their own failure to send them to school. This may help alleviate the observed trend that, as children progress from primary to junior secondary school, many fall off as the voyage continues to senior secondary level. There is a high rate of dropping out at form one and those who do not complete their secondary schooling are likely not to get absorbed in any economic activity as they do not have the knowledge, skills or work experience that is a ticket to the Botswana market. They also not able to access vocational training because of the limited numbers of such centers. As a result many young people are idle and likely to fall prey to the prevalent social ills that are often propagated by negative peer pressure (Population and Housing Census, 2001). Education Statistics (2004) shows a rate of 64.8 percent for dropping out of school. The 2002/2003 Household Income and Expenditure Survey (HIES) reveals a high unemployment rate of 34.6 percent among youth.

1.3. Statement of the Problem

Alcohol use and abuse is a widespread problem among young people in Botswana surpassing tobacco and illicit drugs (BNYC, 2004). Alcohol is a powerful, mood-altering drug, and its use by children poses very serious health risks for bodies and minds that are still maturing. It can cloud judgement and interfere with developing

social skills and academic achievement. For example, adolescents who abuse alcohol may remember 10 percent less of what they have learned than those who do not drink (Brown et al, 2000). Alcohol may also lead to increased sexual activity, exposure to sexually transmitted diseases, unplanned pregnancy, suicidal and violent behaviour, criminal activity, injury, and death (Johnston et al, 2001).

Jernigan (2001) reports that globally young people are starting to drink earlier. The age at which a person first uses alcohol is a powerful predictor of lifetime alcohol abuse and dependence. More than 40 percent of individuals who begin drinking before they are mature enough will develop alcohol dependence at some time in their lives (Grant and Dawson, 1997).

There are several factors that need to be considered in relation to alcohol abuse among young people. One of these is parental influence, with some parents being unaware of what children are learning from them. It has been found that parents who abuse alcohol are more likely to have children who will abuse alcohol (Melgosa, 2002). Thus learned behaviour in the home/family environment is a significant factor in the cycle of abuse.

Parents are not the only people who have an influence on young people's lifestyle. It has been found that peer pressure plays a considerable role in shaping the behaviour of an individual (Cue et al, 2002). In this sense adolescents, in particular, tend to do what their friends are doing in order to be accepted in that particular group. In this

way an individual who does not drink may end up succumbing to the practice due to the influence of associates (Cue et al, 2002). Furthermore, socio-economic status plays a vital role in the use of alcohol by young people. Those of higher socio-economic status have been found abuse alcohol because they have access to resources enabling them to acquire it (Eide et al, 1998). In low income areas with limited recreational facilities the youth, identify shebeens as a source of entertainment and alcohol consumption as an acceptable escape from reality (Garis, 1998).

The present study aims at breaking new ground on the issue of young people and alcohol use. This population group possesses unique characteristics (for example, a sense of belonging and a need to explore) that expose them to the risk of alcohol use and abuse and lead some to engage in irresponsible sexual activities. As a result of sexual practices among young people, teenage pregnancy has become an epidemic in Botswana and the incidence of HIV/AIDS and other sexually transmitted diseases continues to grow at an alarming rate (ACHAP, 2000). This means that future generations may be considered to be increasingly vulnerable unless steps are taken to control the facilitating factors.

1.4. Significance of the Study

1.4.1 Social Work Practice

Findings of the study will help social workers to determine strategies for assisting young people who are using alcohol and in establishing prevention programmes. The study aims to identify factors leading to alcohol abuse among young people in Botswana, thus facilitating social workers' assistance of those who are at risk of future abuse.

1.4.2 Social Work Research

The study will add to available research on alcohol abuse among young people. There is need to conduct detailed studies that will help to get firsthand information from adolescents on their reasons for using alcohol and this study will lay the groundwork for further empirical exploration of the subject matter.

1.4.3 Social Work Programmes

There is a need for programmes, especially for young people, to prevent them from using alcohol or to withdraw from its use. Provision of programmes for recreation so that drinking is not the only outlet for their energy is necessary. On the other hand, young people who stay with family members who drink need supportive services because they go through traumatizing experiences and require counseling and other

services to help them cope with the situation. This study will provide the impetus for future planning in this direction.

1.4.4 Social Policy

The findings of the study will help policy makers in the area of health and youth to obtain information on the views and explanations given by young people regarding the factors associated with alcohol use and this will enable them to design well-informed policies. The policy will also help formulate programmes and guidelines for assisting young people who are at risk and those using alcohol.

1.5. Objectives of the Study:

The objectives of this study are as follows:

1. To explore the connection between parental influence and alcohol abuse by young people in Botswana.
2. To examine the significance of peer relationships with regard to alcohol abuse among young people in Botswana.
3. To identify the relationship between socio-economic status and alcohol use and abuse by young people in Botswana.

4. To utilise global and African perspectives in these three domains to inform the analysis of the situation in Botswana.

1.6. Research Questions

1. Is there any connection between parental influence and alcohol abuse by young people in Botswana?
2. What is the significance of peer relationship with regard to alcohol abuse among young people in Botswana?
3. Is there any relationship between socio-economic status and alcohol use and abuse by young people in Botswana?
4. To what extent are international and African perspectives relevant to alcohol use and abuse by young people in Botswana?

1.7. Definition of Concepts

Alcohol

A chemical compound that, when ingested has, a pharmacological property of altering the functioning of the nervous system. Alcoholic beverages consist of ethanol, by-

products of fermentation known as congeners, colorings, flavorings, and water (McNee and DiNitto, 1998).

Alcohol abuse

Continued use of alcohol despite knowledge of having persistent social, occupational, psychological or physical problems that are caused or made worse by the use of alcohol (American Psychiatric Association, 1994; McNee and DiNitto, 1998).

Alcoholism

A chronic disorder manifested by repeated alcohol drinking in excess of the dietary and social uses of the community and to the extent that it interferes with the individual's health and social or economic functioning (McNee and DiNitto, 1998).

Alcohol dependence

A chronic disease characterized by a strong craving for alcohol, a constant or periodic reliance on the use of alcohol despite adverse consequences, the inability to limit drinking, physical illness when drinking is stopped, and the need for increasing amounts of alcohol to feel its effects (American Psychiatric Association, 1994).

Drug addiction/dependence

A state of periodic or chronic intoxication produced by the repeated consumption of a drug, characterized by (1) an overwhelming desire or need (compulsion) to continue

use of the drug and to obtain it by any means, (2) a tendency to increase the dosage, (3) a psychological and usually a physical dependence on its effects, and (4) a detrimental effect on the individual and on society (Miller and Keane, 1971).

Shebeen

Unlicensed conventional place where alcoholic beverages are sometimes brewed and always sold at any time convenient for the seller and the buyer. Shebeens are usually operated by women commonly known as 'shebeen queens' (Molamu and McDolnald, 1996).

Young People

This includes adolescents and youth. In exceptional circumstances young children may also be included. The word adolescence comes from the Latin verb *adolescere*, which means 'to grow' or 'to grow to maturity'. Adolescence is the period of growth between childhood and adulthood. The transition from one stage to the other is gradual and uncertain, and while the time span is not the same for every person, most adolescents eventually become mature adults. In this sense, adolescence is likened to a bridge between childhood and adulthood over which individuals must pass before they take their places as mature, responsible, creative adults. Early adolescence is usually considered to be 11 to 14 years of age, and middle or late adolescence is delineated as 15 to 19 years (Sherrod et al, 1993).

The fact that the operational definitions and distinctions of the term youth or young people often vary from country to country, depending on specific socio-cultural institutional, economic, and political factors, may be seen as indicative of the confusing nature of terminology defining this sector of society. It is without doubt that such confusion exists even in the case of Botswana where the National Youth Policy defines its target population as young males and females aged 12 – 29 years (National Youth Policy, 2001). In this research essay some of the data may include children younger than eleven years because in some cases, where they are exposed to unfavourable circumstances, they may abuse alcohol.

CHAPTER TWO

2.0 METHODOLOGY AND THEORETICAL FRAMEWORK

This chapter discusses the methodology that was used to collect data. It also explains the social learning theory which will be used to explore alcohol abuse among young people.

2.1. Methodology

The research methodology for this study was mainly the use of secondary data through review of available literature. Books and journals concerning alcohol abuse were consulted in the University of Botswana library using subjects and keywords. Once the books were located on the shelf, related materials were browsed to search for relevant literature. More information was also obtained from the Botswana Collection, where local research material is stored. Other books which were used were from the Nursing Department.

The internet was also employed to search for literature by using subjects and keywords. The websites used were www.google.com, www.ub.bw, and www.questia.com. The following key words were used to search for literature: alcohol abuse in Botswana, alcoholism, alcohol use, substance abuse, substance use, youth and alcohol, alcohol prevalence. The following were also visited in search of related literature: the Ministry of Health (Gaborone), the Health and Wellness Centre (University of Botswana), the Careers and Counselling Centre (University of

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Botswana), Botswana National Youth Council (BNYC), United Nations International Children's Education Fund (UNICEF) and the National AIDS Co-ordinating Agency (NACA).

2.2. Theoretical Framework

The theoretical framework for this study draws on social learning theory which was initially developed by Albert Bandura. In his theory he tried to explain different kinds of behavior which can be acquired through interaction with others. The social learning theory of Bandura emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. Bandura (1977:73) states: "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action". Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences.

The component processes underlying social learning theory are:

I. Attention

Individuals cannot learn much by observation unless they perceive and attend to the significant features of the modeled behavior (Bandura, 1977). Observers cannot learn

unless they pay attention to what is happening around them. This process is influenced by characteristics of the model, such as how much one likes or identifies with the model, and by characteristics of the observer, such as the observer's expectations or level of emotional arousal.

Parents are more influential in their children's lives than anyone else, shaping their thoughts, feelings, and behaviours. Yet parents are neither the only influences nor the only ones with responsibility. Peers, other adults, genetics, the media, and various other sources also play important roles. Ideally, all these influences can work together with parents to promote young people's healthy development (Cui et al, 2002).

From birth, infants learn behaviors parents are exhibiting. Parents intentionally teach children to crawl, walk, express new sounds and words, dress themselves, and use toilet facilities. However, often parents are unaware what children are actually learning from them. Children are constantly watching and learning without parents realizing the effects they have on their children. In this case, parents who abuse alcohol are more likely to have children who will abuse alcohol. Actions often speak louder than words. What a parent does affects the child's behavior even more than what they tell them. If they tell their child not to drink alcohol but they drink, the message is that the practice is acceptable. Adolescents do try to be like the adults in their lives, but they are more likely to take risks than younger children (Posse and Melgosa, 2002).

Children usually want to do what other children are doing and this is part of growing up. Children naturally form groups before adolescence, and the desire to belong often produces a desire to conform. Peer pressure is a very potent force, but its influence is very subtle and frequently children do not even know they are being influenced (Darcy et al, 2000). Adolescents and young people who associate with peers who abuse alcohol may find themselves drinking without conscious decision making in that regard.

II. Retention.

In order to reproduce modeled behavior, individuals must code the information into long-term memory which will be capable of retrieval (Bandura, 1977). Observers must not only recognize the observed behavior but also remember it at some later time. This process depends on the observer's ability to code or structure the information in an easily remembered form or to mentally or physically rehearse the model's actions (Bandura, 1986).

Parents are role models to their children. For example, parents who pay compliments and show respect, kindness, honesty, friendliness, hospitality, and generosity to their children will encourage them to behave in the same way. Similarly, parents who abuse alcohol in the presence of their children are encouraging them to do the same. As the child grows they observe the activities which take place in their home and these are recorded in their minds (Brown and Brown, 2003)

same. They will also want to behave in similar manner because they have the desire to gain the praise of others, fit into that particular group or build self-esteem.

V. Environmental Factors

Bandura (1977) stated that environmental experiences have an influence on the social learning of any kind of behavior in children, be it positive or negative. For example, he reported that individuals that live in high crime rate areas are more likely to act violently than those who dwell in low-crime areas (Bandura, 1977).

Environment is influential in shaping the behavior of an individual and socio-economic background plays a vital role in adolescents' use of substances. Those from a higher socio-economic background tend to abuse alcohol because they have access to money and cars. They are able to drive and visit bars in order to drink with their friends (Eide et al, 1998). Those who are living in poverty, in low income areas with limited recreational facilities, identify shebeens as a source of entertainment and alcohol consumption as an acceptable escape from reality (Garis, 1998).

Social learning theory can be used to explain alcohol use and abuse among young people. This theory suggests that basically responsible children learn to become alcohol abusers due to the influence of family structure, peer pressure, and socio-economic status. The fact of the matter is that social influence plays an important role in the young person's life. The use of alcohol is learned during intimate interaction

with others who serve as a primary group. Social learning theory explains alcohol use as a form of learned behavior.

CHAPTER THREE

3.0 LITERATURE REVIEW

3.1 Introduction

Alcohol abuse is an important and growing social problem in Botswana. Some parents spend most of their time at work and in bars which means that the time they have to spend with their children is lost and this may have a negative impact on the family. Alcohol, if used extensively, leads to conflicts in the families, divorce, children dropping out of school, and bankruptcy. Almost half of the population of the country is the youth (Central Statistics Office, 2001), and thus there is concern regarding the extent to which young people use alcohol and the age at which the practice commences. There are several reasons why young people abuse alcohol. This chapter discusses the literature surrounding the issue and the content spans the global arena, Africa in general, and Botswana in particular. The literature presented seeks to establish the relationship between alcohol use and abuse and parental influence, peer pressure, and socio-economic status of young people in Botswana.

3.2 Global Studies and Relevance to Botswana

3.2.1 Parental Influence

In a study of parental behaviour and drug use in California, Kimberly et al (2001) found that substance use by parents is associated with substance abuse by their children. The study, conducted among pre-adolescent school children, compared the

parental influence on alcohol by alcoholic parents with non-alcoholic parents. The results indicated that alcoholic parents are more likely to have alcoholic children than non-alcoholic parents.

In another study of predictors of substance use among Mexican-Americans in Michigan, Yin et al (1998) found that the immediate costs and developmental consequences of adolescent drug problems on the youth and their families as well as society as a whole are well documented and include school failure, delinquency, motor vehicle accidents, arrests and incarceration, and increased risk for contracting the human immunodeficiency virus (HIV) and other physical illnesses. Moreover, the consequences of adolescent substance abuse extend to the next generation. Substance-abusing parents show deficiencies in parenting and have children with similar problems and/or behavioral difficulties (Yin et al, 1998).

The above study can be related to the current situation in Botswana whereby alcohol has been found to be one of the contributory factors in the spread of HIV and AIDS. In a study conducted in Selibe Phikwe among more than four hundred male and female respondents, including young people, it was found that alcohol often results in lack of self control and self discipline which leads to irresponsible sexual behaviours (Nthomang, 2003). Again, although this is cited as a consequence of alcohol abuse the circular nature of cause and effect contributes to the sustainability of negative factors.

Use, perception, and approval of alcohol use by family members (mother or father) are reported to contribute to adolescents' use of alcohol. This was one of the findings of a literature review by Donovan (2004) in California of psychosocial risk factors in adolescent alcohol initiation. The researcher also found that peer influence could be a contributory factor in alcohol use. This reinforces Bandura's social learning theory contending that observation alone will not bring about learning unless it is accompanied by perception of and attention to the significant features of what is happening. This process is influenced by characteristics of the model, such as how much one likes or identifies with the model, and by characteristics of the observer. The connection between child and parent, whether positive or negative, leads to a process of identification which affects behaviour in some cases.

Alcohol abuse may lead to a family being dysfunctional. According to Gale Encyclopaedia of Childhood and Adolescence (1998:59) a "dysfunctional family is a family, in which conflict, misbehaviour and even abuse on the part of individual members of the family occur continually, leading other members to accommodate such actions". Seemingly, children sometimes grow up in these families with the understanding that such an arrangement is normal. Further, dysfunctional families are usually a result of the alcoholism, substance abuse, or other addictions of parent(s) or caregivers (Gale Encyclopaedia of Childhood and Adolescence, 1998). Furthermore, untreated mental illnesses/defects or personality disorders, such as schizophrenia, antisocial personality disorder may be contributory factors to dysfunctional families

(Bernstein and Nash, 2005). It is also noted that children from dysfunctional families generally, emulate their own dysfunctional family experiences from their parents and pass it on to their own children, thereby perpetuating the dysfunctional family cycle (Gale Encyclopaedia of Childhood and Adolescence, 1998).

In a study of the relationship between parental influence and adolescent alcohol use in Ohio, USA, the findings indicated that family factors strongly contribute to alcohol abuse in this age group. These factors include parent-child interactions characterized by a lack of closeness, poor and inconsistent parental discipline, and lack of monitoring or adequate supervision which ultimately leads to alcohol abuse on the part of the adolescents. In contrast positive family relationships characterized by love, openness, parents taking full responsibility for their children's wellbeing, prompts attachment between the adolescents and the parents. This attachment functions as protective factor that tends to discourage adolescents initiation into alcohol abuse. This is because adolescents are free to share their experiences and challenges with the parents and caregivers and get the necessary guidance or support (Catalano et al, 1999).

A longitudinal study was conducted in the Netherlands by (Engles et al, 2005) indicated that childhood problem behaviors, such as lack of self-control and aggression in male children as well as parents alcohol abuse, contributed to enhanced levels of drinking problem in young adulthood. The study also, explicitly highlights that high levels of aggression, lack of self control, and low levels of parental guidance are highly associated with drinking problem in men. Furthermore,

it was found that, women drinking problem was related to low parental control and low levels of affection expression (Engels et al, 2005). The study implies that women who were raised in families where by parents/caregivers abuse alcohol are likely to be alcohol abusers themselves. This could be a possible contributory factor in Botswana in cases where children are left with grandparents in the village while their parents are working in urban areas. If the grandparents are very old, they may not be able to exercise adequate control of the children. Furthermore, they may not be as affectionate as the parents because they might be left to care for a number of grandchildren (Masilo, 2005).

Needle et. al, (1990; 1991) point out that youth from disrupted families in many western societies evidently are more prone to substance abuse than those from stable families. Similarly, Ganong and Coleman (1993) in a study of psychoactive substance use among youth in Mexico noted that children from stepfamilies are more likely to have psychological disorders such as depression and anxiety, which are as a result of the dysfunctional nature of the stepfamily environment in most cases. Ultimately such children end up abusing alcohol as a coping mechanism. In addition, there were no discrepancies between stepchildren and children from single headed families with regards to psychological dysfunctional and antisocial behaviors. Based on the aforementioned, study, it can be concluded that children from single headed families are just at the same risk of psychological dysfunctional as step children. And inability to manage these psychological dysfunctional exacerbates alcohol abuse. Could the

case of psychological dysfunction among adolescents be exactly true in situation of Botswana where the female headed household account for about 40 percent (Central Statistics Office, 2001)?

In a study of parent figure transitions and delinquency and alcohol use among early adolescent children of substance abusers in Kansas City, USA, Keller et al (2002) indicate that children and adolescents who experience family disturbances due to divorce and remarriage typically demonstrate higher levels of aggressive, defiant, delinquent behavior and alcohol and drug abuse. One explanation is that marital breakup produces conditions and consequences that have an adverse effect on children. Contributory factors explaining the link between marital disruption and youth behavior problems include parental absence, economic hardship, parental distress, family conflict, damaged parent-child relationships, and emotional problems in family functioning resulting from divorce. Remarriage can reverse financial hardship and provide new parenting resources, but it can also introduce additional strain as family members adapt to new roles and relationships and children struggle with issues of loyalty to the new parent figure resulting in their spending more time with their peers and drinking to relieve tension (Keller et al, 2002). This can be related to social learning theory (Bandura, 1977), in that environmental experiences, especially within the family, influence children's behaviour.

The study above can be related to research on single parenting conducted by the Ministry of Education in Botswana (2006). Findings indicated that parents are faced

with many challenges about child rearing, poverty, unemployment, and single parenthood. The lack of male involvement in child rearing creates an imbalance in child development a critical component of attachment and bonding. Widespread alcohol consumption and the impact of HIV and AIDS are contributory stressors that led to neglect and potential abuse of vulnerable children. One major finding of concern is the relative lack of parental involvement in young children's lives as they spend a considerable amount of time with other peers even though parents might provide physical care such as clothing, shelter and food. This has led some children to adopt undesirable practices such as the use and abuse of alcohol and other intoxicating substances (Ministry of Education, 2006).

3.2.2 Peer Pressure

Peer pressure can be both negative and positive. What is of concern in this paper is negative peer pressure. Young people become involved in substance use, gang membership, and pre-marital sex which can lead to crime, abortion, and reproductive health problems (Darcy et al, 2000). Because teens generally spend more time with peers and less with families during their transition into adulthood, peers have the most important influence on their day-to-day behaviors (Steinberg et al, 1992). Both parents and peers have been found to contribute to adolescent development albeit in different ways (Dryfoos, 1990; Laible et al, 2000).

In a study of risk factors for delinquency and substance use among African American and white adolescents in Michigan USA, Pandina and Johnson (1999) found that beliefs, peer pressure and sibling influences, school attachment and commitment, family relationships, and academic and social skills are some of the factors that influence delinquency and substance use. Data from surveys administered at ages 12 and 13 were used to predict delinquent and substance-using behaviors reported at ages 15 and 16. Multiple-group longitudinal analyses were conducted to test models in explaining racial differences. Patterns of risk factors demonstrated a similarity across substance use and delinquency for both groups.

In a study of peer effects on alcohol use and sex among college students in Toronto, Canada, Duncan et al (2005) found that peer influences on problem behaviors in both early adolescence and college settings had been extensively investigated and that it had been established that individuals with friends who abuse alcohol are themselves more likely to engage in substance abuse. As long as individuals are free to choose their friends, it is possible that someone's substance abuse behavior or personal characteristics associated with substance abuse are affecting his or her choice of peer group (Duncan et al, 2005).

A similar study was conducted by the Institute of Health Sciences in Molepolole (Botswana) by Mahilo (2003). The respondents comprised female and male youths aged 14 – 24 and the indication was that peer pressure contributes to young people drinking, smoking, and using drugs. Furthermore, the Health and Wellness Centre at

the University of Botswana conducted a segmentation study identifying nine population groups on campus of which three were focused upon for programme development. One of these was the so-called 'party boys' who reported influencing each other in drinking more frequently and having more drunk sex than the average University of Botswana student (Health and Wellness Centre, 2006).

3.2.3 Socio-economic Status

Worldwide, 5 percent of all deaths of people between the ages of 5 and 29 in 1990 were attributable to alcohol use (Murray and Lopez, 1997). The Global Burden of Disease study by WHO (1990), found that alcohol was responsible for 3.5 per cent of all disability. The Health Education Authority, London (1999) reported that in most societies alcohol is a luxury product rather than a necessity and that wealthier countries consume more alcohol than the rest of the world. At the same time there was evidence that young people were initiating heavier drinking at earlier ages and that the popularity, range, and availability of inexpensive alcohol had increased (The Health Education Authority London, 1999). On the other hand those from low socio-economic background tend to drink as a means of escape from the realities of life. Most of these young people from lower socio-economic backgrounds have limited education meaning that they are less able to be absorbed into the labour market

In the US a National Household Survey on Drug Abuse was conducted in 1995/96, the purpose of which was to examine the association between employment status and substance abuse among American non-institutionalized adolescents who were categorized on the basis of both school and work status. The study used self administered answer sheets for questions about the use of various drugs, opinions about drugs, and problems associated with drug use (Wu et al, 2003). Although the research centered on drug use its relationship to alcohol makes its relevant to this study. The study findings indicated that employment was associated with increased rates of substance abuse. Working young people have high risk exposure to substances through being with older co-workers which may increase the chances of introduction to adult-like ways of recreation. An increased amount of income because of working overtime was also stated as a contributory factor to the increasing rate of substance abuse (Wu et al, 2003).

The Botswana Population and Housing Census of 2001 found that the school drop out rate for ages 15 – 29 was significant. This means that job opportunities for this group are limited and that those that are accessible to them, such as washing of cars, office cleaning or being a security guard or messenger, are not well remunerated.

3.3 African Studies and Relevance to Botswana

3.3.1 Parental Influence

The Ghana Ministry of Health Service (2003) conducted a national survey on prevalence and social consequences of alcohol use among in-school and out of school youth in the country. Findings indicate that it is a socially accepted norm that children are sent daily to run errands for their parents including the purchase of alcohol. Seemingly this norm as well as watching their parents drink, contributes to their learning to abuse alcohol themselves. Hence, there is a need to educate parents on the impact of their habits on their children. In the Ghana survey 53 percent of respondents agreed that their drinking behaviour was influenced by that of their parents.

In a study of alcohol consumption among women in the rural town of Igbo-ora, Nigeria, the findings show that single, separated or divorced women were more likely to drink than married or widowed women. The respondents stated that the major problem associated with their drinking was that their children assumed the same pattern of behaviour (Mammnan et al, 2002).

A study on the use of alcohol among high school students study in Lesotho by Meursing and Morojele (1999) found that about 54 percent of the student population, both boys and girls, had consumed alcohol at some point in their lives. Drinking was

found to be related to age, sex, drinking with peers, family income, and general drinking habits in the family. The family setting was found to be the site of the first introduction of alcohol consumption among the respondents. Parental example was a key influence in alcohol abuse by these young people (Meursing and Morojele, 1999).

In a study of comparative perspectives on alcohol and culture in KwaZulu-Natal, South Africa, findings state that alcoholic beverages are an integral part of the fabric of adult society in the country. Moderate and responsible drinking is considered to be part of normal and balanced life in most communities and patterns of drinking are largely culturally determined. The decision to drink by both adults and young people is motivated by a variety of factors, such as parental influence and cultural acceptability of alcohol consumption (Heath, 2000).

3.3.2 Peer Pressure

In Zambia the World Health Organization (WHO) (2003) conducted a baseline assessment on alcohol abuse among male and female adolescents and adults in the capital city Lusaka. The findings of the assessment indicated that the onset of substance use tended to be mid-adolescence with males starting earlier than females. Social acceptance, enjoyment, and curiosity were reported to be typical reasons for first use. Adolescents drinking in public entertainment areas with friends seemed to be common and significant others (parents, guardians, and peers) appeared to have an influence on alcohol use (WHO, 2003). Social events were the most common

occasions for alcohol use and socio-economic conditions like unemployment and poverty were reported to be contributory factors (WHO, 2003).

In Tanzania, baseline assessments of young people in urban settings found that more than half in the capital, Dar-es-salaam, stated that they consumed five or more alcoholic drinks once or twice each weekend and that alcohol, including homebrews, was easily accessed (WHO, 2003). Alcohol abuse is also widespread in Botswana. Bars and shebeens are a form of recreation, especially for those who are out of school, unemployed, and have nothing constructive to do (William, 2000). Heavy drinking is fuelled by conditions in townships like Old Naledi, as a large proportion of the country's population continue to live in poverty despite international acknowledgement of Botswana's economy as one of the strongest and best managed in the developing world (Botswana Human Development Report, 2005). Lack of acceptable recreational activities has led youth and adults to drink alcohol as the only source of entertainment available to them (William, 2000).

3.3.3 Socio-economic Status

Africa faces a number of developmental challenges. While the continent has made good progress over the past decade in the area of governance, much still needs to be done to improve the socio-economic standards of the people. The provision of basic services such as education, water, and sanitation remains a serious challenge for all African countries. Additionally, more than half of the continent's population still live on less than one US dollar per day (World Drug Report, 2000).

In the Republic of South Africa baseline assessments in urban and rural areas found that the use of substances such as alcohol was more common among the very young male and female residents of low socio-economic status (WHO, 2003). In Tanzania the Ministry of Local Government conducted a participatory poverty assessment in Dar-es-salaam, to investigate the vulnerability of different social groups to varying situations with regard to causes, consequences, coping mechanisms, and intervention strategies. The findings indicated that youth from low socio-economic status tend to drink alcohol as a way of coping with reality (TPPA), 2002/3). As many of these factors are related to poor socio-economic conditions and affect young people specifically, the link between the two is evident. A similar study conducted in Old Naledi (low income area) among young males and females between the ages of fifteen and twenty years found that the environment in which these young people were living contributed immensely to their vulnerability to alcohol.

The United Nations Development Assistance Framework conducted a survey in Namibia (2004) to identify the immediate causes of HIV/AIDS. The results indicated that Namibia's high HIV prevalence is partly due to unprotected sex with infected persons. Youth unemployment was estimated to be as high as 60 percent leading to an increased sense of hopelessness, increasing alcohol and drug use, and subsequent risky sexual behavior. This relates to the Old Naledi study in which commercial sex work, alcohol abuse, and HIV proliferation can be assumed to be interconnected issues. Youth unemployment is also high in Ethiopia (UNICEF, 2006), standing at

about 54 percent (49.6 for males and 56.7 for females). This high level of unemployment has serious implications for the types of lifestyle choices made by young people, increasing the risk of alcohol and drug abuse and other concomitant problematic issues (UNICEF, 2006).

Eide and Acuda (1996) conducted a study on cultural orientation and young people's alcohol use in Zimbabwe. A random survey of school children between the ages of 12 and 21 found that 32 percent of boys and 28 percent of girls between the ages of 12 and 14 had tried drinking alcohol. According to their age groups the probability that they may continue to be alcohol abusers as they grow older was 31.1 percent for people of 14 years or less, 39.5 percent for 15 to 16 year olds, and 46.1 percent for 18 to 20 year olds. Alcohol was the drug most commonly used by all school children and was more common among male than female students and for those in private rather than public schools, largely due to the socio-economic differences between the two student populations. Students with more western attitudes and tastes were more likely to drink than those who adhered to Zimbabwean customs. Further analysis of this data found that students from higher socio-economic backgrounds were more likely to exhibit a global cultural orientation, which in turn was related to greater consumption of alcohol (Eide and Acuda, 1996).

3.4 Focus on Botswana

3.4.1 Parental Influence

Masoloko et al (2005) found that parental influence play a significant part in prevention of child developmental deficits and at-risk behaviours that may place children at a socio-economic disadvantage in future. Parents are in a position to influence children and therefore form an important force in preparing youth to take their place in future as parents and workers. Positive parenting can offset the problems commonly associated with lower socio-economic status of individuals and communities. These problems include, inter-alia, dropping out of school, spread of HIV/AIDS, teenage pregnancy, alcohol abuse, engaging in criminal activities, as well as the financial dependency syndrome (Masoloko et al, 2005).

Boitshwarelo (2001) conducted a qualitative study in Selibe Phikwe Botswana, the purpose of which was to assess the impact of a mother's use of alcohol on her children. The findings clearly indicated that this impacted negatively on families as the concerned mothers did not provide adequate care to their children. Approximately 70 per cent of the young respondents reported that their mothers did not cook for them while 80 per cent stated that their mothers did not supervise their bathing. All the boys reported being called names by others in the community such as 'shebeen child' and most were not free to interact with other children and young people. Eighty per cent of the respondents felt closer to significant others than to their mothers (Boitshwarelo, 2001).

family reaction (three times more drinkers are found in families that do not disapprove of it); and staying in Gaborone (Ministry of Health, 2003).

Botswana Police Headquarters conducted a research project on alcohol use and abuse (1999) including a historical overview and community case studies in urban and rural areas. It was found that alcohol abuse and alcohol-related crimes were on the increase, mainly among the youth. Domestic violence was on the increase due to one or both partners drinking alcohol. Furthermore, cases of rape of women who abuse alcohol were becoming more common, people were being assaulted by drunken individuals, family breakdown was occasioned because one partner could not tolerate alcohol-induced behaviours of the other, and road accidents were proliferating because of drunken driving. Although the youth were not the main focus of the study it may be assumed that they would be affected as members of families involved in the above circumstances and that, because of their vulnerability as young and impressionable people, they would, in many instances, constitute victims as well as perpetrators.

3.4.2 Peer Pressure

The prevalence of alcohol use has been investigated in different settings including the educational environment. Colleges and universities have also formulated policies to address alcohol use on their campuses. A study of alcohol use and abuse among

Effects of the introduction of alcohol to children at a young age were identified by Molamu and MacDonald (1996) who conducted a study of alcohol use among Basarwa groups in Botswana. The findings indicated that child neglect was a problem, and that some parents sell food to buy alcohol while others give alcohol to their children as a food substitute and to stave off hunger. Furthermore, Thong (2004) in a study in Borolong on factors associated with alcohol use among teenagers, found that children were introduced to alcohol by grandparents or parents and that some children were drinking because they lived in households that brewed alcohol. The assumption is that some of these children will be more at risk of abusing alcohol in the future than those who are introduced to the practice later in life.

The Rapid Situation Assessment Survey on Substance Abuse and Drug Trafficking in Botswana by the Drugs Regulatory Unit, Ministry of Health (2001) noted that two-thirds of the Gaborone youth sample population across socio-economic groups had experimented with alcohol, with nearly 18 percent of the females using it occasionally, nearly 32 percent of males using it at least weekly, and 11 percent more males drinking occasionally. The alcohol usage figure among the youth in Botswana is 40 percent. The study also noted factors that have been associated with the introduction and maintenance of drinking among young people in Botswana. These are: age (high risk age starts from 14 for males and 18 for females); gender (male drinkers outnumber females by a 3:1 ratio); living with step parents or alone; parental drinking (not only influencing introduction to drinking but also patterns of drinking);

students and staff at the University of Botswana carried out in 1996 covered the perception of the use of alcohol, the effects of drinking behaviour on campus, the extent of alcohol use, and how alcohol abuse can be managed (Forcheh et al, 1996). The findings revealed that both staff and students at the University had suffered the negative impact of abuse of alcohol in one way or another. The outcomes included engaging in serious arguments, blocking of roads with vehicles, physical and sexual assault, and unwanted sexual advances. Students' drinking habits were mainly demonstrated in company with their peers and peer influence was noted as a significant factor in alcohol abuse by young people (ibid).

Tshiamo (2000) conducted a survey among University of Botswana students (females and males) aged between nineteen and twenty five years, the purpose of which was to identify factors that contribute to alcohol use and abuse and its consequences. Respondents reported using alcohol for various reasons such as entertainment, relaxation, to relieve pressure from schoolwork, and to build self confidence. Results also indicated that social occasions contributed to alcohol use. The students reported drinking in the company of their peers, boy/girlfriends, parents or other family members. A majority cited drinking with peers as common which would indicate the influence of peer pressure on alcohol use. Some reported consequences such as missing classes, unexpected pregnancy, and contracting of sexually transmitted diseases (Tshiamo, 2000) which might act as deterrents to sustained alcohol use.

Mahilo (2003) conducted a study of factors contributing to alcohol and drug abuse among youth aged 14 – 24 years in Maun. The respondents were male and female

junior secondary school students and the findings indicated that peer pressure contributed a great deal to young people drinking, smoking, and using drugs. It was found that they do so to impress their friends and to be accepted in the group.

A recent study of alcohol use and abuse among students at the University of Botswana campus in Gaborone by Alao et al (2004) indicated that a majority of staff respondents felt that students drink too much and that they had encountered frequent misuse of alcohol by students. The reports by staff and students as respondents in the research suggest that peer influence on campus is a significant factor in this regard (Alao et al, 2004).

3.4.3 Socio-economic Status

The National Household Survey Botswana (1999), attempted to better understand the use and abuse of alcohol in daily life among the youth in Gaborone. It was found that, by the time youths reach age 13, 18.3 percent are regular drinkers and by 17 years, nearly 72 percent are drinkers. The problem of alcohol abuse in the workplace by youth was found to be more serious than previously thought. Interestingly, the NHSS illustrated a widespread acceptance of moderate alcohol consumption, but overwhelming rejection of the misuse of alcohol and resultant unacceptable behavior.

Semele (1997) conducted a study in Old Naledi, Gaborone (low income area) of out-of-school youth aged between twelve and twenty years who were members of the Out-of-School Youth Club run by the Botswana National Youth Council. The findings indicated that most respondents reported being introduced to drinking by significant others (family or friends) and that they only indulged in the practice on special occasions like parties and ceremonies. They also cited boredom, lack of employment and education opportunities, the need to build confidence and deal with frustration, and peer pressure as reasons for alcohol use (Semele, 1997).

A study conducted by the Ministry of Health in Botswana (2003) found that youth engaged in alcohol consumption because of lack of employment, educational opportunities, and recreational facilities, and also as a result of peer pressure. Entertainment, in the form of music and pool tables, is only provided at places selling liquor and this is where the youth congregate (Ministry of Health, 2003). When people live in poverty, they are forced to make unwise choices and are pushed into behaviours like alcohol abuse and having multiple sex partners, which greatly increases the risk of them contracting the HI virus (ACHAP, 2000), thereby compounding the problematic factors leading to alcohol use in the first instance.

A study, conducted by Maruping (2001) in Maun village, of socio-cultural and behavioral factors related to HIV infection indicated that, for females, relationships are mainly motivated by a desire for love, economic support, and security because of

the demands of a competitive society and the ever present spectre of poverty. Young women seek support from older male partners while still having relationships with their peers (Maruping, 2001). In addition, the Botswana Epidemiology Network on Drug Use (BENDU) in 2003 conducted a study in four clinics in Gaborone. The findings indicated that young people of lower socio-economic status abuse alcohol at a high rate, and alcohol was the most common primary substance of abuse reported accounting for 84 percent of the respondents (BENDU, 2003).

The Rapid Assessment of Alcohol Abuse and its Perceived Impact on the Prevalence of HIV/AIDS carried by Ntseane (2003) in Mahalapye district, found that parents and community leaders noted that high rates of unemployment and absence of recreational facilities were believed to contribute significantly towards alcohol abuse among young people. Similarly, a study on the effect of excessive alcohol consumption on families by Ncube (2000) in Sebina indicated that lack of employment opportunities and inability to address stressful situations positively contributes towards the use of alcohol. Only 35 percent of the young people who were alcohol abusers were employed (Ncube, 2000).

In the study of alcohol use among the Basarwa of the Kgalagadi and Ghanzi districts in Botswana by Molamu and Macdonald (1996), referred to previously, the respondents stated that, since a significant proportion of household income was spent on liquor, less cash was available for food, clothing, and other essential items. As one informant succinctly stated, alcohol makes poor people poorer. A person who is

regularly under the influence of alcohol will have little motivation or interest in working, unless it is to obtain money to buy more alcohol. One particular problem is that a regular drinker can easily become economically indebted to alcohol vendors who are only too pleased to provide alcohol on credit. As findings indicated that young children in this community are given alcohol to stave off the effects of hunger it might be assumed that drinking becomes an integral part of life from an early age for some and that this, combined with endemic poverty, makes these young people vulnerable to the manipulation of alcohol vendors.

CHAPTER FOUR

4.0 DISCUSSION, CONCLUSION, AND RECOMMENDATIONS.

This chapter discusses the findings from the literature review in relation to the objectives and theoretical perspective and includes lessons drawn from the study. It also presents recommendations based on issues and gaps identified in the literature concerning services in Botswana needed or available but not accessed by young people who are at risk or who already abuse alcohol.

4.1. Discussion

The first objective of this study was to explore the connection between parental influence and alcohol abuse by young people. On this note, the literature revealed that this is not only common to Botswana but is a global issue (WHO, 2004). Parents' use of alcohol is one of the contributory factors for young people using or abusing alcohol. Youths who live in families characterized by parental use of alcohol and drugs are more likely to be involved in alcohol abuse (Catalano et al, 1999; Engels et al, 2005; Kimberly et al, 2001; Masilo, 2005).

Home and family are children's primary sources of values and what constitutes acceptable and unacceptable behaviour. Children, therefore, normally follow parental examples. The findings indicated that parents who abuse alcohol are more likely to have children who do the same (Boitswarelo, 2001; Ganong and Coleman, 1993; Molamu and Macdonald, 1996). The mother's use of alcohol impacts negatively on her family, as, when she is under the influence of alcohol, she is not able to provide

adequate care to her children. Some children reported that their mothers could not even prepare meals for them and that they were labeled by others as 'shebeen children' (Boishwarelo, 2001).

Due to the need for employment some parents are forced to leave their children with grandparents in villages while they work in towns. In some instances such elderly relatives are not able to exercise adequate control over children. Furthermore, they may not be as affectionate towards the children because of the numbers for whom they care. Some of these caregivers brew alcohol in the household; as a result these young people start learning drinking behavior.

The HIV/AIDS pandemic has led to a phenomenal increase in the number of orphans. Traditionally in Africa orphaned children were cared for by extended families, but now they are no longer able to cope with the growing numbers of orphaned children (UNAIDS, 2004). Increased numbers of young people within single parent and child and youth headed households, combined with the possible absence of extended family living nearby, has exacerbated already difficult relationships between adults and children (Childline, 2003). Due to difficult circumstances at home some children flee and live on the streets, at least for some of the time. This is where they learn different kinds of behaviors such as theft and alcohol and drug abuse.

The second objective was to examine the significance of peer relationships with regard to alcohol abuse among young people. The findings indicated that peer pressure plays a vital role in an adolescent's life (Melgosa, 2002). Young people with

friends who abuse alcohol are themselves more likely to do the same (Duncan et al, 2005). Teens generally spend more time with peers and less with their families during their transition into adulthood and peers have the most important influence on their day-to-day behaviors (Steinberg et al, 1992). It has also been established that some of the reasons for adolescents' drinking are to please their friends, build self-esteem, and feel part of the group (Dryfoos, 1990; Duncan et al, 2005; Laible et al, 2000; Mahilo, 2003; Pandina et al, 1999; Tshiamo, 2000).

In Botswana, due to lack of education, unemployment, and limited recreational facilities, young people congregate to socialize in bars or shebeens because this is often the only source of entertainment available to them. They believe that the use of alcohol helps them to forget the difficulties they encounter in life and serves as an escape from a harsh reality (Ministry of Health, 2003; Ntseane, 2003).

Peer pressure has been seen to be one of the reasons why young people drop out from school as out – of – school age-mates convince them that education is a waste of time and that “real life” is outside of school (OSYP, 2001). This has led to high rates of premature school-leaving, especially from secondary schools. These young people are likely not to be absorbed in any economic activity as they lack the skills and work experience that enable entry into the Botswana market. As a result, many are idle and end up falling prey to negative peer pressure (Central Statistics Office, 2001).

The third objective was to identify the relationship between socio-economic status and alcohol use and abuse by young people. The findings indicated that some

adolescents who have access to money drink heavily mostly because they can afford to buy alcohol (The Health Education Authority London, 1999; National Household Survey Botswana, 1999; Wu et al, 2003). On the other hand, adolescents of low socio-economic status tend to drink more to relieve stress associated with material deprivation and related factors which include lack of recreational facilities, unemployment, education deficits, and poor living conditions (Ministry of Health, 2003; Ditshupo, 2003; Ntseane, 2003; Semele, 1997; TPPA, 2002/3; UNICEF, 2006; World Drug Report, 2000).

High levels of youth unemployment have been seen to have serious implications for the types of lifestyle choices made by young people. This increases the risk of alcohol and drug abuse, unwanted pregnancy, and multiple sex partners (especially for females) as one way of generating income (UNICEF, 2006). Dependence on drugs and alcohol, especially for those with no income, means that they may become economically indebted to the vendors who are always willing to provide alcohol on credit (Molamu and MacDonald, 1996) compounding their vulnerability.

High rates of young people migrate from rural to urban areas for reasons of seeking employment and finding a better life. Most of them do not have adequate skills and knowledge to enable them to obtain jobs. Those who manage to secure employment may find themselves at the lower level of the remuneration scale. Due to pressure and the demands of life they opt to use alcohol as a means of relieving stress. Many women engage in other income generating activities and sex-work is often an alternative (Seloilwe and Ntseane, 2000).

Government provides free primary and secondary education as well as higher learning opportunities for those who excel academically. However, the Population and Housing Census (2001) shows a high rate of young people dropping out of school. As a result they are unable to get better jobs due to lack of skills and work experience. Some who are willing to go back to school cannot access vocational training because of the limited numbers of such centers. Consequently, they may end up engaging in unlawful behaviours such as crime, theft, and, significantly, substance abuse (Population and Housing Census, 2001).

4.1.1 Theoretical Application

There is a relationship between factors associated with alcohol abuse among adolescents and social learning theory. Bandura (1977) explains different kinds of behaviors which can be acquired through interaction with others such as parents, friends or peers, siblings, and workmates. He states that most human behaviours are learned observationally through modeling. From observation one forms an idea of how new behaviours are performed and on later occasions this coded information serves as a guide for action (Bandura, 1977).

There are general principles which guide the social learning theory. The first principle is attention. Bandura believes that behaviour is influenced by attention to what is happening in the environment. The literature reveals that one of the factors associated with alcohol abuse among young people is parental behaviour, particularly characterized by heavy consumption of alcohol. Cui et al (2002) state that parents are

more influential in their children's lives than any one else, shaping their thoughts, feelings, and behaviors. Yet parents are neither the only influences nor the only ones with responsibility. Peers and other adults, genetics, the media, and various other sources also play important roles (Cui et al, 2002). This then includes peer pressure which is also identified by the literature as a contributory factor in the case of alcohol use and abuse.

The second principle is retention. In order to reproduce modeled behavior individuals must code the information into long-term memory that will be capable of retrieval. Observers must not only recognize the observed behavior but also remember it at some later time (Bandura, 1977). Parents are role models to their children, particularly in the early stages of development, and as the child grows they observe and mentally record parental behaviour (Brown and Brown, 2003). On the other hand, adolescents influence their peers by modeling behaviours and setting social norms. In this sense those who do not usually drink tend to do so in order to be accepted by a particular group. Boitshwarelo's 2001 study in Selibe Phikwe found that parents' use of alcohol impacted negatively on their children. Children are denied quality time with their parents, their basic needs may not be provided for because money has been spent on alcohol, and they are more likely to abuse alcohol when they grow up (or even before). At the same time, Tshiamo (2000) in a study at the University of Bostswana found that most students start drinking due to the influence of peers.

The third principle is motor reproduction whereby the observer must be able to reproduce the modeled behavior. This process includes the physical reproduction of

the observed activity through physical capability, self-observation, and feedback (Bandura, 1977). Adolescents who drink do not do so in a vacuum. The process starts with the ongoing observation of key figures and their alcohol consumption habits. Many will then follow suit. This fulfils the objective of identifying a connection between family functioning and alcohol abuse. As stated above, the literature reveals that alcohol use/abuse by parents is associated with alcohol use/abuse by children (Kimberly et al, 2001). Masoloko et al (2005) found that parenting styles play a significant part in prevention of child developmental deficits and at-risk behaviours that may place children at a socio-economic disadvantage in the future. Parents are in a position to influence children and therefore form an important force in preparing youth to take their place as parents and workers. Positive parenting can offset the problems commonly associated with lower socio-economic status of individuals and communities. These problems include, inter-alia, dropping out of school, spread of HIV/AIDS, teenage pregnancy, alcohol abuse, engaging in criminal activities, as well as the financial dependency syndrome (Masoloko et al, 2005).

Peers also exert a strong influence and it has been found that individuals who observe friends who abuse alcohol are themselves more likely to do the same (Duncan et al, 2005; Tshiamo, 2000; WHO, 2003).

The fourth principle is reinforcement. In this process the observer expects to receive positive reinforcement for replicating the modeled behavior. Observers will perform the act only if they have some motivation or reason to do so (Bandura, 1977). The literature reveals that adolescents who start drinking due to the influence of others,

will do so because they want to be accepted in that particular group or to feel part of the group (Darcy et al, 2000; WHO, 2003). Mahilo (2003) in Maun (Botswana) found that peer pressure contributed a great to young people drinking, smoking and using drugs. Most of the young people do so to impress their friends and to be accepted in the group.

The fifth principle is environmental factors. Bandura (1977) states that environmental experiences have an influence on the social learning of any kind of behavior in children be it positive or negative. The literature review explains that adolescents from environments where the only source of entertainment is alcohol use tend to drink themselves (The Health Education Authority, London, 1999; William, 2000; WHO, 2003). Socio- economic background plays a vital role in adolescents' use of alcohol. Those from a higher socio-economic background tend to abuse alcohol because they can afford to do so. Those of low socio-economic status use alcohol as a source of entertainment and as an escape from a stressful lifestyle (Eide and Acuda, 1996; William, 2000; WHO, 2003). For example, a study conducted in Old Naledi by William (2000), showed that drinking was common among young and older residents due, in large part, to factors associated with poverty. In Tanzania it was found that, in living conditions which are characterized by ill health, lack of adequate social services, poor or non-existent formal education, unemployment, insecurity, and poor environmental sanitation, people tend to drink as a source of entertainment and escape from their stressful lifestyle. On the other hand Eide and Acuda (1996) found that adolescents of higher socio-economic status tend to drink because they have access to

money. Alao et al (2004) found that many University of Botswana students drink to excess and, as they do have access to financial resources, it may be that higher socio-economic status is an associated factor although specific studies in this area have not been conducted countrywide.

4.2. Conclusion

The literature shows that alcohol abuse among young people is a global issue although associated factors will, to some extent, differ because of varying environmental influences. One of the factors leading young people to use and abuse alcohol is family functioning which plays an important role in shaping the behavior of a child either negatively or positively. At the same time peer influence is a reason why young people engage in alcohol use and abuse. In addition, young people of low socio-economic status tend to abuse alcohol as an escape from stressful living conditions while those of higher socio-economic status drink because they can afford to do so.

In addition, lack of employment is found to be one of the factors leading young people to the abuse of alcohol. The Household Income and Expenditure Survey (2002/2003) estimates 34.8 percent unemployment among youth and the literature shows a high rate of dropping out from school and difficulty in being absorbed into the labour market. One of the consequences of an idle lifestyle for young people is alcohol use and abuse.

Young people are the future of the nation and leaders of tomorrow, and require investment in their future by society as a whole. The issue of alcohol threatens many young lives especially in an era of HIV and AIDS. Government and non-governmental organizations need to work together to educate the youth to understand the choices they make and the consequences thereof. Educational and employment opportunities need to be extended and constructive recreational programmes and facilities should be developed. These will go some way in elevating levels of self esteem in the young whose lives, in so many cases, have been derailed by HIV and AIDS. The future is now and the responsibility lies with us all.

4.3. Recommendations

1. There is a need for the Botswana Youth Council, the Youth Health Organization (YOHO), the Citizens' Entrepreneurial Development Agency (CEDA), and other relevant agencies to promote youth empowerment by enhancing young people's enterprise development and self-employment. This will serve as a possible solution to the problem of unemployment for this population group. Given a scarcity of existing job opportunities and lack of growth in the formal sector, there is need to promote entrepreneurship and employment among young people.

2. Organizations such as the Young Women's Christian Association (YWCA), the African Youth Alliance (AYA), and the Youth Health Organization (YOHO) should mobilize communities against substance use through providing peer education on the subject and enhancing behavior change. This can be done through making presentations to educational and other institutions and also through community drama. Adolescents who have given up drinking (or who have always abstained) encourage others to do the same. The use of sports or entertainment (media) personalities in this regard would be profitable as they represent role models to young people.
3. Existing networks of organizations that support youth related activities and engage in substance use prevention activities should be strengthened. This can be done through organizing regular meetings and sharing experiences. Inter-organizational referral could be promoted in this way.
4. The Department of Social Services (Ministry of Local Government) and non-governmental organizations should provide in-service training for professionals in the area of substance use and abuse as the services that are available do not always involve people who have been trained in that particular area. For example, social workers and counselors are not specifically trained in the area of substance use and abuse.

5. Workshops, seminars, and talk shows should be conducted regularly by social workers, counselors, and other stakeholders, such as the police, the medical profession, and relevant non-governmental organizations to educate young people about alcohol and its impact. These workshops can be conducted in schools and institutions of higher learning.

6. Government should provide community recreational facilities, such as sportsfields and equipment, catering for boys as well as girls. These will target those who are disadvantaged by lack of education and employment opportunities and prevent their indulgence in alcohol related activities.

7. Extension of non formal educational opportunities for those who drop out of school should be carried out by government and non-governmental organizations.

8. Government, non-governmental organizations [through the Botswana Council of Non-Governmental Organizations (BOCONGO)], and the private sector [through the Botswana Confederation of Commerce, Industry, and Manpower (BOCCIM)], should place more emphasis on providing employment opportunities for young people combined with in-service training and apprenticeship schemes.

9. More detailed empirical studies need to be conducted to ensure wider coverage of young people's views regarding the issue of alcohol use and abuse. One of the limitations of this study was that it depended upon a literature review. Researchers can solicit funding from the United Nations Development Program (UNDP), the United Nations Children's Education Fund (UNICEF), and other international funding agencies.

BIBLIOGRAPHY

Africa Comprehensive HIV/AIDS Partnerships (ACHAP) (2000). *National Report*, Republic of Botswana.

Alao, A. A., Forcheh, N., Roy, H. and Tidimane, C. (2004). *Alcohol Use in Universities: An Analysis of its Trend at the University of Botswana*. Gaborone.

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders*, (Fourth edition). Washington DC.

Baer, P.E. and Bray, J.H. (1999). Adolescent Individuation and Alcohol Use. *Journal of Studies on Alcohol Supplement*, 13: 52-62.

Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press.

Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall.

Bernstein, D.A. and Nash, P.W. (2005). *Essentials of Psychology 3rd ed. Personality Disorders*. Houghton Mifflin Company U.S.A.

Boitshwarelo, G. (2001). *Alcohol Abuse and its Effects on Children: The Case of Selibe Phikwe Women*. A Research Study Submitted in Partial Fulfilment of a Bachelor's Degree in Social Work. University of Botswana.

Botswana Epidemiology Network on Drug Use (BENDU) (2003). *Report on Alcohol Abuse among Patients in 3 Cities*. Gaborone.

Botswana Human Development Report (2005). *United Nations Development Programme*. Gaborone.

Botswana Police Headquarters (1999). *Alcohol Abuse and Alcohol-related Crimes*. Gaborone.

Botswana Police (2004) *Road Traffic Accidents*. Traffic Division, Broadhurst Police Station, Gaborone.

Botswana National Youth Council (BNYC) (2004). *Youth, Alcohol and HIV/AIDS Campaign*. Gaborone.

Brown, S.A., Tapert, S.F. and Granholm, E. (2000). Neurocognitive Functioning of Adolescents: Effects of Protracted Alcohol Use. *Alcoholism: Clinical and Experimental Research*, 24(2): 164 – 171.

Brown, J. and Brown, P. (2003). *A Guide to Parenting: On the Winning Team with your Children*. Grantham: The Stanborough Press.

Catalano, J., Robert, D., Abbott, C., Ayers, R.F., David, H. and James, H.W. (1999). Drug and Alcohol Abuse. *Journal of Social Work Research*, 23(12): 49-51.

Central Statistics Office (CSO) (2000). *Unemployment Statistics Report, 2000*. Gaborone.

Central Statistics Office (CSO) (2001). *Health Statistics Report, 2001*. Gaborone.

Central Statistics Office (2001). *Dissemination Seminar 8th – 11 September 2003*. Gaborone.

Central Statistics Office (CSO) (2004). *Health Statistics Report, 2004*. Gaborone.

Childline (2003). *Socio-economic Factors Contributing to Girl Child Abuse in Botswana*. Gaborone.

Cui, G. (2000). Advertising of Alcoholic Beverages in African-American and Women's Magazines: Implications of Health Communication. *The Howard Journal of Communication*, 11(10): 279 – 293.

Cui, M., Conger, R.D., Bryant, C.M. and Elder, G.H. (2002). Parental Behavior and the Quality of Adolescent Friendships: A Social-contextual Perspective. *Journal of Marriage and the Family*, 64(25): 676-689.

Darcy, A.S., Messervey, D. and Kusumakar, V. (2000). Measuring Peer Pressure, Popularity, and Conformity in Adolescent Boys and Girls. *Journal of Youth and Adolescence*, 29(12): 34-40.

Department of Social Services Botswana (2004). *Increased Number of Orphans*. Ministry of Local Government, Gaborone.

Ditshupo, I. (2003). *A Study in Old Naledi of Factors Associated with Substance Use among Adolescents*. A Research Study Submitted in Partial Fulfilment of a Masters Degree in Social Work. Pretoria University: South Africa.

Donovan, J.E. (2004). Adolescent Alcohol Initiation: A Review of Psychosocial Risk Factors. *Journal of Adolescent Health*, 35(6) 529 – 531.

Dryfoos, J. (1990). *Adolescents at Risk*. New York: Oxford University Press.

Duncan, G. J., Boisjoly, J., Kremer, M., Levy, D.M. and Ecdes, J. (2005). Peer Effects in Drug Use and Sex among College Students. *Journal of Abnormal Child Psychology*, 34(20): 12-17.

Education Statistics (2004). *Second Level: Dropouts*. Central Statistics Office. Gaborone.

Edwards, G., Anderson, P., Babor, T. F., Casswell, S., Ferrence, R., Giesbrecht, N., Godfrey, C., Holder, H. D., Lemmens, P., Mäkelä, K., Midanik, L. T., Norström, T., Osterberg, E., Romelsjö, A., Room, R., Simpura, J. and Skog, O-J. (1997). *Alcohol Policy and the Public Good*. Oxford Medical Publications.

Eide, A. (2003). *Adolescent Alcohol and Drug Use in Sub-Saharan Africa*. The Global Magazine, Global Alcohol Policy Alliance, London. http://www.ias.org.uk/publications/theglobe9904_index.html. Retrieved January 12, 2006.

Eide, A. and Acuda, S.W. (1996). Cultural Orientation and Adolescents' Alcohol Use in Zimbabwe. *Journal of Addiction*, 91(6): 807 – 14.

Eide, A.H., Acuda, S.W. and Edwards, G. (1998). Cultural Orientation and Alcohol-type Preference among Adolescents in Four Socio-cultural Subgroups in Zimbabwe. *Journal of Cross-Cultural Psychology*, 29(2): 343-357.

Engels, R.C.M.E., Vermulst, A.A., Dubas, J.S., Bot, S.M. and Gerris, J. (2005). Long-term Effects of Family Functioning and Child Characteristics on Problem Drinking in Young Adulthood. *European Addiction Research*, 2:32 -37

Forchheh, N., Roy, H. and Tidimane, C. (1996). *Alcohol Use and Abuse at University of Botswana Campus: Confronting the Challenges*. Gaborone.

Ghana Ministry of Health Service (2003). *A National Survey Prevalence and Social Consequences of Substance Use among Second Cycle and Out of School Youth in Ghana*. Republic of Ghana.

Gale Encyclopedia of Child and Adolescence (1998:59). *Dysfunctional family*. Gale Research Britannica.

Ganong, L. and Coleman, M. (1993). *Parenting after Remarriage*. Presented at First Annual Lecture Series on Contemporary Families, Southwest Missouri State University, Springfield, MO. Unpublished.

Garis, D. (1998). Poverty, Single-parent Households, and Youth at-risk Behaviour: Empirical Study. *Journal of Economic Issues*, 32(7): 9 – 12.

Gerhard, G. and Jürgen, R. (2003). Harmful Alcohol Use. *Alcohol Research and Health*, 27, 52-62. Health Source –Consumer Edition Database. www.juergen-gerhard.net. Retrieved July 4, 2004

Grant, B.E. and Dawson, D.A. (1997). Age at Onset of Alcohol Use and Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse*, 9: 103 – 110.

Health and Wellness Centre (2006). *University of Botswana HIV/AIDS Behavioural Segmentation Business Plan*. Gaborone.

Heath, D.B. (2000). *Drinking Occasions: Comparative Perspective on Alcohol and Culture*. KwaZulu-Natal, South Africa.

Hope, K.R. (1999). The Socio-economic Context of AIDS in Africa: A Review, in Hope, K.R. (ed) *AIDS and Development in Africa: A Social Science Perspective*. New York: The Haworth Press.

Household Income and Expenditure Survey (HIES) (2002/2003). *High Unemployment Rate at National Level*. Gaborone.

International Narcotics Control Board Report (2003). Vienna: United Nations.

Jernigan, D. (2001). *Drinking Epidemic among the Young*. The Globe, Issue No. 2. Spain.

Johnston, L.D., O'Malley, P.M. and Bachman, J.G. (2001). *Monitoring the Future: National Results on Adolescent Drug Use. Overview of Key Findings, 2000*. Rockville, MD: National Institute on Drug Abuse 7(13): 45.

Keller, T.E., Catalano, R.F., Haggerty, K.P. and Fleming, C.B. (2002). Parent Figure Transitions and Delinquency and Drug Use among Early Adolescent Children of Substance Abusers. *American Journal of Drug and Alcohol Abuse*, 34(9): 11- 15.

Kimberly, B., Gayle, A., Dakof, G.S., Diamond, H.A., Liddle, K. and Manuel, T. (2001). Drug and Alcohol Abuse. *American Journal of Drug and Alcohol Abuse*, 27(2): 15 – 17.

Klingemann, H. and Gerhard, G. (2001). *Mapping the Social Consequences of Alcohol Consumption*. Great Britain: Kluwer Academic Publishers.

Laible, G.R. and Raffaelli, M.R. (2000). The Differential Relations: Parent and Peer Attachment to Adolescent Adjustment. *Journal of Youth and Adolescence*, 1(1): 12 - 15.

Mahilo, P. (2003). *Factors Contributing to Alcohol and Drug Abuse among Youths Aged 14 – 24 Years*. A Research Study Submitted in Partial Fulfilment of the Requirement of Post Basic Diploma in Community Health. Nursing Institute of Health Sciences, Molepolole.

Mamman, L.S., Brieger, W.R., Oshiname, F.O. (2002). Alcohol Consumption Pattern among Women in Rural Yoruba Community in Nigeria. *Nigeria Journal of Substance Use and Misuse*, 37(7): 579 – 597.

Maruping, S. (2001). *A Study in Maun Village of Socio-cultural and Behavioral Factors Related to HIV Infection, Based on Data from 1986 and the Situation in 2001*. Masters of International Health Thesis. University of Copenhagen.

Masilo, M.T. (2005). *Factors Associated with Alcohol Abuse in Women in Botswana: An Ecological Life Model Perspective*. A Research Study Submitted in Partial Fulfilment of a Masters Degree in Social Work. University of Botswana.

Masoloko, T. Mthombeni, F.M. and Silo, L. (2005). *The Role of Parenting Practices in Poverty Reduction*. University of Botswana.

McNee, C.A. and DiNitto, D.M. (1998). *Chemical Dependency: A System's Approach (Second Edition)*. London: Allyn and Bacon.

Melgosa, R. (2002). *Raising up your Child*. Michigan: Adventist Publishers. Michigan.

Meursing, K. and Morojee, N. (1999). Use of Alcohol among High School Students in Lesotho. *Lesotho Journal of Addiction*, 84(11): 137 - 140.

Miller, B.F. and Keane, C.B. (1971). *Encyclopedia and Dictationary of Medicine, Nursing, and Allied Health (Fourth Edition)*. Philadelphia: W.B. Saunders, pg. 377.

Ministry of Education (2006). *The National Integrated Early Childhood Baseline Study*. Botswana.

Ministry of Health (2001). *Report on the Rapid Situation Assessment Survey on Substance Abuse and Drug Trafficking in Republic of Botswana*. Gaborone.

Ministry of Health (2003). *A Rapid Assessment of Views of Young People on Alcohol Use and Abuse and HIV/AIDS among Youths in Botswana*. Gaborone.

Molamu, L. and Macdonald, D. (1996). Alcohol Abuse among the Basarwa of the Kgalagadi and Ghanzi Districts in Botswana. *Drugs: Education, Prevention and Policy*, 3(2):145-152.

Murray, C. and Lopez, A.D. (1997). *The Global Burden of Disease*. Cambridge: Harvard University Press.

National Drug Control Coordinating Council (NDCCC) (2000). *Alcohol the Most Abused Substance in Botswana*. Gaborone.

National Household Survey Botswana, (1999). *A Survey on a Better Understanding of the Use and Abuse of Alcohol in Daily Life*. Gaborone.

National Youth Policy (2001). *Department of Culture, Ministry of Labor and Home Affairs*. Gaborone.

Ncube, N.U. (2000). *Effects of Excessive Alcohol Consumption in Families: A Case Study of Sebina*. A Research Study Submitted in Partial Fulfilment of a Bachelor's Degree in Social Work. University of Botswana.

Needle, R.H., Su, S. and Doherty, W.J. (1990). Divorce, Remarriage and Adolescent Substance Use. *The Journal of Primary Prevention*, 18(3): 34-37.

Needle, R.H., Su, S., and Doherty, W.J. (1991). Inter-parental Conflict and Risk Behaviors among Mexican American Adolescents. *Journal of Abnormal Child Psychology*, 3:13-15.

Nthomang, K. (2003). *Alcohol Abuse and its Perceived Impact on HIV/AIDS Prevention: Selibe Phikwe Community Diagnosis*. ACHAP and Selibe Phikwe DMSAC.

Ntseane, P.G. (2003). *Rapid Assessment of Alcohol Abuse and its Perceived Impact on HIV/AIDS: Mahalapye Community Diagnosis*. ACHAP and Selibe Phikwe DMSAC.

Official Journal of the International AIDS Society in Sub-Saharan Africa (2004). *Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries*. South Africa.

Out of School Youth Programme (2001). *Entrepreneurship and Participation in National Economy*. Gaborone.

Pandina, R.J. and Johnson, V. (1999). Effects of the Family Environment on Adolescent Substance Use, Delinquency and Coping Styles. *American Journal of Drug and Alcohol Abuse*, 17(8): 18-20.

Molamu, L. and Macdonald, D. (1996). Alcohol Abuse among the Basarwa of the Kgalagadi and Ghanzi Districts in Botswana. *Drugs: Education, Prevention and Policy*, 3(2):145–152.

Murray, C. and Lopez, A.D. (1997). *The Global Burden of Disease*. Cambridge: Harvard University Press.

National Drug Control Coordinating Council (NDCCC) (2000). *Alcohol the Most Abused Substance in Botswana*. Gaborone.

National Household Survey Botswana, (1999). *A Survey on a Better Understanding of the Use and Abuse of Alcohol in Daily Life*. Gaborone.

National Youth Policy (2001). *Department of Culture, Ministry of Labor and Home Affairs*. Gaborone.

Ncube, N.U. (2000). *Effects of Excessive Alcohol Consumption in Families: A Case Study of Sebina*. A Research Study Submitted in Partial Fulfilment of a Bachelor's Degree in Social Work. University of Botswana.

Needle, R.H., Su, S. and Doherty, W.J. (1990). Divorce, Remarriage and Adolescent Substance Use. *The Journal of Primary Prevention*, 18(3): 34-37.

Needle, R.H., Su, S., and Doherty, W.J. (1991). Inter-parental Conflict and Risk Behaviors among Mexican American Adolescents. *Journal of Abnormal Child Psychology*, 3:13-15.

Nthomang, K. (2003). *Alcohol Abuse and its Perceived Impact on HIV/AIDS Prevention: Selibe Phikwe Community Diagnosis*. ACHAP and Selibe Phikwe DMSAC.

Ntseane, P.G. (2003). *Rapid Assessment of Alcohol Abuse and its Perceived Impact on HIV/AIDS: Mahalapye Community Diagnosis*. ACHAP and Selibe Phikwe DMSAC.

Official Journal of the International AIDS Society in Sub-Saharan Africa (2004). *Orphanhood and Childcare Patterns in Sub-Saharan Africa: An Analysis of National Surveys from 40 Countries*. South Africa.

Out of School Youth Programme (2001). *Entrepreneurship and Participation in National Economy*. Gaborone.

Pandina, R.J. and Johnson, V. (1999). Effects of the Family Environment on Adolescent Substance Use, Delinquency and Coping Styles. *American Journal of Drug and Alcohol Abuse*, 17(8): 18-20.

- Posse, R. and Melgosa, J. (2002). *For Raising Your Child*. Spain: Luis Gonzalez.
- Seloilwe, E.S. and Ntseane, P.G. (2000). *A Situation and Response Analysis of HIV/AIDS in the City of Francistown*. Gaborone: UNDP.
- Semele, T. (1997). *Alcohol Use and Abuse among Out of School Youth: A Study of Old Naledi*. A Research Study Submitted in Partial Fulfilment of a Bachelor's Degree in Social Work. Gaborone: University of Botswana.
- Sherrod, L.R., Haggerty, R.J. and Featherman, D.L. (1993). Introduction: Late Adolescence and the Transition to Adulthood. *Journal of Research on Adolescence*, 3(19) 217 – 226.
- Stanhope, M. and Lancaster, J. (2000). *Alcohol, Tobacco, and Other Drug Problems in the Community*. Community Public Health Nursing (5th ed). USA: Mosby.
- Steinberg, J.A., Newcomb, M.D. and Bentler, P. (1992). An Eight-year Study of Multiple Influences on Drug Use and Drug Use Consequences. *Journal of Personality and Social Psychology*, 53 (10): 94.
- Strategic Planning Process (SPP) (2001). *Alcohol Leads to the Spread of HIV/AIDS*. Gaborone.
- Tanzania Participatory Poverty Assessment (TPPA) (2002 – 2003). *President's Office, Planning and Privatization*.
- The Health Education Authority (1999). *Young People and Alcohol: What 11 – 24 Year Olds Know, Think, and Do*. London: L. Wright.
- Tlhong, U. (2004). *A Study in Borolong on Factors Associated with Alcohol Use among Teenagers*. A Research Study Submitted in Partial Fulfilment of a Bachelor's Degree in Social Work. University of the Northwest, South Africa.
- Tsheko, B. (2005). *Orphanhood and Childcare Patterns in Botswana*. A Research Study Submitted in Partial Fulfilment of a Bachelors Degree in Sociology. University of the Northwest, South Africa.
- Tshiamo, O. (2000). *Alcohol Abuse by UB Students*. A Research Study Submitted in Partial Fulfilment of a Bachelor's Degree in Social Work. University of Botswana.
- United Nations AIDS (UNAIDS) (2004). *'Children on the Brink 2004: A joint report of new orphan estimates and a framework for action'*
www.unicef.org/publications/index_22212.html. Retrieved December 14, 2005.

United Nations Botswana (2006). *Botswana in Brief*. http://www.unbotswana.org.bw/about_b.html. Retrieved April 21, 2006.

United Nations Children's Education Fund (UNICEF) (2006). *The Anatomy of Unemployment Dynamics*. www.bu.edu/econ/ied/neudc/papers/Serneels-final.pdf. Ethiopia. Retrieved July 23, 2006.

United Nations Development Assistance Framework Namibia (2004). *A Survey to Identify the Immediate Causes of HIV/AIDS*. Namibia: UNDP.

William, T. (2000). *Lack of Recreational Activities has Led Youth and Adults to Drink Alcohol*. A Research Study Submitted in Partial Fulfillment of a Masters Degree in Public Health. University of Botswana.

World Drug Report (2000). *The Illicit Drug Trade Touches Millions of Lives in both Developed and Developing Countries*. Geneva.

World Health Organization (WHO) (1999). *Global Report on Disability*. Geneva: World Health Organization.

World Health Organization (WHO) (2002). *Young People's Health in Context*. (http://www.euro.who.int/eprise/main/who/informationionsources/publications/catalogue/20040518_1). Retrieved August 6, 2005.

World Health Organization (WHO) (2003). *Substance Use in Southern Africa – Knowledge, Attitudes, Practices and Opportunities for Intervention: Summary of Baseline Assessment in the Republic of South Africa, the United Republic of Tanzania and the Republic of Zambia*. WHO/UNDP Global Initiative on Primary Prevention of Substance Abuse. UNDP/WHO.

World Health Organization (WHO) (2004). *Global Status Report on Alcohol - 2004*. Geneva: World Health Organization.

Wu, L., Schlenger, W.E., and Galvin, D.M. (2003). The Relationship Between Employment and Substance Abuse among Students Aged 12 to 17 Years. *Journal of Adolescent Health*, 32(1) 5 – 15.

Yin, J. Z., David, S. and Katimas, Z. (1998). Predictors of Substance Use among Mexican Americans. *Journal of Adolescence*, 33: 10 – 11.

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