

**A GENDERED PERSPECTIVE OF SMOKING
AND DRINKING BEHAVIOUR AMONG PUPILS
AT SENANGA SECONDARY SCHOOL**

By

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OF ARTS IN GENDER STUDIES**

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Declaration

I hereby declare that this dissertation is my own work and effort and that it has not been submitted at this University or any other University for an award.

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Approval of Admission of Dissertation

This dissertation by Victor Wamunyima Likezo is approved in partial fulfilment of the requirements for the award of the Master of Arts in Gender Studies by the University of Zambia.

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Dedication

To my wife Maureen and my children Moses and Sophie in whom I derive happiness. Inspiration and energy to go on life no matter what obstacles I face. They are the source to my joy

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Abstract

The purpose of the study was to explore alcohol consumption and smoking behaviours from a gendered and non-gendered perspective among pupils and Senanga High School.

Methodology: Self-report questionnaires were administered to 222 pupils mean age $17.4 \pm SD 1.5$. In addition, in-depth interviews with 12 pupils who were identified to be smokers and used alcohol were conducted. Data was further collected from one focus group discussion with housemasters. Qualitative data was analysed using qualitative descriptive analysis (QDA). Valid questionnaires were entered into a SPSS database software version 17. Noting the nature of the research questions and the answers that were sought, descriptive statistics and chi square tests of independence to assess associations among key theoretical and demographical variables were done. Null hypotheses were rejected when $p < 0.05$.

Results: More pupils $n = 190$ (85.6%) had an experience of taking alcohol as compared to $n = 95$ (42.8%) who have had an experience with smoking. The frequency of smoking was significantly higher $p = 0.02$ among boys than among girls. Prevalence of beer unlike smoking increased with age ($p < 0:001$) in both sexes. An association does not exist between being male or female and taking alcohol $p = 0.687$. There was no significant association between smoking and attachment as assumed by Bandura's social learning theory. However the non-gendered reasons for smoking were: adverts, lack of strict laws, economic status of the parents, ease of access of alcohol, cigarettes and cannabis poor monitoring and Supervision in the schools and group influence. The gendered reasons for smoking or consuming alcohol varied but they could be grouped as stereotypical motives which could be typical masculine or feminine motives, atypical masculine motives and mutual cross cutting motives.

Conclusions: This information can be useful for subsequent school campaigns aimed at reducing or preventing substance abuse, because they can be focused on sensitive areas instead of on general information. As prevention is easier than changing acquired habits, the researcher suggests that educating children about alcohol should start from the beginning of elementary school and continued through all the years of schooling

Key Words: *Gendered, Drug, Alcohol, Pupils, Senanga*

CHAPTER ONE: INTRODUCTION

1.0 Background

Smoking and alcohol consumption is a world-wide serious risk factor for chronic diseases and injuries worldwide (Swahn et al., 2011). According to the United Nations World Drug Report (2011), globally, drug and alcohol consumption causes 118 million or 3.2 per cent of all death and accounts for 4.0% of the disease burden. The report further indicates that globally more pre-adolescent and teenage are using drugs and alcohol. This has a detrimental effect on all sectors of society in all countries globally. In particular it affects the liberty and development of the youths who are the world's most valuable assets (United Nations Office on Drugs and Crime, 2002). The magnitude and characteristic of this challenge vary from region to region and country to country (World Drug Report, 2011).

Psychotropic substances are frequently used by adolescents and young adults, alcohol and tobacco being the most prevalent substances (Oetting and Beauvais, 1990). Furthermore, high levels of alcohol consumption on one single occasion, also referred to as binge drinking (Wechsler et al., 1994) or risky single-occasion drinking (Murgraff et al., 1999), appear to be relatively common in student populations, particularly among those between 17 and 23 years old (Wechsler et al., 1994).

Excessive drinking represents a serious risk given the related negative consequences like injuries to oneself or others, property damage, and HIV-infection due to unprotected sexual intercourse. However, young students apparently do not perceive excessive drinking as a problem (Murgraff et al., 1999; Wechsler et al., 1994). Since adolescents and young adults tend to experiment with alcohol in order to test their own limits of tolerance and intoxication, it is possible that high levels of consumption might be seen as desirable, rather than as a problem. High levels of intake might also be perceived as the norm, if excessive drinking is frequently practiced among peers.

In the past, the prevalence of drugs and alcohol consumption among young people has risen to unprecedented levels. The World Drug Report (2011) reports that a total of 190 million people consume drugs and alcohol worldwide and the majority of these

are youths. Bennet et al., (1991) observes that alcohol, tobacco and marijuana are the most common consumed substances by the adolescents (boys and girls) across the globe.

The studies done in the United States high schools and middle schools on the prevalence of substance and drug consumption showed that there still remained a major problem and it was on an increase (American Academy of Paediatrics, 1995). The studies showed that drugs such as tobacco, alcohol, marijuana and various drugs as well as performance enhancing supplement were abused (American Academy Paediatrics, 1995).

Njuki (2004) maintains that there are many issues confronting Africa such as substance abuse which is not looked at with the seriousness it deserves. He observed that illicit drug-trafficking and substance abuse are increasing in Africa. Cannabis, methaqualone, heroin and alcohol are included among drugs used across the continent of Africa. Moreover, the injection of heroin has caused heightened concern as intravenous drug use assists in the continued spread of HIV/AIDS (Njuki, 2004).

Haan (1997) carried out studies in South Africa where he observed that alcohol consumption - and tobacco smoking is followed by the smoking of cannabis. Further, he observed that this was the route followed by drug abusers and that alcohol consumption had contributed to the prevalence of medical conditions. These conditions were carcinoma of the mouth, oesophagus, stomach, pancreas, cirrhosis of the liver, peripheral neuritis, vitamins deficiency, and psychological conditions such as addiction to other drugs, personally deterioration, and psychotic reactions. In addition, certain problems that occur in the country are also attributed to the use of alcohol such as ordinary crimes, assault, family disorganization, homicide and suicide (Haan, 1997).

Kacwana's (2010) study done in Uganda indicates that 60% of the students in secondary schools use or abuse alcohol. The study findings showed that alcohol, especially in sachets (tot packs) are very accessible and easy to conceal by young boys and girls. Another survey done in Kenya and Lesotho revealed that 8.8% of 10 to 14 years boys and girls and 42% of the secondary school male and females were consumers of alcohol, respectively (Kacwana 2010). As for Dandala (2004), he

argued that the fight against alcohol and drug abuse has not been given the same prominence as the fight against HIV/AIDS. He emphasizes the breakdown of culture, urbanization and increasing use of the continent as a transit point in the international drug trafficking and that the church must embrace its role and ministry to persons and communities burdened by the effects.

Similarly, Zambia is also facing the challenges of drug and alcohol abuse in the Southern Africa Development Community (SADC) region. Swahn et al (2011) carried out a study on the prevalence of drug and alcohol. The study findings revealed that 40.8% of the adolescent, 36.7% of the boys and 45.5% of the girls have drunk alcohol. Further, the study findings revealed that drugs and alcohol use had been accelerated by peer drinking, relative drinking and accessibility of alcohol. Swahn et al (2011) contended that exposure to anti-alcohol campaigns; alcohol advertising, as well as ownership of promotion, contributes to the high prevalence of drug and alcohol consumption. Alcohol and marijuana followed by solvents like petrol and hard drugs such as heroin and cocaine were also consumed by the boys and girls in high schools.

In order for the government of the Republic of Zambia to curb the abuse of drugs and alcohol in the country, it enacted narcotic and psychotropic substance Act Cap 96 of the Laws of Zambia. This led to the formation of Drug Enforcement Commission (DEC) in order to spearhead the fight against drug abuse (DEC, 1999).

In 1994, the National Education Campaign Division (NECD), a department within DEC took the responsibility of awareness campaigns through sensitization programme (DEC, 1999). It formulated special school based programmes known as Instructional Learning Programmes. This was the beginning of formal efforts by the government to address the issue of drug and alcohol use. The project which was funded by the European Union ran from 1998 to 2001. As the result of the project, drug demand reunion activities were enhanced in the institution of learning (DEC, 2001).

Ministry of Education (1996) made strategies in order to promote the boys' and girls' health and their wellbeing. They introduced regular health check in all schools and the prevention of drugs and alcohol use in its institutions. Further, the Ministry of Education has established guidance and counselling departments in schools which

deals with cases of guiding and counselling the learners when they fall victims of unwanted behaviours (Ministry of Education, 1996).

The fact that drugs and alcohol are consumed by these young people and further to this, the fact that Lozi culture embraces alcohol consumption, one may argue that the pupils may be learning the social behaviour within the primary group from significant others. There is a substantial body of research suggesting that the lines of close association are often characterized by smoking and drinking behavior, where smokers and alcohol consumers befriend nonsmokers, and nonsmokers (Eiser *et al.* 1991; Eiser & van der Pligt 1984; Elser *et al.*, 1989). Research has shown elsewhere that non-smokers for instance who affiliate with smokers have been found to be at greater likelihood for transitioning to tobacco use than youth without smoking friends (Urberget *al.*1997; Kobus, 2003). In addition, transitions to increased levels of smoking have been linked to significant other's encouragement and approval (Kobus, 2003) and the message conveyed that smoking is an enjoyable activity that promotes popularity (McAlister *et al.* 1984).

The learning of these two deviant acts, calls for testing social learning behavioural theories like Bandura's social learning theory. In view of the prevalence of drugs and alcohol consumption among adolescents, there is need to investigate the factors that contribute to drugs and alcohol consumption among boys and girls at Senanga High Schools in Senanga District of the Western Province of Zambia.

1.1 Statement of the Problem

Smoking and alcohol abuse among young people has become increasingly gendered globally. In several countries, smoking and alcohol among adolescent girls is now higher than among adolescent boys. However, locally there are many gaps related to smoking and alcohol abuse among pupils focussing on gender. In Senanga for instance, there are unsubstantiated claims (no empirical evidence) that abuse of alcohol and smoking among pupils is rampant and that these are learned from significant male or female in the primary group. It is also argued among teachers and without any empirical evidence that there are more boys than girls abusing drugs and alcohol in the school.

If this study is not done, and gendered factors are not brought to the fore, it may be held that social learning from male or female relatives could be at the centre and yet delinquent acts may just be gendered. Recognising further that drugs and alcohol are consumed by these young people within the Lozi culture that embraces alcohol consumption, it would be research prudent to investigate the gendered and non-gendered factors that contribute to smoking and drinking behaviour among boys and girls at Senanga High Schools in Senanga District of the Western Province of Zambia.

1.2 Research Questions

- 1) To what extent do boys and girls consume drugs and alcohol?
- 2) What gender factors operate in influencing consumption of drugs and alcohol?
- 3) Why do pupils consume drugs and alcohol?

1.3 General Objective

To explore alcohol consumption and smoking behaviours from a gendered and non-gendered perspective among pupils at Senanga secondary School.

1.4 Specific Objectives

- 1) To determine whether a difference exists among boys and girls in drugs and alcohol consumption.
- 2) To establish whether gender factors operate differentially in influencing consumption of drugs and alcohol.
- 3) To determine the extent Bandura's Social learning theory can explain alcohol and smoking behaviour among pupils at Senanga Secondary School.

1.5 Hypothesis

Since there is no gender theory that provides assumptions of delinquent behaviour in relation to smoking and alcohol consumption, Bandura's social learning theory was the thesis and it provided the hypotheses (anti thesis) to be tested. The theory was

modified to embrace gender. The assumption of the theory embracing gender is that pupils learn from role models who drink or smoke and that these role models being significant others could be a male or female relative or peer.

The null hypotheses or anti thesis is therefore described as follows:

HO₁: Smoking and alcohol consumption among pupils are not learnt from role models.

CHAPTER TWO: LITERATURE REVIEW

2.0 Prologue for the Literature Review

There are varied reasons why a person uses drugs and alcohol. The initial choice to take drugs and alcohol is mostly voluntary. The selection of drugs and alcohol available has properties which can stimulate, sedate, cause hallucinations or reduce pain. Hymal and Ford (2003) observe that drugs and alcohol consumption among the young people can lead to early school leaving among many other things. Whitehead (1990) argues that education is fundamental to reducing the social inequalities worldwide by providing boys and girls with the knowledge and ability to make informed decisions about their lives. Therefore, without it places an individual at greater risk of social inequalities.

This chapter presents a review of relevant literature on gendered factors that contribute to the prevalence of drug and alcohol consumption among boys and girls at Senanga Secondary School in Senanga District of Western Province. The literature reviewed in this chapter highlights what other authors have written about drugs and alcohol consumption by boys and girls in schools. These views have been presented under the themes listed below.

2.1 Rate of alcohol and drug Consumption in Academic Institutions

In schools, drug and alcohol consumption has been reported by numerous studies done in different parts of the world including Zambia. World Health Organisation (WHO Report, 2004) indicated that 61% of the 10th grade boys and girls in European countries were reported having used alcohol.

Siziya et al., (2007) conducted a study on cigarette smoking among school-going adolescents in Kafue district, which is situated in Lusaka province, 45 km south of the Lusaka capital city of Zambia. The respondents were pupils from 60 basic schools and seven secondary schools. The total number of the respondents was 1872 pupils, of whom 891 were males and 981 females. Overall 8.2% pupils were current

cigarette smokers, while 10.4% males and 6.2% females were current smokers. The majority of the smokers usually smoked at their own home or at a friend's house. Having some pocket money, having friends or parents who were smokers and being exposed to pro-tobacco advertisements at social gatherings were associated with being a current cigarette smoker.

In their study on teen drug abuse in high schools in the United States, Dakota and Forks (2003) report that 90% of high school seniors have tried alcohol, 53% get drunk at least once a month, 43% smoke marijuana and about 1/3 were smoking cigarettes; 95% of untreated addicts died of their addiction, 50% of traffic deaths were alcohol related, 40% assaults were alcohol related, 97% of addicts were never treated. Christopher (2006) conducted a Canadian Addiction survey on the prevalence and correlates of tobacco among the youth aged 15-19. The results indicated that Canadian youth aged 15-19 were reported smoking at least occasionally. These findings are quite challenging because the youths that were studied aged 15-19 are also likely to be studying in high schools.

In the Caribbean, a school survey on drug consumption done in Trinidad and Tobago in 1993 showed that 91% of the students had used alcohol and 469 had used tobacco and 6.9% had used marijuana while 1% had tried cocaine (Bourne, 2005).

Oshodi et al., (2010) carried out a study in Nigeria on substance use among secondary school students on prevalence and associated factors. The findings of the study confirmed that substance abuse was found to be prevalent among students involving socially acceptable substance such ordinary cigarettes as well as the abuse of illicit substances such as marijuana.

Zambia Global School Health Survey (2004) carried out a survey jointly with the Ministry of Health and Ministry of Education in selected primary and secondary schools. The survey found that alcohol and other drug abuse was on the increase. The findings of the survey showed that youths were engaged in alcohol consumption at an early age. The argument suggest that with such a development among boys and girls in schools, there was likely to viciously high school dropouts leading to most of the youths to roam the streets and further engage in drugs and alcohol consumption in adulthood.

When data from the U.S. Teenage Attitudes and Practices Survey are applied to U.S. census data, it is estimated that each day 5500 youth and 4000 teenagers experiment for the first time with cigarettes, and that 3400 youth and 2300 teenagers initiate regular smoking.

The 1999 U.S. National Youth Tobacco Survey estimated that 12.8% of middle school, and 34.8% of high school students used tobacco in the previous month. In Australia 12% of 13-year-olds, 19% of 14-year-olds, 22% of 15-year-olds, and 26% of 16- and 17-year-olds, and 23% of female adolescents (compared with 16% of males) reported they were 'current smokers'. By age 13, 50% of Australians had experimented with tobacco, and 70% by age 17. The greatest increase occurred at age 14, and the rates for females increased progressively more with age than those for males (Thornton et al., 1999).

Rates also vary by culture. In the U.S., Native American youths use cigarettes, smokeless tobacco, alcohol and other drugs earlier and at higher rates than other ethnic groups. Smokeless tobacco use is particularly pronounced among young Native American females, and 50% of Native American seventh- through 12th-grade students (i.e. 12- to 18-year olds) report ever using marijuana, compared with 12% in the general population (Cia-Lian and Teck-Heanglee, 2012)). In the 1989 U.S. National Youth Tobacco Survey middle school sample the rates were highest for Native Americans, then Whites (32.8%), then Hispanics (25.8%), then African-Americans (15.8%) (Pletcher, 2012). The rates for less acculturated Latinos are lower than those who are more acculturated to the majority culture (Tyas, 1996).

Rates of daily smoking among U.S. high school seniors peaked at 29% in 1977, declined to 19% in 1986 and 17% in 1992, increased to 24.6% in 1997 and declined slightly to 23.1% in 1999. Rates increased in all ethnic groups, but stayed low in African-Americans. Reasons for the recent increases may be that the relative price of cigarettes decreased, and advertisers targeted the youth market (Mio et al., 2008). The U.S. Monitoring the Future Study found that between 1994 and 1997 rates of smoking in the previous month stayed stable for eighth-graders, but increased for 10th- to 12th-graders, and increased more for females than for males. Rates of

smokeless tobacco use in this survey and in the Youth Risk Behavior Survey fell in the same period (Hymal and Ford, 2003).

Adolescent smoking remains a risk factor in adulthood. The 1995 U.S. National College Health Risk Behaviour Survey found that 70% had ever tried smoking a cigarette, and of these 42% were current smokers and 13% current daily smokers. Females were more likely to smoke than males (Pletcher, 2012). Adolescents who begin smoking at younger ages are more likely to become regular smokers and less likely to quit (Wallace, 2004). It is estimated for the U.S. population who were 17 or younger in 1995, that 5 million will die prematurely of tobacco-related causes, and that 20% of deaths could be avoided if smokers had either never started or had quit (Epstein and Botvin, 2000). For those born in the U.S. between 1975 and 1979, and who began smoking in adolescence, the median quitting age is 33 for males (after 16 years of smoking), and 37 for females (after 20 years of smoking) (Schulte et al., 2009)). Among U.S. smokers between 12 and 18 years old, between 55 and 65% report attempts to quit. In the 1993 Teenage Attitudes and Practices Survey 18% of 10- to 18-year-old monthly smokers and 74% of daily smokers said that it would be 'really hard to quit' (Schulte et al., 2009). Quitting attempts are more frequent among those with health-oriented values, among females than males, and among those who had smoked less than five cigarettes a week over the previous three months than among those who smoked more than 11 cigarettes a day (Pletcher, 2012).

Smoking may be modelled as a prevalence-driven behaviour depending upon the extent to which the adolescent comes into contact with significant others who smoke, and has risk factors for smoking (Mio et al., 2008). Parental example is important. Children from intact two-parent families have lower rates, and twice as many studies find a significantly increased risk of children smoking if their parents smoke than find a non-significant association. Parental interest is also important; parental indifference, lack of supervision, and lack of knowledge about their children's friends increase the risk (Mio et al., 2008). Children have a higher risk of smoking if their best friends and siblings smoke. If their best friends smoke the risk is higher than if other friends or peers smoke. The perception that friends smoke is also a predictor of smoking (Mio et al., 2008).

Risk-taking and other problem behaviours (drinking, other drug use, early sexual activity, riding with a drinking driver, not wearing a seatbelt, carrying a weapon, fighting and poor eating habits) are also associated with smoking. Participating in sports or other physical activity is associated with lower rates of smoking (Oshodi et al., 2010). Thus with increasing age and with the transition to puberty marking independence and a claim to beginning adult status, the influences of parents, siblings and peers cumulate. In school classes, if a few children begin smoking the rate at which smoking will spread from this cluster depends on the number of youths at risk in each family, school, class, and friendship group. It is therefore crucial to use research designs and statistical analyses which model the effects of social clustering in classes in order to determine the true effect of interventions.

Over the past three decades the school has been a particular focus of efforts to influence youth smoking behaviour. The main perceived advantages are that almost all children can be reached through schools, and a focus on education fits naturally with the daily activities of schools. Researchers have used four types of interventions in schools, each based on a different theoretical orientation:

- 1) Information-giving curricula present participants with information about smoking, including health risks of tobacco use, and the prevalence and incidence of smoking (Oshodi et al., 2010), assume that information alone will lead to changes in behaviour.
- 2) Social competence curricula use enhancement interventions (also called Affective Education) based on Bandura's social learning theory (Bandura 1977). This model hypothesizes that children learn drug use by modelling, imitation, and reinforcement, influenced by the child's pro-drug cognitions, attitudes and skills. Susceptibility is increased by poor personal and social skills and a poor personal self-concept (Botvin, 2000). These programmes use cognitive-behavioural skills (instruction, demonstration, rehearsal, feedback, reinforcement, and out-of-class practice in homework and assignments). They teach generic self-management personal and social skills, such as goal-setting, problem-solving, and decision making, and also teach cognitive skills to resist media and interpersonal influences, to enhance self-esteem, to cope with stress and anxiety, to increase assertiveness, and to interact with others of both genders.

- 3) Social influence approaches, based on McGuire's persuasive communications theory (Mikayo, 2007) and Evans's theory of psychological inoculation, use normative education methods and anti-tobacco resistance skills training. These include correcting adolescents' overestimates of the smoking rates of adults and adolescents, recognising high-risk situations, increasing awareness of media, peer, and family influences, teaching and practising refusal skills, and making public commitments not to smoke. They often apply the techniques of generic competence enhancement to specific anti-tobacco, anti-alcohol, and anti-drug goals.
- 4) Multi-modal programmes combine curricular approaches with wider initiatives within and beyond the school, including programmes for parents, schools, or communities and initiatives to change school policies about tobacco, or state policies about the taxation, sale, availability and use of tobacco.

Tobacco education curricula are widely used in US schools, though few of those in use have been rigorously evaluated. The U.S. 2000 National Youth Tobacco Survey national sample of 35,828 6th- to 12th-graders in 324 schools found that 70% of the middle scholars and 50% of the high scholars said they had received a programme that taught them the short-term consequences of tobacco use. The percentages for receiving a normative programme were 40% and 18%; for programmes teaching why people smoke 64% and 38%; for programmes teaching refusal skills 51% and 17%; and for multi-strategy programmes 38% and 17%. (Wenter, 2002). Wiehe 2005 identified eight programmes that followed participants to age 18 or the 12th-grade and found little or no evidence of effectiveness. There is nevertheless continued uncertainty about both the relative and absolute effectiveness of school-based programmes, and considerable variation in the extent to which they are implemented in other countries. In this context, we set out to review existing evidence.

2.2 Rates and Difference among boys and girls in drugs and alcohol consumption

William and Covington (1998) argue that drugs and alcohol use was dependent on factors such as the availability of drugs, introduction of new drugs in drug markets, new modes of administration, and rapid social changes. They argue that some factors play a more direct role in the causation of the drug abuse problems amongst adolescents such as certain psychological factors. For example, lack of behavioural

control, depression and lack of support due to chaotic home environments where there was no family stability. Taylor and Carry (1998) observed that family instability may be caused by many factors such as unrest, quarrels among family members; for example, father and mother, or parents and children.

Otieno and Ofulla (2009) carried out a cross sectional study in Kenya that was designed to determine the factors associated with drug abuse among secondary school students in nine schools in Kisumu town, western Kenya. The objective of this study was to determine the effect of age, gender and peer-influence on drug abuse and to establish the reasons why students abuse drugs. Nine schools were randomly selected for the study. A total of 458 students (243 males and 215 females) were interviewed using a closed ended questionnaire. The results showed that 57.9% of the respondents had consumed alcohol at least once in their lives, 34.7% had abused tobacco, 18.3% had abused cannabis, 23.1% had abused that and 5.2% had used inhalants and/or cocaine. The age group most at risk was 16-18 years, the age at which most students are in secondary school. The reasons given for the abuse of the drugs were: experimentation 38.2%, enjoyment of the feeling they experience 47.3%, influence from friends 8.7%, and influence from relatives 2.1% and for treating stomach ailments 2.9%. More boys were found to be abusing drugs (36.9%) compared to girls (27.3%). Also, drug abuse was found to be higher in students living in low socioeconomic class areas of the town (30%) compared to high-class areas (21.6%) and peer influence had no effect on drug abuse.

Sheuhu (2008) took a study to determine the prevalence of marijuana smoking and the factors that influence secondary school students in Zaria, Nigeria to smoke and the effects on academic performance. A cross sectional description study was employed to generate data among secondary school students. Out of 350 respondents, 262 (74%) were male and 88 (25.1%) were females. The study showed that 33% of the students smoked marijuana giving the prevalence of 9.4 %, and there were more smokers in in age groups of 15-19 years (54.6%). The other factors that influence marijuana smoking included family background, peer pressure and attendance of some functions. It was observed that the prevalence of marijuana smoking was high. Age, family background, peer pressure and attendance of social functions influence marijuana smoking. As shown by this study both boys and girls in high schools consumed marijuana. However, the prevalence rate in terms of gender

indicated that the prevalence was high among the boys and more smokers were in the age group of 15-19 years. To the contrary, no gender factors was shown as an influencing factor.

Oshodi (2010) carried out a study in an urban setting in Nigeria on substance use among secondary school students. The study was aimed to determine the prevalence and associated substance use among selected secondary school in Lagos. This was a cross sectional and descriptive study among selected secondary school in Lagos. Four hundred and two (402) student were studied of whom 43.5% (n= 175) were males and 56% (n=227) were females. The mean age was 15.9 years. The findings indicated that 83.1% (n=334) of the students lived with their parent 7.6% (n=31) with their relatives and 7.2% (n=25) with friends. The commonest substances used by the students were caffeine, mild analgesics, paracetamol and aspirin and the anti-malarial. Generally the prevalent rate for life time use of the substances varied for 3.8% (n=14) for heroin and cocaine to 85.7% (n=344), for psycho-stimulants and for current the varying from 2% (n=34) and 5.2% (n=19), while the life time use prevalence rate for cannabis was 4.4% (n=16). In terms of gender, the prevalence rates for male was generally higher than for the female counterparts except for antibiotics, analgesic, heroin and cocaine. The reasons that were given for using substances included relief from stress 43.5% (n=1750), self-medication to treat illness 23.8% (n=96) and stay awake at night to study 14.9% (n=60). Substance abuse was found to be prevalent among students in this study involving over the counter and socially acceptable substance as well as the abuse of illicit substances.

Kirman, (2010) carried a study in Bangalore on gender differences in alcohol related attitudes and expectancies among college students. The aim of the study was to examine attitude towards alcohol and drinking alcohol related expectancies among undergraduate students. The sample consisted of 433 students (231 boys and 202 girls) the results revealed that boys had higher psychological distress along with more favourable attitude towards alcohol than girls. Further, boys expected that alcohol use could lead to positive outcome while girls expected that alcohol use could lead to negative outcomes.

Andre et al (2012) carried a study in Brazilian gender parity and drug use the objective of the study was to evaluate the association between gender and use of

alcohol, tobacco and other drugs in adolescents aged 10 to 18 years. In the municipalities of Jacarei and Diadema, Sa Paulo, Brazil. The sample size of 971 adolescents had 55% males of whom 33.8 % were reported having made use of alcohol, 13.5% of cigarettes and 6.4% of illicit drugs in the previous months. It was observed that there was no significant difference between gender in the use of alcohol tobacco and illicit drugs with the city age, educational level, school failure and relationship with parents. Substances among adolescents in the sample seem to follow the global trend towards the equalization of drug use between genders.

Waddel (2010) carried a study on gender and the influence on peer alcohol consumption on adolescence sexuality activity. The findings indicated that alcohol consumption of opposite gender peer were explanatory to sexual intercourse and demonstrated that female sexuality is higher where there is higher alcohol consumption among male peers. However, it was found out that this relationship is only robust to school fixed effects and cannot be explained by broader cohort effects or general anti-social behaviour in male peer groups and is deistically different from any influence of the alcohol consumption of female peers which is shown to have no influence on female sexuality.

Nolen (2004) conducted a study in gender difference in risk factors and alcohol use problems. The findings were that women drink less alcohol and have fewer problems than men. However, it is observed that women perceive social sanction for drinking and therefore are less likely to have characteristics associated with excessive drinking. Further, it was noted that the consequences of heavy alcohol use disorder appears to be more negative for women than men. Furthermore, the study indicated that women suffer more cognitive and motor impairment due to alcohol than men. In addition, women suffer psychology harm and sexual assault when they are using alcohol.

Peltzer, (2011) conducted a study on early smoking initiation and associated factors among male and female adolescents in seven African countries. The study's objective was to examine the prevalence and common correlates of early smoking initiation among male and female school children. The total sample of 17 725 school children aged 13 to 15 year was studied. The study revealed that a high prevalence of early smoking initiation among 13 to 15 years of age and that various risk factor

were identified among boys and girls who initiate smoking before the age of 14. By assumption from the study it is assumed that school children are initiated in drugs and alcohol from their home backgrounds

Patrick (2000) carried out a study and found that males were more likely to abuse drugs than females. Similarly to this, the National Household Survey on drug abuse and Mental Health Service Administration Survey found out that out 250 respondents 8.1% of males and 4.5 % of females used illicit drug. On the other hand, Johnson (1998) observed that gender difference in susceptibility. However, Patrick (2000) further argued that both boys and girls given an opportunity are likely to use drugs.

Schulte et al (2009) carried a study on gender difference in factors influencing alcohol use and drinking progression among adolescents. The prevalence rates for alcohol use and related disorders differed widely between adult men and women. /. The study also examined factors associated with risk for developing an alcohol use disorder in adolescent's girls and boys separately. The findings indicated that biological factors appeared to impact both boys and girls.

Wilsnack et al (2000) conducted a survey in 16 countries Australia, Canada, the Czech Republic, Estonia, Finland, Israel, the Netherlands, Russia, Sweden and the United States on gender and alcohol use. The findings revealed that more men were likely to drink than women and male drinkers consumed alcohol more frequently and in larger quantities and were more likely to have alcohol related problems than female drinkers. The consistency of this pattern across countries (and in other literature suggests that gender differences in drinking behaviour may be biologically influenced. However, substantial variation in the magnitude of gender differences across countries suggests that the differences are strongly influenced by social cultural factors. For example, monthly frequency statistics of drinking in the Netherlands showed that men drank 1.43 times as often as women (Wilsnack, 2000). One hypothesis developed from these analyses proposes that relatively small biological difference in how alcohol affect women and men are magnified by cultural rules for how women and men should or should not drink. One reason why gender differences in drinking effects may be culturally magnified in that difference in drinking behaviour may be useful way to symbolize more general differences in gender roles and to make gender role difference more conspicuous. Thus, many

societies with major differences in men's and women's roles have also largely forbidden women (but not men) (McDonald, 1994a,b).

2.3 Mitigating and Prevention of alcohol and drug consumption

The environment is also important for children's development, including the mass media and entertainment industries, community institutions, religious bodies, political and legal systems, and access to schooling, health services, recreational activities, vocational training and economic opportunities (WHO, 2003). Since it had been identified through literature review that consumption of drugs and alcohol was a worldwide problem for the school-going boys and girls, solutions need to be found because it undermines a student's academic ability, and performance. (WHO, 2003). Observes for example that drugs can disrupt the entire school when several pupils in a class abuse drugs, or absent themselves because of the drug abuse, the progress of all the pupils could be impeded. In addition, drug use can bring into the school environment illegal practices connected to the drug use, namely prostitution, theft, and selling of drugs to others. None of these practices is conducive to the development of a healthy and productive school life. Given these problems, Liddle (2004) suggested all rounder practical ways to fight adolescent drug abuse in the communities. Some of these solutions should address adolescent drug abuse of people who play vital roles in the lives of adolescents for example teachers, school counsellors, social workers, psychotherapists, parents, family members and different professional specialties whose contribution will result in the developmental outcome of each teen. Parental involvement in the life of adolescents should demonstrate respect, interest, caring and also knowledge about their world, the world that teens live in today, not the world that teens inhabited years ago.

According to WHO (2003), strategies to reduce the availability of drugs, mobilise communities against drug use, provide peer education to prevent drug use; provide education to enhance adolescent behaviour change; strengthen existing networks of organizations that support youth-related activities, and engage in drug-use prevention activities are supposed to initiated.

The National Centre of Addiction on Addiction and Substance Abuse (CASA)(2007) at Columbia University conducted a study on preventive mitigation strategies on drug and alcohol use. It was suggested that programmes should be designed around factors that specifically and namely influence girls to use or refrain from using substances (CASA, 2007). It further, indicated that family supervision and support are important in preventing substance use among both boys and girls and stressed that it was more importantly for girls (CASA 2007).

Prevention programmes that begin early in grade 4 through 8 generally before girls begin to use substances are especially effective for girls (Blake et al., 2001). Physician screening: this is a program where adolescent girls relay heavy on their doctors or other health care professionals for information about their health. The National Cross Site Evaluation of High Risk Youth Program's (Monograpanes no 4 (2002). Berkowitz and Begun, (2003) carried out a study in the USA on gender difference in substance use and prevention: it was to focus on gender difference and similarities in alcohol, tobacco and illicit drug use and prevention for adolescent's boys and girls at high risk for use and its privations or their substances. The findings revealed that boys and girls respond to prevention differently. Boys experience significant reduction in substance use rates relative to comparison youth in the short run. Benefits for girls emerge later and endure throughout the study period.

It suggested that use of well designed and implemented preventions programmes using multi science based components produce positive and lasting reduction in the rates of substance use for both high risk girls and boys. It further noted that programme emphasis on behavioural life skills topics are particularly important for girls and interactive method of delivery are particularly important for boys.

2.4 Theories used in Alcohol and Drug Consumption Studies

This study intends to test Bandura's Behavioural observational learning theory. Albert Bandura was the major motivator behind social learning theory. One of the main things that he was concerned with was how cognitive factors influence development, but he confined his approach to the behavioural tradition. Bandura called his theory a social cognitive theory. Like other behaviorists, Bandura believes that cognitive development alone cannot explain changes in behaviour in childhood and he

believed that learning processes are primarily responsible for children's development. However, he felt quite strongly that the cognitive abilities of the child affect learning processes (Bandura, 1971). This, he feels, is especially true of the more complex types of learning. So, how does Bandura handle the child's learning? He presents learning as something that one observes and that learning is operant.

Bandura argues that deviance is learned through a process called behaviour modelling. He believed that individuals do not actually inherit violent tendencies, but through observation (Bandura, 1974). Albert Bandura argued that children's learning is heavily reliant on observation also known modelling and imitating others, either personally or through the media and environment. Specifically, modeling may be said to refer to the behaviour of the individual who is observed, that is, and who acts as the model. Imitation, in its specific sense, refers to the behaviour of one who observes the actions of another and then copies them. It is a term signifying the behaviour of the observer, not the model, and it reflects performance and not necessarily any enduring learning by the observer. Bandura also identified the four necessary conditions of Internal or Intrinsic Reinforcement needed for effective modelling for the method of observational learning. These components include: attention; retention; motor reproduction; and motivation (Bandura et al., 1976). It is prudent to discuss these four components in order to appreciate his theorising.

Attention is the first component of observational learning. Individuals cannot learn much by observation unless they perceive and attend to the significant features of the modelled behaviour. For example, children must attend to what the aggressor is doing and saying in order to reproduce the model's behaviour (Allen and Santrock, 1993: 139) In the Bobo doll experiment, the children witnessed the Bobo doll being verbally and/or physically abused by live models and filmed models.

Retention is the next component. In order to reproduce the modelled behaviour, the individuals must code the information into long-term memory. Therefore, the information will be retrieval. For example, a simple verbal description of what the model performed would be a known as retention (Allen and Santrock, 1993: 139). Memory is an important cognitive process that helps the observer code and retrieve information. In the Bobo doll experiment, the children imitated the aggression they

witnessed in the video. They aggressively hit the Bobo doll because it was coded and store in their memory.

Motor reproduction is another process in observational learning. The observer must be able to reproduce the model's behaviour. The observer must learn and possess the physical capabilities of the modelled behaviour. An example of motor reproduction would be able to learn how to ski or ride a bike. Once a behaviour is learned through attention and retention, the observer must possess the physical capabilities to produce the aggressive act. The children had the physical capabilities of hitting and pummeling the doll to the ground.

The final process in observational learning is motivation or reinforcements. In this process, the observer expects to receive positive reinforcements for the modelled behaviour. In the Bobo doll experiment, the children witnessed the adults being rewarded for their aggression. Therefore, they performed the same act to achieve the rewards. For example, most children witnessed violence on television being rewarded by the media (Allen and Santrock, 1993: 139).

The four components could be conceptualised as follows:

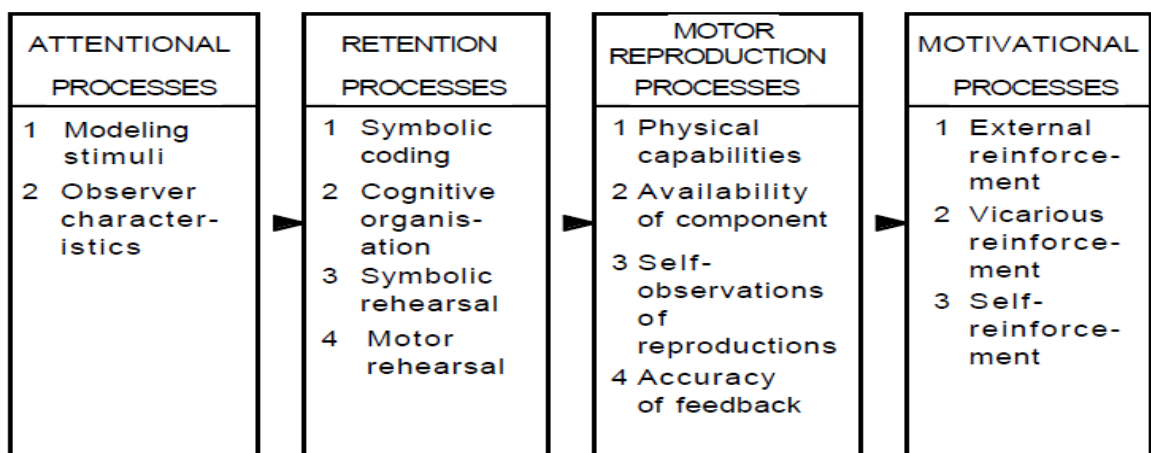


Figure 2.4.1 Behavioural Modelling

He further stated that from these processes, many individuals believed that deviance would produce reinforcements. These reinforcements can formulate into reduction of tension, gaining financial rewards, or gaining the praise of others, or building self-esteem (Siegel, 1992: 171). The question Bandura asked was "Who do children observe and model themselves on? Initially parents and siblings and eventually

friends, teachers, sporting heroes, TV characters . . . even cartoon characters! Just about anyone will do! So, Bandura would claim that the child who has seen her parents being kind and caring, giving to charity, caring for the environment, being kind to animals, will tend to be the same. However, the child who has seen problems being faced with violence, arguments occurring, wrongdoing being punished by hitting, will tend to grow up to be more aggressive etc. They will learn violent ways of addressing the world. Grusec et al (2002) found telling children to be generous made no difference, showing generosity did make a difference though. This is evidence that “do as I say not as I do” will not work.

Bandura further argued that one of the most powerful influencing factors in observational learning is the reward one may get. Bandura called this vicarious (substituted) reinforcement. What he meant is that the child observes someone else being rewarded for a particular behaviour and this affects the child in the same way as it would had the child produced the behaviour herself and been rewarded for it. Similarly, vicarious punishment is possible where the child observes a model being punished for a particular behaviour and is less likely to produce the behaviour because of this observation. So, imitation is most likely to occur if the model has received vicarious reinforcement for the behaviour and less likely to occur (this is called response inhibition or counter imitation) if the model has received vicarious punishment for the behaviour.

2.5 Interventions

There is a wide-held theory that if smoking does not start during adolescence, it is unlikely ever to occur (USDHHS, 1994). This has resulted in various attempts to reduce the number of young people taking up smoking through primary prevention programmes, which have been designed to discourage experimentation with cigarettes and to deter regular use. Most interventions have included prevention programmes delivered in school settings, however the results have been mixed and reported effects small (Rooney and Murray, 1996, Wiehe et al., 2005, Thomas 2006). Mass media interventions have been compared in another Cochrane review, Brinn et al., (2010) also with mixed results. The most effective campaigns for the review (Brinn, 2010) were based on solid theoretical grounds, used formative research in designing the campaign message, and the message broadcasts were of reasonable

intensity over extensive periods of time. Recognition that decisions to smoke are made within a broad social context has led to the development and implementation of community-wide programmes. Such interventions are based on the premise that social and environmental processes impact upon health and well-being and contribute to health decline, disease, and mortality. It has been argued that the essence of the community approach to influence smoking behaviour, in particular smoking prevention lies in its multi-dimensionality, in the co-ordination of activities to maximise the chance of reaching all members, and in on-going and widespread support for the maintenance of non-smoking behaviour (Schofield et al., 1991).

Interventions with multiple components such as age restrictions for tobacco purchase, tobacco-free public places, various mass media communications and special programmes in schools are often combined to create large-scale community-wide initiatives, to influence the smoking behaviour of young people. Initiatives vary in the extent to which they emphasise community involvement in problem specification and planning of the intervention. Some have been conducted through community groups and organisations emphasising a principle of 'ownership' or 'partnership' in promoting health. Community members are involved in decisions about the implementation of various activities within the programme, often building on existing organisational structures. Despite the potential of community-wide programmes, debate continues about their effectiveness in influencing the smoking behaviour of young people. For example, a non-systematic review of eighteen smoking prevention programmes up to 1995 concluded that community initiatives have yet to demonstrate that they can directly reduce smoking prevalence in adolescents (Stead et al., 1996).

2.6 Research designs Used in Gender Based Alcohol and Consumption studies

Authors	Design	Data Collection Instrument and Analysis	Sample Size/ Population	Study
Nahid G et al	Cross sectional study	questionnaires SPSS	High school students randomly selected by multi stage sampling 608	Evaluate knowledge and attitude of high school towards addiction drugs
Ayalu, A. R. Et al	Cross sectional study	Self administered structured questionnaire consist of open and closed ended questions SPSS Version Multi variance regression	1890 students Proportional stratified sampling technique	Alcohol drinking pattern among high school students in Ethiopia
Mikayo et al, 2007	Regional survey	Self reported questionnaire Logistic regression and path analysis SPSS 14.0	8 schools junior high school, Japan 2923 students, 7.9% boys,5.1% girls Simple and multiple regression	Smoking and drinking among early adolescents
Oshode et al	Cross section and descriptive	Questionnaire EPI – Infor versions 5	Students, 402 175 males, 227 females	Substance use among secondary school students in urban setting in Nigeria. Prevalence and associated factors
Mio ,O et al 2008	Cross section	Un signed self administrated anonymous Logistic regression	Male age 15 – 18 2014 students	Identify factors that influence starting and quitting smoking
NACADA 2010	Baseline survey cross section survey		Community members	
Atieno et al 2005	Cross sectional survey	Self administered questionnaires SPSS	335	Investigate the influence or advertisement on drugs
Pauline et al 2004	Cross sectional reported anonymous survey	Self reported questionnaire Statistical test multi vitiare model	12, 771 boys and girls aged 15 years	
Shehu and Idris 2008	A cross sectional descriptive study	Structured, pre tested self administered questionnaire SPSS	Multi stage sampling technique 350 respondents	
Yee Chu Foo et al	Qualitative multiple case study	Semi structured questionnaire interview	7 respondents	Family factors and peer influence

These are some of the empirical research designs used in drug and alcohol consumption. However, after an analysis of the designs, the study settled for a case study design since there will be only one high school to be researched on. The research design will be discussed in details in methodology chapter.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Research Design

This was a cross-sectional mixed case study design. Mixed study in the sense that the research questions needed to be answered using objectives that cut across two assumptions driven by the nominalist and realist ontologies representing subjectivist (qualitative inquiry) and objective inquiry (quantitative inquiry). This called for methodical triangulation.

The assumption of employing methodical triangulation is that some of the methods have weaknesses and exclusive reliance on one method could be biased or even distort the research under investigation. Within methodical triangulation of qualitative and quantitative approaches, the researcher was in a position to analyse determinants of sex and gender differentials in smoking and drinking prevalence. In detail, the researcher used an across-method triangulation (Begley, 1996) to combine on the one hand experiences of the study units and the outcomes of the survey questionnaire. The triangulation of quantitative and qualitative methods is highly useful both for the research process and for the epistemological development of research processes. Both methods have different angles; the results complement each other and yield a comprehensive picture of the determinants of sex differentials (Flick, 2006). Relying on the ontological assumptions and the claims by Silverman (2000) who points out that triangulation in data collection (involving two or more methods in the study, can help to explain more fully the richness and complexity of data. The qualitative perspective is based on modified Grounded Theory strategy including theoretical sampling (Lamnek, 1995).

Ontological realism within this form of triangulation was chosen to allow the researcher pursue answers to the defined research questions in the questionnaire that could determine what really exists on the ground and what could be measurable by seeing which entities are endorsed by a scientific theory (social learning theory) of the drug and substance abuse world. Realism as an etic view (outside) of the world

was employed to bring out salient features based on the construction of the contents of the survey questionnaire. The task of this gendered research, therefore, is not simply to collect observations on the social world, but to explain these within conceptual frameworks which examine the underlying mechanisms (Orlikowski and Baroudi, 1991; Gergen, 2001).

Nominalist ontology which is the exact opposite of realism deals with subjectivism. The nominalist ontology was chosen to allow the researcher pursue answers to the defined research questions that could determine what the lived experiences and meaning of drinking and smoking in a naturalistic setting were. Nominalism is an emic view (inside) of the world. The task of this gendered research, therefore, is not simply to collect observations on the social world, but to understand them from person to person (Martin, 1990; Zammito, 2004; Morgan, 1980). The purpose of this part of ontology was to tap into the great power within the human mind to elicit what happens in the mind which is unseen.

These ontological assumptions therefore necessitated methodical triangulation (see the research design matrix table 3.1.1).

Table 3.0.1 Research Design Matrix

Research Questions	Research objectives	Population and sampling	Data collection tools	Data analysis
To what extent do boys and girls consume drugs and alcohol?	To determine numerically whether a difference exists among boys and girls in drugs and alcohol consumption.	Students in the 10 th to 12 grades and sampling by randomisation. House masters	Self-administered Survey questionnaire	Univariate and bivariate analysis (chi square tests of difference) and what?
What gender factors operate in influencing consumption of drugs and alcohol?	To describe gender factors that operates differentially in influencing consumption of drugs and alcohol among male and female pupils.	Students in the 10 th to 12 grades and sampling purposefully using maximum variation	Self-administered Survey questionnaire 2 Focus group discussions	Qualitative descriptive analysis (QDA)
Why do pupils consume drugs and alcohol?	To determine the extent Bandura's Social learning theory can explain alcohol and smoking behaviour among pupils at Senanga High School.	Students in the 10 th to 12 grades and sampling by randomisation and purposefully using maximum variation	Self-administered Survey questionnaire	Univariate and bivariate analysis (chi square tests of difference)

Inductively developed (Likezo, 2013)

3.1 Research Setting

The study was carried out in Western Province, Senanga District at Senanga High School among the Grade ten to twelve boys and girls. Senanga District lies 105 km south of Mongu, which is the Provincial Headquarters for Western Province, Zambia. The District is accessible by the tarred road and by water along the Zambezi River. According to CSO (2000), the population of Senanga District is about 120,000 people. The socio-economic activities of the District range from agricultural related activities, professional occupation to selling goods and services (CSO, 2004). However, the majority of the people are engaged in crop growing, animal rearing (mainly cattle), beer brewing and fishing to sustain themselves as well as sending their children to schools.

3.2 Operationalisation of Key Variables

In this study, the key variables being studied are primary group members, social learning, social bonding, alcohol and smoking. Recognising that this is not an analytic study (experimental) attempting to establish cause and effect but an exploratory and descriptive study, there are no independent and dependent variables (Shoham, 1990).

In this study;

- a) Primary group members being models is measured on a nominal scale based on five attributes being persons one can learn from the deviant acts of smoking or drinking and these include: father, mother, aunt, uncle, brother, sister and peers.
- b) Social learning which is a kind of bonding that leads to acquiring a deviant behaviour is operationalized as the act of learning taking alcohol and smoking copied from a primary group member. This will be measured on a five point ordinal scale using the values: Not at all, Very little, Somehow, Much and Very Much.

- c) Taking or abusing alcohol which is an intoxicating drink is measured as having the desire and this is measured on nominal scale as follows, High, Not there, Not applicable.
- d) Taking or abusing cigarettes or cannabis is measured as having the desire and this is measured on nominal scale as follows, High, Not there, Not applicable.

3.3 Study Population and Sampling

The units of analysis in this study were disciplinary records, pupils in grades 10 to 12 aged between 14 years to 19 years and House Masters from Senanga High School. The researcher chose grade ten to twelve boys and girls to participate in the study because it is assumed that they had more school experience on drugs and alcohol related issues. The House Masters were purposively included in this study because of their job responsibility of instilling discipline to the erring pupils in their respective schools and the fact that they knew the pupils who were deviant. To this effect, it is assumed that the House Master would be able to provide the necessary information on the prevalence of cases of drugs and alcohol abuse in the studied high school. In addition, they were involved in guidance and counselling and as such would provide more information concerning problems boys and girls face with drugs and alcohol consumption within the high school.

In total there were 1,500 pupils and 8 housemasters who were eligible for study. Disciplinary records were used to first identify pupils who were deviant in order to elicit an in-depth understanding of the gendered behaviour as well as to get a detailed account of the deviant act.

The sampling procedure for the pupils was twofold. Firstly, a stratified random sampling procedure was used to select the two strata of boys and girls. The lists of names of the grade ten to twelve boys and girls was obtained from the Office of the Head teacher. Two sampling frames of strata were created listing all boys and girls. This was followed by the systematic sampling where individual pupils of the two stratified groups were further selected. In order to select the pupils for this study, a systematic interval was used following the selection of the first respondent. This procedure was used to avail every pupil in the population an equal opportunity of

being included in the selection procedure to realise the final study sample (Cohen et al., 2000).

3.4 Data Collection Instruments

In – depth interview, focus group discussions, survey questionnaire and review of documents were done noting that each method reveal different aspects of empirical facts within the same site (Cohen and Mannion, 1992; Yin, 1993; Robson, 1993), This is also in line with what Patton (1990; 244) says; ‘Multiple source of information are sought and used because no single source of information can be trusted to provide a comprehensive perspective on the study.

The justification to use in-depth interviews is line with Dexter’s position. Dexter (1970) reckons that interviews provide access to the content of a situation and make the researcher reach deeper meaning about the reality being studied. The researcher would be able to get more information from the pupils about gendered factors that influence boys and girls to consume drugs and alcohol. The use of interview guide is seen as an important tool in order to be sure that the same categories of information are obtained from a number of people about the phenomenon being studied (Patton,1990). It further argued that the interview guide provides topics or subjects areas within which the interviewer is free to explore, probe, and ask questions that will elucidate and illuminate that particular subject. Thus the interviewer remains free to build conversation within a particular area, to word questions spontaneously and to establish conversation style but with focus on a particular subject that has been predetermined.

The justification for focus group discussions is based on the fact that it is one of the best methods to use in data collecting when the researcher intends to bring out respondents immediate reactions and ideas, making it possible to observe some group dynamics and organisational issues. In addition, through focus group discussions, the researcher was able to assess needs, develop intentions, and test new ideas on particular subjects (Casley and Khumar, 1988). The researcher asked for permission to use the tape recorder from the interviewee. The setting in which the focus group discussions was held provided encouragement for being open and

frank without any disturbances. This was also in line with the justification given by Casley and Khumar (1988) on the purpose of focus group discussions in research.

A pre-planned script of specific issues and set goals was followed (Appendix III) to get the required type of information. During the focus group discussion sessions, the researcher was able to control the discussions without inhibiting the flow of ideas and comments.

The researcher was conscious of the challenges cited in use of focus group discussions by McNamara (1997) as that of sorting out what is important, decoding symbolism, unravelling complex situation, interpreting ambiguous behaviour, designing persuasion, predicting behaviour developing strategies and new ideas. After the session, it was easy for the researcher to write a short report summing up the prevailing mood in the group, illustrating with a few personal quotes about the comments made by respondents.'

Documents like disciplinary files, guidance and counselling notes were reviewed to get experiences as well as names of boys and girls who consume drugs and alcohol. Weiss (1998: 260) holds the view that documents are 'a good place to search for answers. She further stated that when 'other techniques fail to resolve a question, documentary evidence can provide convincing answer. Another view shared by Hammersley and Atkinson (1995: 156) about documentary evidence is that 'it would be hard to conceive of anything approaching ethnographic account without some attention to documentary material in use'. Apart from providing evidence, Weiss (1998) has noted that documentary analysis also allows the analyst to become thoroughly familiar with the materials and helps to save on time. The usefulness as research tools is that they help corroborate and strengthen the evidence gathered using other tools, can provide reliable and quality information and offers a chance to countercheck the information and offers a chance to study past events and issues.

3.5 Procedure of Data Collection

An introductory letter from the Directorate of Research and Graduate Studies of the University of Zambia was given introducing the researcher to the District Education

Board Secretary as a post graduate student on research. With this letter, the District Education Board Secretary responded positively and wrote a letter granting authority to conduct the study to the head teacher at Senanga High School. The head teacher welcomed the researcher and instructed the deputy head teacher to make all the necessary arrangements for the research.

The deputy head teacher gave the researcher the total enrolment of the boys and girls in form of class lists. This was used as a sampling frame. A total of 260 boys and girls were ideal and using systematic sampling class wise, eligible students were enlisted. The sample size was calculated using Yamane (1967:886¹) formula (below), of determining the sample size.

$$n = \frac{N}{1 + N(e)^2}$$

Where n is the sample size, N is the population size, and e is the level of precision which was set at 0.05.

Once the sample size was estimated, sample units or members were selected using a consolidated sampling frame of class registers. Using a sampling interval the K^{th} element in the series was selected from the initial member who was randomised.

The selected pupils were called in the assembly hall and informed about the study. They were assured of confidentiality and that it was purely for academic purposes. Each pupil was informed that they could not answer the questionnaire if they did not wish or could stop in the process. They were assured that withdrawing or refusal would not cost them any sanctions. The questionnaire was distributed to the pupils in the absence of their teachers. The pupils answered the questionnaire (Appendix I) at 1600 hours after school learning hours.

In-depth interviews with twelve pupils were done after class hours. Using maximum variation purposive sampling, pupils across the grades who had history or trouble

¹ Yamane, T. (1967). *Statistics: An Introductory Analysis*, 2nd Ed., New York: Harper and Row.

with drug and substance abuse were requested to participate in the study. The pupils were interviewed in the careers and guidance departmental office for privacy and confidentiality. A scheme of interview questions was used (Appendix III). The interview took on average 25 minutes.

When in-depth interviews were concluded, a focus group discussion for housemasters was organised in the staffroom after class. Eight staff masters participated in the study. The focus group discussion took one and half hours.

3.6 Data Analysis

Qualitative data was analysed using qualitative descriptive analysis (QDA). The initial task in selecting qualitative descriptive analysis (QDA) was to find the concepts that helped to make sense of what was going on. The study used the method of inductive analysis as the basis for its analysis. Patton(1990: 44) holds that 'The strategy of inductive design is to allow the important analysis dimensions to emerge from patterns in the cases under study without presupposing in advance what the important dimension would be.

In this study, constructs, themes, and patterns were identified from the interviews, focus group discussions and review of documents to get a description of phenomenon that were being studied(Gall et al., 1996). The understanding of the phenomenon under study and outcomes emerging from experience with the setting were noted.

The focus group discussions and in-depth interviews were tape-recorded and transcribed before the analysis. The objective of the analysis of the in-depth interviews and focus group discussions was to understand and explain the impact of the Lozi culture and context of deviance. Transcriptions and written texts of interviews were independently read and analysed by two analysts one being the researcher and the other being an assistant. Qualitative descriptive analysis within grounded theory (called modified grounded theory²) was instead employed and it

² It is important to note that the original intent of classical grounded theory was a methodology specifically for interpretivist sociologists. In recent years, the diffusion across a number of disciplines such as social work, health studies, psychology and more recently management, has meant the

involved specific steps as described by Corbin and Strauss (2008)³ and Scott (2004)⁴ and these included:

- a) Developing codes that represented a category or theme found in the data and these were put directly into the text by attaching to segments of text.
- b) Each adolescent interviewed was evaluated by the set of thematic codes developed.
- c) Recording insights and reflections on the data across the codes.
- d) Sorting through the data to identify similar phrases, patterns, themes, subthemes sequences and important features.
- e) Looking for commonalities and differences among the data and extracting them for further consideration and analysis.
- f) Gradually deciding on a small group or generalizations that hold true for the data.
- g) Examining these generalizations in the light of existing knowledge.

The analysis in QD differs from other qualitative methods in several ways. Firstly, in terms of analysis, the aim of QD is neither thick description (ethnography), theory development (grounded theory) nor interpretative meaning of an experience (phenomenology), but a rich, straight description of an experience or an event. This means that in the analytical process and presentation of data, researchers using QD stay closer to the data (Neergaard, et al., 2009:2).

Two hundred and twenty two valid questionnaires were entered into a SPSS database software version 17. After that, responses were analyzed for consistency. All estimates were adjusted using sampling weights to represent the entire student population of Senanga High School. Noting the nature of the research questions and the answers that were sought, descriptive statistics and chi square tests of independence to assess associations among key theoretical and demographical variables were done. Null hypotheses were rejected when $p < 0.05$.

adaptation of the method in ways that may not be completely congruent with all of the original principles.

³ Corbin J, Strauss AL(2008) Basics of qualitative research. 3 edition. Thousand Oaks, CA: Sage;

⁴ Scott, K. W. (2004). Relating categories in grounded theory analysis: Using a conditional relationship guide and reflective coding matrix. *The Qualitative Report*, 9(1), 113-126.

The survey questionnaire was an original 51-item self-report questionnaire designed to assess frequency of drug and smoking use under social learning from significant others (parents, brother, sister, uncle, aunt and close friends). These significant others correspond to the social learning constructions of role models and are assessed on a five point Likert scale. Questions were posed regarding gender, age, education, as well as typical frequency and quantity of consumption, frequency and quantity of consumption. The present analysis was conducted only with 222 participants who self-reported using alcohol and drugs.

CHAPTER – PRESENTATION OF FINDINGS

4.0 Introduction

The research findings are organised under the themes derived from the research questions and not the research objectives because the latter have been used to structure the methodology and the manner in which data was presented and discussed. This framework was selected based on de Vaus's (2001) advice. He advises researchers doing cross sectional research like this one to organise the responses thematically. Thus, three themes which are:

- 1) Extent boys and girls consume drugs and alcohol
- 2) Gender factors operating in influencing consumption of drugs and alcohol
- 3) Reasons pupils consume drugs and alcohol.

4.1 Demographic Profile of Pupils

A total of 222 students participated and 32 (12.5%) questionnaires were excluded due to incomplete data. A cursory look at the distribution shows that the sample under study was rather of adolescents mean age $17.4 \pm SD 1.5$. The oldest was 23 and the youngest was 15. As can be seen in Table 4.1.1 out of the N= 222 respondents who were enlisted in the current study, n = 131 (59%) were males and n = 91 (41%) were females. There were no differences in representation by grade in the study. N = 72 (32.4%) were grade 10, n = 77 (34.7%) were grade 11 and n = 73 (32.9%) were grade 12. Males tended to dominate in all grades (table 4.1.1). Within the family, the pupils were able to report at least one person they thought was responsible for their welfare. In most instances it was either a father or mother (table 4.1.1).

Table 4.1.1 Demographic profile

Parameter	Frequency	Percent
Sex		
Male	131	59.0
Female	91	41.0
Total	107	100.0
Educational Status		
Grade 10.00	72	32.4
Grade 11.00	77	34.7
Grade 12.00	73	32.9
Total	222	100.0
Person responsible for you		
Father	78	35.1
Mother	62	27.9
Uncle	23	10.4
Aunt	17	7.7
Brother	18	8.1
Sister	6	2.7
Granny	12	5.4
Other	6	2.7

4.2 Extent boys and girls consume drugs and alcohol

Before examining the level of alcohol and substance consumption, it is prudent to (a) describe the frequencies of alcohol consumption and smoking and (b) to provide a descriptive account of the status of the existence of the social bond of involvement in religious activities which may provide an assumption for the acceptance or rejection of the strength of delinquency.

When establishing alcohol and smoking behaviour among pupils, the researcher desired to know if the pupils had ever taken alcohol or if at all they had ever smoked. In this study, more pupils $n = 190$ (85.6%) used alcohol as compared to $n = 95$ (42.8%) who have had an experience with smoking. In the study sample $n = 82$ (36.9%) (shown in bold) have had both experiences (table 4.2.1).

Table 4.2.1 Beer and smoking frequency

When did you first smoke?	When did you first take alcohol?					Total
	I have never drunk beer	Between 6 months and 1 year ago	Several weeks ago	Within this week	Just Yesterday	
I have never smoked	82	6	3	3	1	95
Between 6 months and 1 year ago	62	6	3	2	1	74
Several weeks ago	10	1	1	0	0	12
Within this week	22	2	1	0	0	25
Just Yesterday	14	2	0	0	0	16
Total	190	17	8	5	2	222

The frequency of smoking was significantly higher $p = 0.02$ among boys than among girls (Table 4.2.1). As for beer and spirits, there was no significance $p = 0.631$ (Table 4.2.2).

Table 4.2.1 Gender by experience with smoking

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.250 ^a	4	.002
Likelihood Ratio	23.326	4	.000
Linear-by-Linear Association	4.312	1	.038
N of Valid Cases	222		

a. 1 cells (10.0%) have expected count less than 5. The minimum expected count is 4.92.

Table 4.2.2 Gender by experience with beer or spirits

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.578 ^a	4	.631
Likelihood Ratio	2.728	4	.604
Linear-by-Linear Association	.034	1	.855
N of Valid Cases	222		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .82.

It is evident from table 4.2.1 that the pupils are not into regular intake or consumption of beer or smoking.

Prevalence of beer unlike smoking increased with age ($p < 0:001$). The highest consumption was in the age group of 16 –18 years. With regard to the social bond, it is evident from table 4.2.1 that nearly everyone $n = 213$ (95.85%) except just $n = 9$ (4.15) claimed not to be Christians (table 4.2.3).

Table 4.2.3 Religious belonging

What is your religious faith?	Frequency	%
I do not have a faith	9	4.1
I am a Christian but a Catholic	12	5.4
I am a Christian but a Pentecostal	53	23.9
I am a Christian but Seventh Day, New Apostolic etc)	148	66.7
Total	222	100.0

When excluding $n = 10$ of those who had no religion, when asked about religiosity in the domain of reading the bible, it was surprising to note $n = 92$ (43.6%) read the bible and more than half $n = 120$ (56.4%) of those who claimed to be Christians have distanced themselves from following the church commandment of reading the bible. These were pupils that were either not sure, never or stopped reading the bible (table 4.2.4).

Table 4.2.4 Religiosity by bible reading $n = 212$

What is your religious faith?	Frequency	%
Not sure	43	20.2
Never	36	16.9
Stooped	41	19.3
Daily	21	9.9
Weekends	71	33.4
Total	212	100

An association test using chi square at $p = 0.05$ was done to assess whether the two variables being a Christian and degree of religiosity in reading the bible were associated among the pupils. It was established that the two were not associated. This is because there was insufficient significant evidence to assert that the two variables were associated. $P = 0.281$; $df = 12$ (see table 4.2.5).

Table 4.2.5 Religiosity by reading the bible and being a Christian

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.317 ^a	12	.281
Likelihood Ratio	17.140	12	.144
Linear-by-Linear Association	.091	1	.764
N of Valid Cases	222		

a. 10 cells (50.0%) have expected count less than 5. The minimum expected count is .85.

In a related matter, when excluding $n = 10$ of those who had no religion, when asked about religiosity in the domain of praying, it was less expected that prayer is not a way of life among these Christian believing pupils. $n = 71$ (33.4 %) read the bible only on weekends and the majority $n =$ more than half $n = 150$ (70.7%) of those who claimed to be Christians have distanced themselves from following the church commandment of praying daily (table 4.2.6).

Table 4.2.6 Religiosity by faith

What is your religious faith?	Frequency	%
Not sure	23	10.8
Never	19	8.9
Stooped	20	9.4
Daily	18	8.4
Weekends	132	62.2
Total	212	10.4

An association test was also done in the domain of praying using chi square at $p = 0.05$ was to assess whether the two variables being a Christian and degree of religiosity in praying was associated among the pupils. It was established that the two were not associated. This is because there was insufficient significant evidence to assert that that the two variables were associated because $p\text{-value} = 0.120$ and it is $> \alpha 0.05$ (see table 4.2.7).

Table 4.2.7 Religiosity by prayer

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.855 ^a	12	.120
Likelihood Ratio	17.482	12	.132
Linear-by-Linear Association	.511	1	.475
N of Valid Cases	222		

a. 10 cells (50.0%) have expected count less than 5. The minimum expected count is .73.

Further than religiosity, an association test using chi square was also done determine the existence of a relationship between sex and reading the bible as well as praying. It was established that an association does not exist between bible reading as well as prayer and sex. This is because (i) there was insufficient significant evidence for bible reading to assert that it was associated with sex because p-value = 0.165 and it is > α 0.05 (see table 4.2.8) and (ii) there was also insufficient significant evidence for prayer to assert that it was associated with sex because p-value = 0.811 and it is > α 0.05 (see table 4.2.8).

Table 4.2.8 Religiosity by bible reading by sex

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.503 ^a	4	.165
Likelihood Ratio	6.733	4	.151
Linear-by-Linear Association	.247	1	.620
N of Valid Cases	222		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.61.

Table 4.2.9 Religiosity by prayer by sex

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.302 ^a	4	.081
Likelihood Ratio	8.854	4	.065
Linear-by-Linear Association	3.628	1	.057
N of Valid Cases	222		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.38.

The difference between boys and girls in terms of smoking and alcohol consumption was assessed chi square test of difference. It was established that an association does not exist between being male or female and consuming alcohol. This is because there was insufficient significant evidence to assert that an association because p-value = 0.687 and it is $> \alpha 0.05$ (see table 4.2.10).

Table 4.2.10 sex by alcohol and smoking

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.081 ^a	5	.687
Likelihood Ratio	3.456	5	.630
Linear-by-Linear Association	.198	1	.656
N of Valid Cases	222		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is .41.

4.3 Reasons pupils consume drugs and alcohol

The study describes in the next section the reasons using Bandura's social learning theory and non-gendered reasons.

Bandura's social learning theory was tested to see how far role models induced smoking and drinking behaviour. According to the theoretical assumptions rooted in social learning theory, it was hypothesised at the onset that smoking and alcohol consumption were not a result of a role model. Seven role models were chosen to be studied (see table 4.4.1). An association test using chi square was done to determine the existence of a relationship between desiring to abuse any of the two and learning it from a role model. At $\alpha 0.05$ it was established that no association existed (see tables 4.4.1 and 4.4.2).

Table 4.4.1 Association between desire to smoke and role model

Association	Value	df	Asymp. Sig. (2-sided)	Interpretation
desire for smoking and father	5.077a	4	0.279	No association
desire for smoking and mother	0.798a	4	0.939	No association
desire for smoking and uncle	0.678 ^a	3	0.878	No association
desire for smoking and aunt	1.115a	3	0.774	No association
desire for smoking and brother	1.140a	3	0.768	No association
desire for smoking and sister	1.334a	5	0.931	No association

Table 4.4.2 Association between desire to consume beer and role model

Association	Value	df	Asymp. Sig. (2-sided)	Interpretation
desire for beer and father	9.352a	8	0.313	No association
desire for beer and mother				No association
desire for beer and uncle	8.744a	8	0.364	No association
desire for beer and aunt	7.727a	6	0.259	No association
desire for beer and brother	8.291a	6	0.218	No association
desire for beer and sister	11.021a	10	0.356	No association

While Bandura's social learning theory was tested to see how far role models induced smoking and drinking behaviour, below are excerpts of minority situations when role models influenced deviant behaviour. Some pupils who were interviewed talked about how difficult it was to resist smoking and alcohol when they were with friends who were still smoking and drinking beer even if those friends did not exert any pressure on them to smoke nor drink. Consumption of alcohol and smoking was described by pupils as most agreeable, increasing a sense of personal security and causing them to "feel more adult". They also considered the consumption as sociable, helping their relationship with peers and the opposite sex and helping them to forget temporarily their personal worries and problems. Examples in some of these cases will suffice and pseudonyms are used to give life to the narratives.

I was visiting old friends. I couldn't really explain why I used the "smoke" (the weed). I don't know, I tried to resist but then I broke down because I was around everyone using the "smoke".

Peter a grade 9 aged 16

Given the rarity of family control among some of the participants, a significant number of them were living with immediate or extended family members. They volunteered that many of their family members smoked. Participants stated that being around family made it difficult to resist.

...Then my grandfather pulls out blunts this long, put the whole bag of weed is in there, I mean in the house....and I'm trying to be cool. I fight with myself all the time not to use but what can I do and I spend time with him.

Some girls expressed that seeing their partner drunk or high triggered strong urges to use drugs and alcohol:

The guy I moved with, he's a closet weed smoker. It's a trigger being around him because he's using. He denies that he uses much but I see he's high a lot. There's no way I can stop saying "Can I have some?" This actually helps me overcome my fears with ghosts....

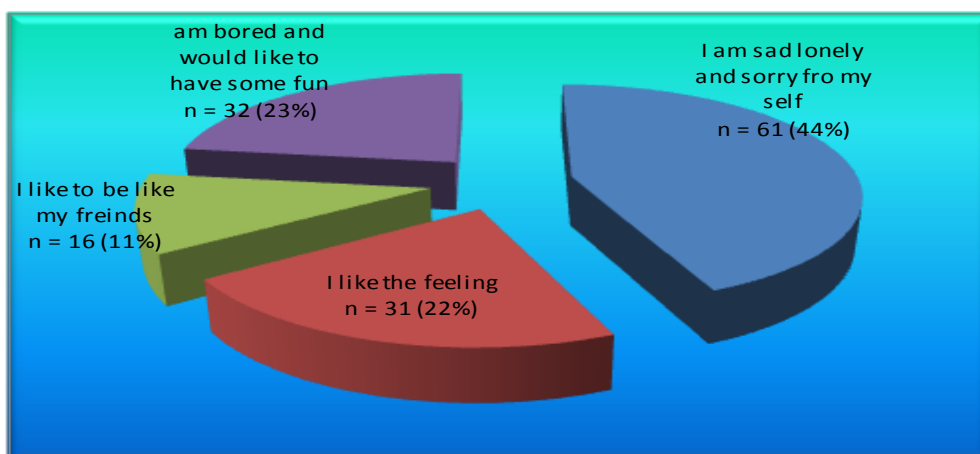
Table 4.4.3 Non Gendered reasons for smoking and taking alcohol

Non gendered Themes	Sub themes	Categories
Theme I Non Gendered Reasons	<ul style="list-style-type: none"> a) Adverts b) Lack of Strict Laws c) Economic Status of the Parents d) Ease of Access e) Monitoring and Supervision f) Starting to drink g) Group influence 	

Starting to drink or smoke

Pupils who had an experience of smoking and taking alcohol n = 141, tended to use these substances invariably. Loneliness and being sorry seemed to be the most frequent inducer in the survey. However, being bored, liking the feeling and to be like friends are other but less frequent occurring reasons (figure 4.4.4).

Figure 4.4.4 I usually /start to drink or /use drugs because



Group Influence

The focus group discussion of hostel tutors identified that boys and girls drink and smoke under the influence of their friends. They observed that they normally move in groups whenever they go out drinking in nearby shanty compounds. They also smoke when they are in groups.

Coercion

“We find some of our boys and girls in groups from drinking places. They run away when they see us. We also find them in small or big groups of two or three or more than four smoking normally at night after prep.” When caught they cite reasons like I was coerced.

Wina Hostel Tutor.

She called up one day and she tried to pressure me into using saying, come on, do this, you know you want to do it, and so I went out and got the weed and went over there and smoked it up with her.

Irene

Learning

“Others fight amongst themselves when they are drank.” When we catch them and brought before the disciplinary, they accept/agree being drank and say they wanted to have a group experience. There is usually a bully or a teacher they say.

Hostel Tutor Kaunda

The focus group discussion observed that peers become important as adolescents develop an identity apart from the family and learn social behaviours importantly in young adulthood. They further pointed out that drinking initiation and excessive consumption are influenced by:

“These boys and girls are exposed to pro drinking peer and adults and weak bonds with conventional social institution and the perception of friends acceptance of heavy drinking”

(Wina Hostel Tutor).

Adverts

Focus Group Discussion indicated that boys and girls are encouraged to smoke and drink by alcohol commercial televisions and newspapers. The focus group discussion further indicated that these have strong influence on the boys and girls as they want to imitate what they have seen or watch on television or read on the newspaper or magazines.

“The continuous showing of adverts for sheki sheki, castle on television have a strong influence on the boys and girls. So you see, youth and young adults are being linked to powerful media advertisements organized by the alcoholic and smoking manufacturing industry

Wina Hostel Tutor

Others see these brands advertised tend to want to taste what is being said

Hostel Tutor Sipopa Girls

Lack of Strict Laws

During the focus group discussion another reason given for the boys and girls to consume drugs and alcohol was lack of strict laws from the government and school authority. The focus group observed that no stiff punishment is given to those who abuse alcohol and smoking as a nuisance. They further observed that even in buses people can smoke and drink.

The laws of the country are not strict on people who drink and smoke. Even at school pupils are only suspended and can come back to the

same school again as given a forced transfer. As such this perpetuates the habit of drinking and smoking.

(Hostel Tutor Kaunda)

Economic Status of the Parents

Focus Group Discussion with the hostel tutors disclosed that boys and girls from parents who are working tend to drink and smoke when they come to boarding schools. The hostel tutors further revealed that those caught when interrogated about their background suggested that they come from well to do families those working class families.

“Those children who are given enough pocket money further school needs tend to use it to buy beer or cigarettes”

Hostel Tutor Kaunda

Monitoring and Supervision

The focus group discussion and in-depth interviews revealed that easy access to alcohol is among the reasons why boys and girls smoke and drink. The strongest predictor of drug and alcohol use was parents and teachers and not knowing the young people whereabouts on weekends and after prep.

“The boys and girls can purchase beer or cigarette from any super market without any restriction when they get into town during weekends. The housemasters are not in a position to check out every pupil”.

Hostel Tutor Kaunda

“We do not conduct roll call over the weekend, during prep and after prep. Parents as well do not know the whereabouts of their young during meals and over the weekend. And you will see that this becomes their chance to be exposed to the consumption for drugs and alcohol”.

Hostel Tutor Sipopa Girls

Living with alcoholics and smokers

This sub theme describes situations when pupils may not have been influenced to smoke or take alcoholic beverages because they were surrounded with smoking and

drinking behaviour. The experiences include encountering: people with whom the pupils have previously drank or smoked with, being around friends who drank or smoked, friends who pressurised them to drink or smoke and being around family members who either drank or smoked substances. Many individuals talked about the difficulties in maintaining abstinence in an environment in which friends or family drank alcohol and smoked or even manufactured the substances. The pupils in essence described living in neighborhoods in which they essentially felt surrounded by alcoholics and smokers. The testimonies below will suffice:

“It is indeed a good feeling to smoke but not alone...I feel like part of a group when I’m around other smokers”.

Mutafela Grade 12 aged 17

‘I feel more at ease with other people if I have a cigarette’ or ‘I feel more comfortable with other youngsters. It makes you feel great”.

Kwaleyela Grade 11 aged 16

“I sometimes see the guy I used to smoke marijuana with. The first thing that comes into my mind when I see his face even when we have broken up is smoke”.

Penelope Grade 11 aged 17

“My strongest trigger is usually due to family or arguments with classmates. The first thing I want to do is go out and get a fire (meaning weed) or drink some beer. It cools you down you know...”

Jones Grade 10 aged 15

“What can you do anyway? Mom earns a living through brewing beer. From childhood and even now, every child at home has to do one little thing and contribute to brewing There has to be money for food or clothes and not forgetting school. So you see !!!!.....ehh ehh you also participate in the brewing and tasting. To me, I see it difficult to abstain even when I am at school”.

Patricia aged 17 Grade 11

Smoking behavior

When asked on the other hand about the frequency of smoking or number of sticks smoked, the pupils used similar terms to describe their smoking, words that imply they smoked habitually or in quantity while at home than at school. The terms used for instance to describe their own behaviour while at school

denoted a low pattern of smoking involving fewer numbers of sticks of weed or cigarettes. Among males with current drinking activity used terms such as “sips” or “tastes” when talking about their consumption of alcohol.

Luka a 15 year old, who had “sips” of *sipesu* (a locally brewed beer) in the past month, describes this activity as:

“ just had a little, a little one I mean one tot, I mean, not a little one, just a sip.”

When asked about any other drinking activity one student Kevin 18 an eleventh grader repeated:

“I only have sips of gin and juice. I don’t drink a lot”.

Another 16 year old Jack who drank Mosi beer three times in the past six months explained:

“I drink a little bit of beer sometimes. Heineken, sometimes Hunters Gold, but I don’t drink a lot; just a sip, that’s all.”

For some females “sips” or “tastes” did not connote “drinking” and thus prevented them from being labelled a “drinker:”

“I don’t drink beer, I taste it, but it’s not like I drink it. I remember I drunk on one occasion in the past six months once here at school.”

Irene 17 a tenth grader

One third of those caught by their tutor with current drinking activity referred to only “sipping” or “tasting.”

“Just to have a taste ‘cos I don’t drink to get drunk or, three wine coolers three times in the past six months and four coolers more than once in the past month). But here at school when there is an opportunity... I mean when the school authority is somewhat sloppy, sometimes I split a bottle with a friend on a Friday.”

Jane 16 years old tenth grader

4.5 Gendered Factors operating in influencing consumption of alcohol and smoking

In line with the addictive strategy, the researcher desires to show the gendered motivating factors influencing consumption of alcohol and smoking using Weberian *verstehen* as an approach. This approach uses interpretative understanding to describe motives for doing something than reasons or *erklären* (law-governed explanation) as seen in positivism. The former fits qualitative inquiry and the latter fits logical positivist research. Pupils who consumed alcohol pointed out motivators of smoking or taking alcohol and these are sub thematised as (i) stereotypical motives and (ii) mutual or cross cutting motives. Stereotypical motives are either feminine or masculine and atypical masculine behaviours among girls (see table 4.5.1).

Table 4.5.1 Schema of Gendered themes

	Subthemes	Categories
Theme II Gendered Motives	Stereotypical motives	a) Typical masculine Motives b) Typical feminine Motives
	Atypical masculine motives	
	Mutual (Cross cutting) motives	—

Stereotypes

The respondents expressed stereotypical masculine and feminine smoking and drinking behaviour patterns that were adopted by both boys and girls differentially. The examples in the subthemes 'femininity' and 'masculinity' reflect the fact that boys and girls are seen as acting typically. To begin with the researcher presents drinking and smoking masculinities. Masculinity is a set of qualities, characteristics or roles generally considered typical of, or appropriate to, a man. It can have degrees of comparison: "more masculine", "most masculine". The opposite can be expressed by terms such as "unmanly" or epicene (Todd, 2010).

Masculinities

This study has shown that masculinity is not monolithic, not one static thing so to argue, but the confluence of multiple processes and relationships with variable results for differing individuals. It must be explained, however, that although there are dominant or hegemonic forms of masculinity regarding smoking and taking alcohol that endeavour to maintain an appearance of permanence, stability, and naturalness, masculinities in this area were always 'conditional, fluid, socially and historically constructed' (Gardiner, 2002: 11).

Regarding smoking and alcohol ingestion, the consumption of alcohol by boys was associated with ideals of masculinity such as being real men and this was demonstrated in form of toughness, endurance and aggression, both verbal and physical. Nearly every boy who was in trouble with the school authority referred to a maleness type of drinking or smocking⁵.

"One day you have to show that you are a man. This requires taking one or two cups of *Sipesu*. To be a hero and to live without considering risks is connected with the image of being a 'real man'. I do this most often you see".

Bob, 9th grader

"As a would be man, boys would not be given the honour if they are not seen to live a more dangerous life especially if they do not smoke or drink."

Lutangu a 10th grader aged 16

These two behaviours are still connected with the idea of 'real men' who would work hard and show power to those around. The following quotation explains masculinity with regard to desiring to earn some identity and power.

"It's a male thing to smoke and to drink and to hang around in the bars and to thump the table. I tend to like this when I am hi.

Bob, 10th grader

⁵ In the sociological literature, the consumption of alcohol by men is usually associated with ideals of masculinity such as toughness, endurance and aggression, both verbal and physical (e.g. Canaan, 1996)

So to be strong and be able to work under pressure, one needs some inducer. It is not easy to pass an examination so you just take one or two 'pulls' of the stuff and blow the smoke into the air."

Lutangu, 10th grader aged 16

Femininities

As mentioned in the previous section Connell's (1995) work best summarises or defines notions of femininity. Femininity cannot be understood as a single gender identity and instead it is more useful to think of multiple or fractured femininities. These multiple or fractured femininities are influenced by the social constructions of other identities such as class, race, sexuality, age and so on. This suggests that while hegemonic femininities often draw upon 'natural' or 'essential' associations between the biological, sexed body and gender identities, these associations are not straight forward (Laurie, 1999: 4). The social construction of femininity in terms of drinking and smoking in this study is influenced by the space that it occupies. The social construction of a space has often determined the social construction of the identities that are established within it.

The opposite of this perceived behaviour (femininity) had a different orientation to that of boys. Girls either smoked or drunk alcohol because they wanted to experiment or were afraid of evil spirits or ghosts, or wanted to open up opportunities to be spoken to and achieve particular desires when drinking in a group. There were moments when girls desired to overcome their worries about sexuality (sex and keeping up appearance) and the solution was to organise themselves in feminine groups or mixed groups to smoke or take some alcohol.

"As you are growing into adolescence you tend to be attracted to the doings of a woman...dressing, having someone ...I mean a boyfriend just hand around with and you will need to have a camouflage to make yourself by drinking or hangout to drink.....I mean to be accessible somehow. Thus, you [try] out ways of inhabiting and performing some kind of sexy role."

Irene 17 a tenth grader

This being the case for gender, one would see a well mapped communicative behavioural role for identities related to sexuality and risky sexual behaviours. Puberty, of course, represents a complex maze of discourses, addressing and

readdressing themes of gender, sexual behaviour and gender based orientations/identities, and requiring a more or less continuous working or reworking of these variables.

Fear of evil spirits and ghosts came out in the interviews and one senior 12th grader remarked:

“There are a lot of witches and ghosts in this place. How do you cope with the fear of death? You have to smoke to scare away ghosts and witches”.

Maggie 18 a 12th grader

When quizzed further that this was not the solution, two of the three senior 12th graders who smoked *matokwane* (cannabis) claimed that women tend to listen more to their own bodies and they realise much earlier if something becomes different. The first step is realising that things are wrong, which is the precondition for beginning to change something about it and they see *matokwane* as an option which practice is accepted in the villages where they come from.

The girls narrated that they had not been eating as expected due to an absence of hunger was believed to be a trigger to smoke *matokwane* or drink some beer, which they claimed increased their hunger and allowed them to eat:

“I wasn’t eating, so I would smoke marijuana to make me eat, to make me get an appetite back.”

Maggie 18 a 12th grader

“I was down to like 45 kg and was worried about my weight...”

Idah 17 a 12th grader

The girls said they smoked because they were afraid that they will gain weight if they quit.

One said it made her sexy.

Maggie 18 a 12th grader

These were not reasons given by men.

There is a perception that some girls smoke because it makes them feel sexy, or sophisticated. While some girl smokers dismiss these as reasons for anyone smoking, a minority said these reasons apply more to females than males.

Atypical masculine behaviours

There are negative aspects of smoking and drinking behaviours that are converging since girls don't want to be feminine any more, they actually want to be like boys or men, as this is the cliché of success, and it's the man. The excerpts below from the interviews and focus group discussions assert so.

“The successful woman is in fact a woman who has taken up male behaviours. She has to be strong willed smokes and drinks and just for the same motives as a man.”

Wina Hostel Tutor.

“Given the importance of this topic, we feel as teachers that it is a good time to take stock of what we know about girls' smoking and drinking behaviour. We are not saying that we approve what boys are doing also no no not at all.”

Hostel Tutor Kaunda

Some of the reasons of these atypical behaviours have to do with very many girls having adopted a masculine life style of drinking and smoking. This means that the role of a girl in certain positions is actually only approved through her accepting or adopting a masculine life style. What emerged from the qualitative data was also the hypothesis that power and strength are related to masculine behaviours which one would have to adopt if only they smoked and drunk some alcohol.

Consequently, masculine behaviour is related to being risky and ruinous. To be successful at school is related to smoking and which often leads to stressful situations that stimulate risky behaviour. To be successful in getting what you want, you must behave like a boy and this calls drinking and smoking. This in essence is generation change and breaking down femininities.

Mutual reasons (Cross cutting)

Rather than an unpopular behaviour while in school on account of sanctions once caught, smoking and alcohol consumption can be interpreted as mutual gendered constructions. Once informants moved past general discussions of pupils in the school and started describing the drinking habits of being a boy and a girl, the strong common associations became apparent even when there were differences in quantity or quality on common parameters. In order to show the common cross cutting issues, the researcher uses a difference approach and compares and contrasts. The role of beer and smoking in the students groups is not so completely linked to both boys and girls in some respects. This link is apparent even among some girls, who have become somewhat accustomed to the presence of beer-drinking or smoking in the groups of boys in town when school closes or when opportunities to get into town arise. The all-but-complete mutual behaviour between boys and girls provides interesting insights when coupled with the powerful association especially between beer and the Lozi culture. This association is clearly mythical, serving to generate a sense of uniformity in behaviour and even when one examines the motives for drinking and smoking.

Regarding smoking there also existed non masculine and feminine dominant patterns. Smoking is an addiction with various gender specific aspects. The interviews across the boys and girls seem to suggest so.

As for smoking, first of all, the use of cigarettes as stress-busters, this coping strategy was more pronounced among girls than boys, in this psychosocial context. But this does not make it a feminine phenomenon. Boys were much more, to a greater extent, nicotine-addicted, while the psychosocial dependence is more dominant for girls, and only a minority of them is really addicted to nicotine as a substance. When looking at relapse frequencies of offending records in the school, it is easy to see that for boys there numbers of re offending were above all situations which have a very negative connotation.

Cigarette Type

There were more differences than similarities in the types of cigarettes smoked. When asked what they usually smoked, ordinary cigarettes like Peter Stuyvesant and Rothmans were preferred by both boys and girls. When asked about the weed, more boys than girls used it.

Girls named no more cigarettes and yet boys mentioned American brands like Camel, Kool and Wins, German brands like Marlboro and Lark. Boys from Lusaka were more likely than those not from Lusaka to mention these other brands.

Regarding alcohol, when asked about the amount of alcohol they drank, the pupils used similar terms to describe their drinking, motives and words that imply they drink neither habitually nor in quantity while at school but at home. The terms used for instance to describe their own behaviour while at school denoted a moderate drinking pattern involving low consumption of alcohol. Among boys with current drinking activity used terms such as “sips” or “tastes” when talking about their consumption of alcohol. Luka a 17 year old boy and tenth grader, who had “sips” of *sipesu* (a locally brewed beer) in the past month, describes this activity:

“I just had a little, a little one I mean one tot, I mean, not a little one, just a sip”.

When asked whether he drinks or not Kevin another 15 year old tenth grader repeated:

“I only have sips of gin and juice. I don’t drink a lot.”

When Jack was also asked a similar question explained:

“I drink a little bit of beer sometimes. Heineken, sometimes Hunters Gold, but I don’t drink a lot; just a sip, that’s all.”

For some females like Irene, “sips” or “tastes” did not connote “drinking” and thus prevented her from being labelled a “drinker:”

“I don’t drink beer, I taste it, but it’s not like I drink it...I remember on one occasion in the past six months I drunk once here at school. I actually went out with friends.”

One third of those caught by their tutor with current drinking activity referred to only “sipping” or “tasting.”

“Just to have a taste ‘cos I don’t drink to get drunk or anything, three wine coolers three times in the past six months and four coolers more than once in the past month). But here at school when there is an opportunity.....I mean when the school authorities are somewhat sloppy, sometimes, especially on a Friday, I would split a bottle with a friend....”

James 19 twelfth grader

Beverage Type and Alcoholic Content

There were more differences than similarities in the alcoholic beverages these boys and girls drink. When asked what they usually drink, beer was the beverage mentioned most by girls and boys and yet spirits and *siposo* were mentioned by boys. When asked about brands of beer, of those who replied both boys and girls took mosi and ciders like hunters gold or spin.

Girls named a cider brand of beer more than boys. Other beers mentioned were American, German and British brands. A related issue concerns the drinking of alcohol. Boys were more likely than girls to drink alcohol (without mix).

CHAPTER FIVE: DISCUSSIONS

5.0. Introduction

This chapter serves to consider the findings of the study outlined in the chapter four. It presents the findings based on the research questions to clearly show what the research outputs are in relation to the problem we had at the onset. The chapter outlines the limitations and strengths while at the same time offers implications based on the findings. The implications are policy based and research based (called as recommendations by Blaikie, 2000).

5.1 The Answers to the Research Questions

It is prudent that at the end of an inquiry, answers to research questions or those using objectives, phenomena related to them are shown (Yin, 2008 ; Creswell, 2005). In this study, the researcher opts to use the research questions model and this is because research questions are the essence of most research conducted and acted as the guiding plan for the investigation (Mertler and Vannatta, 2001). In general, research questions are “specific questions that researchers seek to answer” (Creswell, 2005: 117). According to Maxwell (2005:69), “research questions state what you want to learn”. Therefore, the answers to the three research questions are set as follows:

Relating to the first research question: To what extent do boys and girls consume drugs and alcohol?

First and foremost, more pupils $n = 190$ (85.6%) had an experience of taking alcohol as compared to $n = 95$ (42.8%) who have had an experience with smoking. It is evident that the pupils are not into regular intake or consumption of beer or smoking because of school restrictions. In the study sample $n = 82$ (36.9%) have had both experiences. The frequency of smoking was significantly higher $p = 0.02$ among boys than among girls. Prevalence of beer unlike smoking increased with age ($p < 0:001$) in both sexes. An association does not exist between being male or female and taking alcohol $p = 0.687$.

Regarding research question two: Why do pupils consume drugs and alcohol (reasons)?

The study shows that pupils do not learn the exhibited behaviours from significant others. There was no significant association between smoking and attachment as assumed by Bandura's social learning theory (see tables 4.4.1 and 4.4.2). However the non-gendered reasons for smoking were: adverts, lack of strict laws, economic status of the parents, ease of access of alcohol, cigarettes and cannabis, poor monitoring and Supervision in the schools and group influence.

Considering research question three: What gender factors operate in influencing consumption of drugs and alcohol?

The gendered reasons for smoking or consuming alcohol varied but they could be grouped as stereotypical motives which could be typical masculine or feminine motives, atypical masculine motives and mutual cross cutting motives.

5.3 The Meaning of the Findings and Contextual Orientation of the Study

This study obtained data that shows that alcohol and smoking are realities among pupils at Senanga High School. The incidence of smoking and alcohol abuse is statistically not significant but the actual fact that pupils are engaged in these deviant acts is worrisome. Though the study fussed on what could be recalled, the results could be trusted. Learning is not fact in alcohol and smoking behaviour but perhaps loss of cultural or family belief systems could possibly explain the findings. Groups seem to play a significant role in the observed deviant non-gendered acts. We can attribute these behaviours to social change due to modernization and globalization. However, gender was critical in the study in painting the picture. It was expected that boys would be more deviant than girls but it was surprising that girls demonstrated atypical masculine behaviours. This could be attributed to the process of socialisation and rationalization in terms of which behaviours are acceptable and rewarding.

The findings illustrate that masculinity is not a homogenous category that any boy possesses by virtue of being male. Rather, masculinity—as constituted and understood in the Senanga social world of smoking and drinking that was studied—is

a configuration of practices and discourses that different youths (boys and girls) may embody in different ways and to different degrees. Masculinity, in this sense, is associated with, but not reduced or solely equivalent to, the male body. It can now be argued that adolescent masculinity is understood in this setting as a form of dominance usually expressed through sexualized discourses and practices. The school perhaps has become a socialising or amplifying agent of delinquent acts. Kehily (2001) suggested that school processes produce sites for the enactment of heterosexual masculinities that suggest the normative presence of heterosexuality and the fragility of sex/gender categories. The observed gendered and non-gendered behaviours are “shaped and lived through pupil cultures that are often marginalized or overlooked by teachers and rarely find their way into Senanga High School social life.

This deviant identity that was observed at this school is a socially constructed phenomenon in which schools are “significant cultural sites that not only reflect the smoking and drinking ideology that recursively produces and reproduces a range of differentiated and undifferentiated masculinities and femininities through a variety of mechanisms.

The experiences in Senanga are affirmed by previous research which demonstrates that pupils negotiate their smoking and drinking identities in the school site and within peer group sexual subcultures as shown in the studies by Mac An Ghail (1996) and Redman (1996). Redman (1996) for instance argues that school behaviours are “produced at a dynamic interface between historically available discursive positions, wider social relations, the immediate social environment, and unconscious processes. Though Waldron (2000) in his study suggested that the gender differences in smoking and drinking behaviours seem to be influenced by the interacting effects of fundamental aspects of traditional gender roles and the contemporary context this is not wholly true in this study. Indeed situation factors may be unrelated to the environment but may be context specific. Paton in the UK explained these permissive attitudes, which are psychologically directed towards youth and young adults, as being linked to powerful media advertisements organized by the alcoholic manufacturing industry. This is what this study has also shown and it is true for pupils who are urban dwellers.

The study findings on the association between the desires to smoke and role models were not significant and this is in sharp contrast with classical empirical studies carried elsewhere (Boog, 1999, Hawkins et al 1992, Du Pond, 2001). These researchers claim that drug and alcohol consumption have association with role models. However, the gendered and non-gendered motives are disagreeing with the studies mentioned above. While this is majority view, there few instances when a role model was a factor. The excerpt below attests to this.

‘I was visiting old friends; I couldn’t really explain why I used the smoke “(the weed), I don’t know, I tried to resist but then I broke down because I was around every one using the ‘smoke”

Though there was no quantitative evidence to show that increase in the prevalence of alcohol consumption by adolescents can be the result of home production of alcoholic beverages (such as alcohol) not by teenagers themselves but by parents or guardians, the interviews with three pupils pointed to this fact. This is not a novel finding and it has been described in northern European Scandinavian countries.

5.4 Limitations and Significances of the Study

The findings should be interpreted carefully; as there are number of limitations which also represent opportunities for future research.

First, the design of the questionnaire did not focus on causal and effect phenomena and as such, there were numerous unmeasured exogenous variables that could have been studied that may affect the relationships of the variables that were studied. For example, other variables like fear of teachers, ethnicity, social economic status that were not studied may affect consumption and smoking behaviour; therefore, in future research, there would be need to examine causes and effects.

The second limitation was the ‘static’ nature of the study, that is, the study was based on a one-time view of certain of smoking and drinking behaviours rather than collection of data at different periods of time like grade. Thus, future research should be based on data collected at different periods of time to determine more precisely the relationship between pupil behaviour and smoking behaviour as well as drinking behaviour.

The third one was to do with accuracy of individuals' self-reporting of their drinking and smoking behaviours which formed part of the data collection tool. This had concerned the researcher from the outset because of a number of problems including: the under- or over-reporting by respondents who might have or deliberately deceived reports of behaviour; the tendency of respondents to report none or modal rather than average drinking. However, this study employed two data collection methods inclusive of in-depth interviews. Although there was an extensive literature on data collection methods, little attention was focused on the methods used to collect information from adolescents or on the pattern of drinking through adolescence. Therefore, the argument in this study was that using pre-coded survey methods alone could obscure or distort the understanding of drinking behaviours among adolescents.

Notwithstanding the limitations mentioned above, this study has notable strengths and positive implications and the following stand out:

This was maiden study that looked at drug and alcohol consumption at Senanga secondary School in Western Province of Zambia. The study will be handy in helping school authorities in working out mitigation strategies. Further, it is hoped that the study outcomes might feed into community structures and enhance health promotions and prevention strategies that would focus on the specific problems that the boy and girl child might be facing differentially or commonly. It should also be noted that since the study involved one school, the methodology and study outcomes might form the basis of a much wider study beyond Senanga. This is because the study has outlined gendered and non-gendered factors in smoking and alcohol consumption. From a methodological point of view the current study is an example for a successful triangulation of quantitative and qualitative methods. Precisely because both methods have different angles-the qualitative one focusing on the knowledge and experiences of physicians and the quantitative one on individual behaviour style-the results complement each other and yield a comprehensive picture. Given this, readers may follow the detail of the study and the research trail of how to combine the two types of methods and research outcomes. For instance, the use of ethnographic interviewing and other qualitative methods in assessing alcohol

use and smoking behaviour among adolescents reveal drinking patterns that would otherwise be concealed by survey methods.

5.5 Conclusion

This study has explored the incidence of alcohol use and abuse as well as smoking behaviour in a sample of pupils at Senanga High School. Majority of the pupils had an experience of taking alcohol. The frequency of smoking was significantly higher among boys than among girls. The prevalence of beer unlike smoking increased with age in both sexes. An association does not exist between being male or female and taking alcohol. Pupils do not learn the exhibited behaviours from significant others. The gendered reasons for smoking or consuming alcohol varied but they could be grouped as stereotypical motives which could be typical masculine or feminine motives, atypical masculine motives and mutual cross cutting motives.

5.6 Recommendations of the Study

Given the results, there is need to consider strategies of helping the school management find the right solutions. There are a number of strategies that could be applied as a basis for developing health education and alcohol as well tobacco control programs. This study recommends that:

- 1) Teaching negative consequences and knowledge of health effects is frequently recommended as a way to address this scourge. Therefore, prevention teaching based programs can be implemented in various settings such as the school, community and family. Youth spend much of their time in a school environment, and schools are important places to implement prevention programmes that seek to reduce (and eliminate) the risk of engaging in early use and future delinquency. School-based settings provide opportune environments in which to provide knowledge and tools to prevent and reduce youth drug involvement. Prevention is easier than changing acquired habits, and the researcher suggests that educating children about alcohol and smoking should start from the beginning of elementary school and continued through all the years of schooling. Doctors, nurses, educational advisors and social workers should be involved in this program even though

the effectiveness of alcohol education is not guaranteed; Teachers ought to be involved and they could use “case reports or scenarios” and “live testimonials” by ex-alcoholics and smokers who should relate all the consequences of alcoholism and smoking such as the destruction of their personal and familial lives and various health problems they have encountered.

- 2) The school can organize adolescent discussion groups concerning the risks of alcoholism and smoking to be held during or after school hours.

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APPENDICES

APPENDIX I - PERMISSION TO UNDERTAKE THE STUDY

Dear Sir/Madam,

RE: THE REQUEST TO UNDERTAKE THE STUDY ON THE FACTORS THAT CONTRIBUTE TO THE PREVELENCE OF DRUGS AND ALCOHOL CONSUMPTION AMONG BOYS AND GIRLS FROM GRADE TEN TO TWELVE: A DISCRIPTIVE SURVEY OF SENANGA SECONDARY SCHOOL IN SENANGA DISTRICT OF THE WESTERN PROVINCE.

I am Likezo Victor Wamunyima, a master student pursuing a Degree in Master of Arts Gender Studies at the University of Zambia in the School of Humanities and Social Sciences (HSS) in the Department of Gender Studies. In partial fulfilment for a degree in Master of Arts Gender Studies, I am required to conduct a research project. I am hereby asking for permission to carry out the study at Senanga and Matauka High Schools in Western Province.

The title of the research is '**A Gendered Perspective of Smoking and Drinking Behaviour among Pupils at Senenga Secondary School**' Find attached a letter from School of Humanities and Social Sciences for further information. In this study, the respondents will be the pupils, head teachers, members of Parents and Teachers Association.

Thanking you in anticipation.

cc: DEBS

Head teachers

APPENDIX II - INFORMED CONSENT FORM

Introduction

I am Likezo Victor Wamunyima, a master student pursuing a Degree of Master of Arts in Gender Studies at the University of Zambia in the School of Humanities and Social Sciences (HSS).

I am conducting a research on the factors that contribute to the prevalence of drugs and alcohol consumption among boys and girls from grade ten to twelve at Senanga Secondary Schools. The purpose of this study is to establish factors that contribute to the prevalence of drugs and alcohol consumption among boys and girls, targeting grade ten to twelve at Senanga Secondary Schools.

You are kindly requested to take part in the research study and the information provided will be treated with utmost confidentiality. Participation in this study is entirely voluntary; you are under no obligation to participate in the study. If you agree to take part, sign this consent form or make thumb print. You will then be given a copy to keep. If you feel uncomfortable during the course of our discussion you are free to withdraw.

Consent to Join the Study

Name: I.....

Having been fully informed the purpose of this study and confidentiality. I have agreed to participate willingly.

Sign/Thumb Print.....

Date.....

Sign.....

APPENDIX III -QUESTIONNAIRE FOR THE PUPILS

Age

Sex	Male	Female
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Grade

Person responsible for you now (Tick one only)

- a) Mother and father
- b) Mother only
- c) Father only
- d) Uncle
- e) Aunt
- f) Grandparent (s)

What is your religious faith? (Tick one only)

- a) I do not have a faith
- b) I am a Christian but a Catholic
- c) I am a Christian but a Pentecostal
- d) I am a Christian but another (Seventh Day, New Apostolic etc)

To what extent do you adhere to the commandments of your religious faith in terms of reading the bible

- a) Not sure
- b) Never stopped
- c) Daily
- d) Weekends
- e) Once in a while
- f) Not applicable

To what extent do you adhere to the commandments of your religious faith in terms of praying

- a) Not sure
- b) Never
- c) Daily
- d) Weekends
- e) Once in a while
- f) Not applicable

Role Model

How frequent does father take beer?

- a) Not sure
- b) Never
- c) Daily
- d) Weekends
- e) Once in a while
- f) Not applicable

<p>How frequent does mother take beer?</p> <ul style="list-style-type: none">a) Not sureb) Neverc) Dailyd) Weekendse) Once in a whilef) Not applicable
<p>How frequent does uncle take beer?</p> <ul style="list-style-type: none">a) Not sureb) Neverc) Dailyd) Weekendse) Once in a whilef) Not applicable
<p>How frequent does aunt take beer?</p> <ul style="list-style-type: none">a) Not sureb) Neverc) Dailyd) Weekendse) Once in a whilef) Not applicable
<p>How frequent does brother take beer?</p> <ul style="list-style-type: none">a) Not sureb) Neverc) Dailyd) Weekendse) Once in a whilef) Not applicable
<p>How frequent does sister take beer?</p> <ul style="list-style-type: none">a) Not sureb) Neverc) Dailyd) Weekendse) Once in a whilef) Not applicable
<p>How frequent do close friend/friends take beer?</p> <ul style="list-style-type: none">a) Not sureb) Neverc) Dailyd) Weekendse) Once in a whilef) Not applicable

How frequent does father smoke? a) Not sure b) Never c) Daily d) Weekends e) Once in a while f) Not applicable
How frequent does mother smoker? a) Not sure b) Never c) Daily d) Weekends e) Once in a while f) Not applicable
How frequent does uncle smoker? a) Not sure b) Never c) Daily d) Weekends e) Once in a while f) Not applicable
How frequent does aunt smoke? a) Not sure b) Never c) Daily d) Weekends e) Once in a while f) Not applicable
How frequent does brother smoke? a) Not sure b) Never c) Daily d) Weekends e) Once in a while f) Not applicable
How frequent does sister smoke a) Not sure b) Never c) Daily d) Weekends e) Once in a while f) Not applicable

How frequent do close friend/friends smoke?

- a) Not sure
- b) Never
- c) Daily
- d) Weekends
- e) Once in a while
- f) Not applicable

Learning

The desire for cigarette like Peter Stuyvesant or Rothmans is

- a) High
- b) Not there
- c) Not applicable

The desire for matokwani is

- a) High
- b) Not there
- c) Not applicable

The desire for beer like Mosi or castle is

- a) High
- b) Not there
- c) Not applicable

The desire for spirits like Vodka is

- a) High
- b) Not there
- c) Not applicable

The desire for traditional beer is

- a) High
- b) Not there
- c) Not applicable

When did you take your first cigarette?

- a) Never
- b) Just yesterday
- c) Last week
- d) About one month ago
- e) About one year ago
- f) About five years ago

About ten years ago

When did you last take a cigarette?

- a) For over a year
- b) Between 6 months and 1 year ago
- c) Several weeks ago
- d) Within this week

- e) Just yesterday
- f) Just today

How do you get your beer?

- a) Supervised by parents or relatives
- b) From brothers or sisters
- c) From home without any one's knowledge
- d) Get from friends
- e) Buy on my own
- f) Not applicable

When did you take your first beer?

- a) Never
- b) Just yesterday
- c) Last week
- d) About one month ago
- e) About one year ago
- f) About five years ago
- g) About ten years ago

When did you last take a cigarette?

- a) For over a year
- b) Between 6 months and 1 year ago
- c) Several weeks ago
- d) Within this week
- e) Just yesterday
- f) Just today

Social Bond and Learning

Some of the things people do are copied from others. Describe the degree to which you have been influenced by father to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by mother to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by uncle to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow

- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by aunt to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by brother to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by sister to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by granny to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

Some of the things people do are copied from others. Describe the degree to which you have been influenced by others (friends) to take beer or smoke?

- a) Not at all
- b) Very little
- c) Somehow
- d) Much
- e) Very Much

APPENDIX IV -INTERVIEW GUIDES FOR PUPILS

1. Please describe for me yourself and your family.
2. I am told That you had some trouble with the school regarding beer or smocking. Please elaborate.
3. Probe for parental intake, friends, motivations.
4. Please describe for me what your position is like on smoking and drinking beer.

APPENDIX V - FOCUS GROUP DISCUSSION GUIDE

1. Good morning teachers
2. Please describe for me the level of discipline in the school.
3. What about beer and smocking?
4. So far what have you observed from the disciplinary hearings the reasons for the abuses?
5. Has anything come out on the role of the family and these abuses?
6. Please describe for me what you see boys and girls doing regarding these abuses?
7. Do you see that the problem could be resolved? Please describe how.

