

**CONTRIBUTING FACTORS TO ALCOHOL ABUSE
AMONG SECONDARY SCHOOL PUPILS: A CASE OF
FOUR SELECTED SECONDARY SCHOOLS IN
LUSAKA URBAN**

BY

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DECLARATION

I Susan Kangwa hereby declare that the dissertation is my own original work, and has never been submitted for a degree award in any University

Susan Kangwa

Date

APPROVAL

This dissertation of Susan Kangwa was approved as fulfilling part of the requirement for the award of the degree of Master of Arts in Gender Studies by the University of Zambia.

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ABSTRACT

Alcohol abuse is highly prevalent in many countries in sub-Saharan (Coldiron et al., 2007) and it has been estimated that there is a sharp increase in consumption of alcohol and the worrying trend is among school children. Hence the study was conducted to investigate the factors that are contributing to alcohol abuse among school boys and girls in Lusaka Urban. The specific objectives of the study were to identify the factors that contribute to alcohol abuse among school boys and girls in Lusaka urban; to determine the patterns of alcohol abuse among school boys and girls in Lusaka urban; and to find out the measures that have been put in place to mitigate alcohol abuse among school boys and girls in Lusaka urban.

The study employed a case study research design and was conducted in Lusaka Urban. The study only included four school of which two were government schools and unisex and a private school that was co-education. The study had a study sample of 212 participants of which 204 were pupils and 8 were teachers.

The study revealed that indeed school boys and girls are drinking alcohol and that usually they start drinking between the ages of 15-18 years (grade 10 to 11). The study findings on who drinks most between boys and girls were in contradiction with a good number of recent researches as they revealed that boys drink more than girls. Further the study revealed that usually pupils drink on special occasions and that they drink more than five (5) bottles of alcohol. On factors that contribute to alcohol abuse among school boys and girls, the study revealed having parents and family members that drink, lack of parental involvement, poor self-control, having friends that drink, peer pressure and stress and depression as the major contributing factors. On the measures that have been put in place to mitigate alcohol abuse among school boys and girls, the study reviewed that teachers holding talks with the pupils and schools providing guidance and counselling services as the major measures that have been put in place. On the question of how effective the mitigation measures have been, the study revealed that they have not being very effective as pupils still drink. Based on the findings of the study it was reviewed that factors that contribute to alcohol abuse are found at home, at school and in the community, hence it is recommended that parents, the school and community work hand in hand to mitigate alcohol abuse among school boys and girls in Lusaka Urban.

Key words: *Alcohol Abuse, Secondary School Children, Contributing Factors, and Mitigation.*

DEDICATION

This work is dedicated to my four lovely children Mtsano Tutu, Kasakatiza Temwani, Kangwa Chimwemwe and Yolonimo Jnr. You are my gift from God beyond measure.

Psalms 121.

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ACRONOMY

AIDS	Acquired Immunity Deficiency Syndrome
DEC	Drug Enforcement Commission
HIV	Human Immune Virus
ICAP	International Centre for Alcohol Policies
MLDA	Minimum Legal Drinking Age
MTF	Monitoring the Future
MOE	Ministry of Education
MSSM	Modified Social Stress Model
NACADA	National Agency for Campaign against Drug Abuse
NLAES	National Longitudinal Alcohol Epidemiologic Survey
NIAAA	National Institute of Alcohol and Alcoholism
NHTSA	National Highway Traffic Safety Administration
NIDA	National Institute of Drug Abuse
SAMHSA	Substance Abuse and Mental Health Services Administration
STI	Sexually Transmitted Infection
UNDCP	United Nations International Drug Control Programme
UNODC	United Nations Office on Drug and Crime
US	United State
WHO	World Health Organization
WHO\PSA	World Health Organisation\ Programme on Substance Abuse

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Alcohol abuse is a significant problem throughout the world particularly now that more school going children are getting involved). According to the World Health Organization (2018) more than 3 million people died as a result of harmful use of alcohol in 2016. 2.3 billion people are current drinkers. In Africa, especially in the Sub-Saharan region, a sharp increase in per capita consumption of alcohol was estimated and there was a worrying trend among school children. Drugs and alcohol abuse is a worldwide problem and affects all sectors of society. According to UNODC (2002), alcohol and drugs abuse practically affects the freedom and development of youths who are the world's most valuable asset. The gravity and characteristics of this problem vary from region to region and country to country. In the recent past, drug and alcohol abuse among young people has risen to unprecedented levels. According to the World Drug Report, a total of 180 million people abuse drugs worldwide and the majority of these are youths (Lakhampal and Agnihotri, 2007). In addition, research indicates that alcohol, tobacco and marijuana are the most commonly abused substances by adolescents across the globe (Bourne, 2005).

It is estimated that about 2.3 billion people are currently drinkers (WHO, 2018). Drug abuse among young people is a global phenomenon and it affects almost every country. Although it is difficult to authenticate the actual extent and nature of drug abuse amongst learners, research indicates that most adolescents experiment with alcohol or other drugs prior at school. It is estimated that about 25 percent of male adolescents and 10 percent of female adolescents abuse alcohol at least once a week. The UNDCP report (2001) indicates that in Africa, like any continent in the world, alcohol is so far the most abused drug, causing the most harm to families and communities.

Although alcohol abuse may take place at any stage, many people come to experience alcohol use during their adolescence and early adulthood stage. It is during this transitional stage that a good number of boys and girls get engaged in risky behaviour like unsafe sex, alcohol abuse, cigarette smoking and other risky activities. During this stage the idea of reward and impression making becomes eminent and leaves adolescents more vulnerable to risk behaviour. Risk taking is a normal aspect of adolescent development into adulthood although there are variations emanating from personal characteristics. Swahn et al. (2010) observed

that alcohol use in Africa has been found to be associated with road traffic accidents, unprotected sex and mental disorders. Correlates of alcohol use include demographic factors such as gender, age, monthly income, living arrangement, but also attitudes toward alcohol use, perceived susceptibility of alcohol use, perceived self-efficacy, peer drinking, relatives drinking, accessibility of alcohol, and exposure to either anti-alcohol campaigns or to alcohol advertising as well as ownership of alcohol promotional items (Swahn et al., 2011a, 2010).

Alcohol use is global and context-specific and a better understanding of drinking contexts is of worldwide importance (Li et al., 2010; Bryant, 2006). The social context of alcohol use describes the individual's motivational, situational, social factors as well the environment (Li et al., 2010; Beck et al., 2008. Other studies have shown that alcohol use is affected by individual and environmental factors (Swahn et al., 2010).

Excessive alcohol use is a serious risk-factor for adverse health outcomes worldwide (Swahn et al., Rehm et al., 2009). Worldwide, in 2004 alcohol consumption was associated with 2.5 million deaths and half of these deaths were related to liver cirrhosis (Morleo et al., 2013). On the other hand, Swahn et al. (2011a) reported that globally, alcohol use causes 1.8 million (3.2%) of all deaths and accounts for 4.0% of the disease burden. The disease burden related to alcohol use is especially great among low-income and middle-income populations and countries, where alcohol consumption is increasing and injury rates are high due to limited implementation of public health policies and prevention strategies.

In high school going children, alcohol abuse is related to a wide range of physical, mental and social harm. Swahn et al. (2011), Ellickson et al. (2003) and Hingson et al. (2003, 2000) argued that pre-teen alcohol use is of paramount concern to public health as it has been associated with alcohol dependence, substance use and criminal activity, unintentional injuries, unplanned and unprotected sex, involvement in physical fights, and suicidal ideation and attempts. A critical aspect of alcohol use in pre-teen alcohol initiation worsens adverse health outcomes among youth. Over the years several studies have identified several patterns of risks and protective factors contributing to alcohol abuse in high school children. According to NIDA, (2003) a protective factor is a factor that reduces the potentials for alcohol abuse while a risk factor is one which increases potential for alcohol abuse.

Needle et al. (2006) stated that alcohol use can lead to serious problems such as poor schoolwork; loss of friends, problems at home, teen's death or injury related to car crashes,

suicides, violence and drowning. But then, not all school children drink and among those who do, not all do so in a harmful way. However, certain drinking patterns and general risk behavior among school children might place them at a considerable risk for harm. This calls for parents, teachers, peer-support groups, organizations and communities to unite and find a solution together (KWATU, 2011), coming up with clear and firm alcohol related policies (WHO, 2005). Research conducted by Haworth et al. (1981) revealed that alcohol abuse among youths in Zambia has a relatively short history. It is difficult to know how many school going children have experience with alcohol because so few surveys include children in the High School population. The abuse of alcohol is common and costly. If left untreated it can destroy families and lives.

Zambia is not an exception regarding this global social problem of alcohol abuse by high school boys and girls. A survey by WHO revealed that children aged between 13 and 15 years in Zambian schools (38.7% of boys and 45.1% of girls) consumed alcohol (WHO, 2010). In Zambia specifically, 40.8% of adolescents (36.7% of boys and 45.2% of girls) have ever drunk alcohol (Swahn et al., 2010). The Times of Zambia online edition (2009), reports how even with the minimum legal drinking age of 18 years many adolescents below this age have continued abusing alcohol. The same newspaper reports how juveniles as young as nine years have been patronizing drinking places and illegally consuming intoxicating liquor. The Post Newspaper online edition (2009), observed that underage drinking in Zambia is on the increase and is perpetuated by bar owners who do not abide by the law that restricts all those who are below the age of 18 from consuming alcohol.

Developing timely and effective mitigation strategies for preventing alcohol abuse in high schools among boys and girls is required in order to prevent related harms. Providing guidance and advice to both parents and high school boys and girls is cardinal if alcohol abuse was to be reduced. However, prevention of risky behaviors would be hampered if parents were unaware of the risks involved in alcohol abuse among high school boys and girls. Unless preventative and control measures are set in place, the burden of alcohol abuse among high school boys and girls would increase considerably in Zambia (Nzala et al., 2011). Early use of alcohol and the increased frequency of experimentation of alcoholic beverages and its abuse among high school boys and girls justify the need for studies to identify factors contributing to alcohol abuse.

1.2 Statement of the Problem

Although drinking of alcohol by school going children is socially unacceptable, alcohol abuse among secondary school children in Zambia has increased in recent years. The WHO (2004) estimated the abuse of alcohol among the pupils at 42.6%. The Zambia Demographic Health Survey 2001 - 2002 also indicated that about 45.5% school girls and 39.9% school boys were consuming alcohol (CSO, 2003). While such a number of pupils is involved in alcohol abuse, Spear (2002) affirms that excessive intake of alcohol at an early age has long term effects on the brain, maturation and neuro-cognitive functions. Many studies especially those carried out in the United States of America have shown how the use of alcohol in early ages is associated with general health problems in adulthood, where high consumption in adolescence is linked to a substantially lower level of adult physical and mental health, higher reliance on monetary support from social services, higher rates of criminal convictions and higher premature deaths (Stenbacka & Stattin, 2007; Larm, Hodgins, Molero-Samuelsson, Larsson & Tengstrom, 2008).

Consequently, the regular use of alcohol during the adolescence stage can be seen as a risk factor or an indicator of possible future health and social problems. It is for this reason that a concerted effort is needed to try and find workable prevention and intervention solutions to this problem but this can be done by first identifying the contributing factors to alcohol abuse. Although a lot has been said about drugs and their abuse in the media, seminars, books and magazines, the number of youths using them has been on the increase. The rising rates of alcohol abuse among school going children is alarming hence the need to identify the contributing factors to alcohol abuse among school girls and boys.

1.3 Purpose of the Study

The Non-Communicable Disease Strategic Plan (2011-2015) indicated alcohol abuse as a major risk factor for non-communicable diseases in Zambia. This led to the government to put in place policies that are aimed at curbing alcohol abuse especially among young children as the number of those abusing alcohol keeps increasing. The liquor licensing Act of 2011 is one of the policies that has been implemented, which is aimed at regulating the sale and supply of intoxicating liquors. In addition, in 2012 the government through the Ministry of Local Government and Housing banned alcohol packed in small sachets locally known as ‘Tujilijili’ which was the most abused type alcohol among school boys and girls. Despite these policies and others that have been put in place by the government the number of school

boys and girls abusing alcohol keeps increasing rising the question as to what factors are contributing to alcohol abuse among school boys. The purpose of this study was to investigate the factors that are contributing to alcohol abuse among school boys and girls in Lusaka Urban.

1.4 Objective of the Study

1.3.1 General Objective

The general objective of the study was to identify factors that contribute to alcohol abuse among school boys and girls in Lusaka Urban.

1.3.2 Specific Objectives

The specific objectives of the study were to;

(I) Patterns of alcohol abuse among school boys and girls in Lusaka urban.

(II) Factors contributing to alcohol abuse among school boys and girls in Lusaka urban.

(III) Effects of alcohol abuse among school boys and girls in Lusaka urban.

1.5 Research Questions

In order to address the research objectives, the following were the research questions for the study;

(I) What are the patterns of alcohol abuse among school boys and girls in Lusaka urban?

(II) What factors contribute to alcohol abuse among school boys and girls in Lusaka urban?

(III) What are the effects of alcohol abuse among school boys and girls in Lusaka urban?

1.6 Justification of the Study

Statistics compiled for 2011 by Drug Enforcement Commission indicated that 221 children in Zambia were counseled for drug related problems, which included alcohol addiction and out of 221 children 180 were from Lusaka (DEC, 2011). However, there is lack of information on factors contributing to alcohol abuse among school boys and girls in Lusaka Urban. The information from the study would not only contribute to the body of knowledge on factors contributing to alcohol abuse among secondary school boys and girls but would also highlight possible measures which the school authorities and policy makers could use to formulate new and more appropriate programs in combating and preventing further alcohol abuse among school boys and girls. This study endeavors to identify the risk factors of alcohol abuse among secondary school boys and girls in Lusaka Urban so as to establish the protective factors for the current and future generation.

1.7 Scope of the Study

This study aimed at identifying the factors that contribute to alcohol abuse among school boys and girls in Lusaka urban. It was limited to Lusaka urban and the study population comprised of four schools that are located in Lusaka urban of which two were government schools and two private school (Kabulonga boys, Kabulonga girls, Lake Road and Rhodes Park). The study covered the period 2018 to 2019 during which data was collected and the report was submitted.

1.8 Organisation of the Study

The study is organised as follows; Chapter One of the study contains information on the background of the study, statement of the problems, objectives and research questions and rationale of the study. Chapter two reviews literature with the help of sub-themes that are in line with the research objectives and the theoretical and conceptual frameworks. Chapter three presents the information on the research methods that were employed when conducting the study. Chapter Four contains information on data analysis and presentation. Chapter five contains the discussion of findings. The final chapter which is Chapter six contains the conclusion and recommendations.

1.9 Operational Definitions

Alcohol:	A colorless volatile flammable liquid that is the intoxicating constituent of wine, beer, spirits, and other drinks.
Pupil:	A young person attending school up through high school.
Secondary school: Zambia	An institution which provides all or part of education. In Zambia it starts from Grade 10 to Grade 12.
Accessibility of alcohol:	The ease with which a person can easily obtain alcohol
Availability of alcohol:	Is when alcohol is easily accessed
Binge Drinking :	consuming more than 5 alcoholic drinks in men and 4 alcoholic drinks in women per session.
Curb:	To control or stop a situation or thing
Addiction:	Is a chronic, progressive fatal use of drugs making withdrawal efforts dangerous.
Drug dependence:	is a desire to continue taking a drug, to induce pleasure or relieve tension and avoid discomfort.
Juvenile:	a person below the age of 16.
Minor:	a person below the age of 18 according to cap 167 of the laws of Zambia.
Cosmopolitan:	a city with a mixture of cultures.
Anecdotal:	a statement of facts not backed by scientific evidence

1.10 Summary

This chapter looked at the background of the study, the statement of the problem, both the general and specific objectives and the research questions. The chapter also covered the justification of the study, scope of the study, organisation of the study as well as the operational definitions. The next chapter will review literature on the study subject.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The chapter presents a review of literature on alcohol abuse among high school boys and girls. In general, the review of literature focused on studies that had looked on factors that contributed to alcohol abuse among high school children, the prevalence rates and effects as well as mitigation measures that have been put in place globally, in Africa and also in Zambia.

2.2 Alcohol

Alcohol is any intoxicating beverage that contains ethanol. Alcohol abuse is when dependence upon alcohol causes problems of psychological, physical and social wellbeing of an individual, a group or society. Alcohol addiction is a state in which an individual experiences physical and psychological craving for alcohol and his/her lifestyle is preoccupied by the persistent desire to take alcohol. Despite communities having the knowledge of the physical, psychological and social problems associated with use and abuse of alcohol, it is being used in most cultures (Kuendig et al., 2008). Alcohol is undoubtedly one of the most popular drugs of abuse, more so affecting the youth who have curiosity and want to adventure. The use of alcohol and cigarettes cuts across the population strata but at high risk are the youths (NACADA 2004).

Alcohol is the drug of choice among youth, often with devastating consequences. Alcohol is a leading contributor to injury death, the main cause of death for people under age 21. Young people drink too much and at too early age, thereby creating problems for themselves, for the people around them and for society as a whole. It is for this reason that underage drinking is a leading public health problem in most countries. Abuse of alcohol not only holds back the economy because control of supply and reduction of demand are expensive undertakings, but is also a blow to the country as its youth become less productive. According to the Ministerial Council on Drug Strategy (2005), drug abuse, including smoking and drinking alcohol, imposes substantial costs on users and their families, taxpayers, on the national economy and the community as a whole. Substance use and abuse by young people, and problems associated with this behaviour have been part of human history for a long time. What is different today is increased availability of a wide variety of substances and the declining age at which experimentation with these substances take place (WHO, 2005).

During the last few decades, survey data have provided evidence of a convergence in drinking habits among adolescents towards patterns related to youth cultures, and associated in developed countries with episodic heavy drinking, called “binge” drinking. Binge drinking has been described as a pattern of drinking alcohol that corresponds to consuming five or more drinks at one occasion (NIAAA, 2004), although a cut-off of three or more has been proposed for adolescent females (Donovan, 2009).

WHO (2005) reported that the levels of alcohol abuse among school children is high in many nations around the world because of the increased availability of alcoholic drinks on the market. Alcohol producing companies are very aggressive in their advertisements which are aimed at children. A good example is the advert for whisky black lager in which the voice-over quips “as tough as the men who drink it”. ICAP (2010) carried out international comparative studies that revealed that the overall drinking culture of a population was an important determinant of children’s drinking pattern in a country. The study highlighted three major factors and these were family structure, peers and friends and religion.

Drinking before adulthood, however, is generally discouraged in most countries, although some children may be introduced to alcohol at an early age in some societies, (Heath, 2000). Worldwide nations have constituted a minimum legal drinking age (MLDA). But a study done in Palma de Mallorca, a Mediterranean city east of Spain, revealed that experimentation among Mediterranean school children with alcohol typically occurs during the early adolescence years, mainly within the family context (Vives et al., 2000) but also with the peers (Rosado-Martin et al, 1997).

In Africa time in memorial people from many cultures have used alcohol and usually on special occasions. This meant that there was less abuse of alcohol than there is now. What began as the use of alcohol in traditional societies for social relations evolved over time into a problem of alcohol dependence and eventually abuse among school children, and is of great concern (Ngesu, 2002). Traditionally drinking was not part of the everyday life in African communities. However, during the second part of the last century a traditional pattern of sporadic drinking changed to a pattern of frequent heavy drinking, which was reflected in increased levels of alcohol consumption in sub-Saharan Africa. This transformation of drinking habits in African communities could be attributed to the combination of effects of several environmental, cultural, economic and social factors.

2.3 Patterns of Alcohol Abuse among School boys and Girls

About two billion people across the world consume alcoholic drinks making alcohol the most abused substance. Usually the drinking patterns of children are mirrored by those of the entire population of a particular country (Edward et al., 1994). The World's highest alcohol consumption levels are found in developed world, more especially high income countries (GSHS, 2004) though it tends to increase with economic development. For instance, alcohol consumption is highest in Europe, followed by United States of America and by Africa. Alcohol consumption has remained low in regions where the majority of the population is Muslim, (WHO, 2005) because it is generally prohibited.

Results of national survey data indicate that alcohol use among adolescents in the United States continues to be an important social problem. Recent data from the Monitoring the Future Study indicate that over half (53%) of 8th graders reported using alcohol in their lifetimes, one in four (25%) reported having been drunk, and 14% reported having five or more drinks in the past 2 weeks; among 10th graders, 70% reported using alcohol in their lifetimes, almost half (47%) reported having been drunk, and approximately one in four (24%) reported having five or more drinks in the past 2 weeks (Johnston, O'Malley & Bachman, 1999). Taken together, these figures indicate that illegal underage drinking is commonplace in the United States.

Nationwide surveys, as well as studies in smaller populations, show that alcohol drinking is widespread among adolescents. For example, 2004 data from Monitoring the Future (MTF), an annual survey of U.S. youth, show that more than three-fourths of 12th graders, nearly two-thirds of 10th graders, and more than two in five 8th graders have consumed alcohol at some point in their lives (Monitoring the Future Web site). And when youth drink, they tend to drink heavily. Underage drinkers consume on average four to five drinks per occasion about five times a month (Substance Abuse and Mental Health Services Administration [SAMHSA] 2003).

A particularly worrisome aspect of underage drinking is the high prevalence of heavy episodic drinking, defined as drinking five or more drinks in a row in the past 2 weeks. MTF data show that 12 percent of 8th graders, 22 percent of 10th graders, and 28 percent of 12th graders engage in heavy episodic drinking (Johnston et al. 2004). It should come as no surprise, then, that about three-fifths of 12th graders, two-fifths of 10th graders, and one-fifth

of 8th graders say they have been drunk (Monitoring the Future Web site). In fact, the highest prevalence of dependence is seen in people ages 18–24.

Studies also indicate that drinking often begins at very young ages. Data from recent surveys show that approximately 10 percent of 9- to 10-year-olds have already started drinking (Donovan et al. 2004), nearly a third of youth begin drinking before age 13 (Grunbaum et al. 2004), and more than one-fourth of 14-year-olds reported drinking within the past year (SAMHSA 2003). Other researchers have documented that drinking becomes increasingly common through the teenage years (e.g., O’Malley et al. 1998). In addition, a number of studies have documented that the early onset of alcohol use (usually set at age 13 and younger) as well as the escalation of drinking in adolescence are both risk factors for the development of alcohol-related problems in adulthood (e.g., Gruber et al. 1996; Grant and Dawson 1998; Hawkins et al. 1997; Schulenberg et al. 1996a).

Prior to 1985, rates of drug use among adolescent females were significantly lower than their male peers, leading some researchers to argue that adolescent females were in less danger of abusing drugs (Substance Abuse and Mental Health Services Administration [SAMHSA], 1997). However, rates of alcohol, tobacco, marijuana, and inhalant use by female adolescents began to approach those of their male peers in the 1980s. Currently, use rates for certain drugs are greater for females than males (Johnston, O’Malley, Bachman, & Schulenberg, 2007), and there has been an increase in the rate of initial use for alcohol and prescription drug use among younger adolescent females (SAMHSA, 2005).

In the US, studies indicate that 80% of late adolescents have tried alcohol; 71% have tried a cigarette; 42% have used Marijuana or hashish; 7% have used some form of cocaine while; 16% have used some other illegal drugs Cobb (2001). On alcohol abuse, the Institute for Social Research at the University of Michigan (1997) points out that by the time learners in the US reach grade 12, approximately 8 in 10 will have consumed alcohol at some time in their lives. Of these, 60 percent will have consumed it to the point of intoxication.

A study by the Great Lakes University, Kisumu found in 2009 that 58% of the secondary school students in Kisumu District had consumed alcohol at some point in their lives (Daily Nation, June 2, 2009). The study interviewed 458 students from nine secondary schools in Kisumu and concluded that use of drugs including alcohol, tobacco, khat, cannabis and cocaine had risen drastically in the previous decade. By age 15, according to the study, some

students were found to have already started using drugs and by the time they were 19, 33% males and females had already become drug abusers.

In sub-Saharan Africa, existing literature on alcohol consumption among high school children suggest that a substantial proportion of high school children have consumed or are consuming alcohol (Kabril et al., 2010) and there has been a long standing interest by researchers in studying the drinking pattern in these high school children in different countries (Obot, 2006). In countries such as Namibia about 20% of school children abuse alcohol (World Bank, 1996). A study by Uganda Youth Development Link found that 60% of pupils in secondary schools use alcohol. A study carried out in Kenya showed that 22.7% of high school children drink alcohol (Otieno et al., 2009).

2.4 Factors Contributing to Alcohol Abuse among School Boys and Girls

A number of authors and researchers have shown that there are many contributing factors to alcohol abuse among students. Rice (1981), states that in a school setting, alcohol abuse affects the children of the rich as well as those from poor families. Shoemaker (1984) argues that alcohol abuse is caused by a combination of environmental, biological, and psychological factors. According to NACADA (2004), the contributing factors include socially and economically unstable families, peer pressure influence and psychological state within the individual such as search for identity, fun, curiosity and negative self-image (low self-esteem).

It has been suggested that substance use is a function of the total number of etiologic factors, rather than a specific type or set of factors. Research testing these and other explanatory models has identified a variety of important individual- level risk factors for youth drinking, including positive alcohol expectancies (Chen, Grube, & Madden, 1994), poor self-control and problem-solving skills (Godshall & Elliot, 1997; Werch & Gorman, 1988), risk taking and sensation seeking (Wills, Vaccaro,& McNamara, 1994), high perceived prevalence of alcohol use (Simons-Morton *et al.*, 1999), and other factors such as stress, depression, or anxiety (Colder & Chassin, 1993; Labouvie, 1986, 1987; Labouvie, Pandina, White, & Johnson, 1990). Furthermore, a growing number of studies have found that various protective factors are important in countering the effects of risk factors among youth (Hawkins, Catalano, & Miller, 1992; Scheier, Botvin, & Baker, 1997). Thus, both theoretical

formulations and empirical findings indicate that a large number of individual- level factors contribute to youth drinking.

The drug enforcement in Zambia identified the following as the causes of alcohol abuse: wanting to loosen up and be free of inhibition, the need to be accepted by a group of friends, wanting to forget problems temporarily and escape from worries or realities. Other drink because they enjoy music and dancing more, just want to relax and chill out, others drink because of curiosity while others want to feel high and want to forget ordinary life and relieve boredom.

2.4.1 Peer Pressure

In the study by Oteyo and Kariuki (2009) done in public day schools in Nakuru, it was established that peer group influence had the greatest influence on high alcohol and cigarette abuse among high school students. According to the United Nations (1992), drug users, like other people seek approval for their behaviour from their peers whom they attempt to convince to join them in their habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path. A study carried out by Kariuki (1988) in Nairobi secondary schools indicated that the majority of drug users had friends who used drugs.

Peer relationships have been linked to adolescent substance use (Arata, Stafford, & Tims, 2003; D'Amico, Ellickson, Collins, Martino, & Klein, 2005; Henry & Kobus, 2007; Pearson & Mitchell, 2000; Oetting, Deffenbacher, & Donnermeyer, 1998; Oetting & Donnermeyer, 1998). There is evidence that adolescent, especially younger female adolescents, are particularly susceptible to peer influence, which has been linked in turn to adolescent substance use (Killeya-Jones, & Costanzo, 2007). It has been found that the beliefs and behaviours of peers concerning alcohol use are more important for girls than for boys. A study by Uganda Youth Development Link found that 60% of pupils in secondary schools use alcohol. The study revealed a number of factors such as peer pressure and the desire to experiment, and these were the most common factors. Other important factors included cheap and accessible alcohol, poor role modeling from parents and inappropriate school and community environment.

With regards to peer pressure, they stated that the need to fit in with others and not being seen as backward among friends was a strong instigating factor in many pupils. This view is consistent with that of Bourne (2005) who reported that young people feel pressured to fit in and engage in activities that their friends are doing. This consequently led the pupils to abuse drugs especially in situations where their friends abused drugs and alcohol. Confirming this finding, Kiiru (2004) argues that peer pressure influences youth to use substances under the false impression that some drugs stimulate appetite for food, increase strength and give wisdom as well as courage to face life.

2.4.2 Family Background

The interpersonal domain is another contributing factor to alcohol abuse amongst the school boys and girls. This domain is linked with the adolescent 's social interactions with friends, family and close relations (Coggans & McKellar; 1994). The interpersonal domain also looks at the poor early childhood upbringing in the family due to poor family life circumstances (Barret & Turner, 2005; Lysnskey et al, 2002). The same domain is also related to the low parental discipline (Chassin, 2004) and poor parental monitoring (Stattin & Kerr, 2000). Included under the interpersonal domain is the family structure since this has an influence over an individual, for instance being brought up by a single parent, or in a home where parents are divorced.

Much has been said and written about the relationship between the home environment and drug abuse. The family especially the parents are the child's basic socializing agents. Muthigani (1995), indicates that a child gains his/her first standards of behaviour from the teaching of parents and other grown-up persons around. She argues further that if the child observes a disjunction between parents" teaching and practice, it creates doubt, which is carried into adolescence giving rise to deviant behaviour. Shoemaker (1984) associates delinquency, for example alcohol and marijuana abuse with lax, inconsistent or abusive parental discipline. The nature of parent-child interaction and the general atmosphere within the home is consistently related to delinquency among the youth. Furthermore, having a parent with a drug problem increases the chances of developing the same problem developing in the offspring.

Schaefer (1996) and Bezuidenhout (2004) assert that there are various factors that cause young people to abuse drugs and even become addicted. These include family networks,

interaction and home environments. Bezuidenhout (2004) says that adolescents with substance abusing parents experience a higher rate of parental and /or family problems than do adolescents whose parents do not abuse substances. This may cause poor parent-child attachment, which may in turn lead to a lack of commitment to conventional activities, thereby at times leading to adolescent drug taking. Schaefer (1996) adds that youths with poor home support tend to seek support and understanding elsewhere. Many find affection, understanding and support in the lifestyle of a drug abusing subgroup.

Post-natal environmental stressors are as well strong predictors of alcohol use disorder. Early life stress such as poor parenting, a parental history of psychiatric disorders, inter-parental violence, mental, physical or sexual maltreatment, low socioeconomic status, and peer-influences are all well-known environmental risk factors (Sher et al, 2005; Enoch, 2006). Prenatal stress, maternal separation, and social conflict have also been investigated as environmental risk factors in animal models (Pautassi et al, 2009). Nevertheless, not every adolescent exposed to environmental stressors will develop alcohol use disorders, and several factors for resilience have also been found (e.g. a high education level, living with two biological parents) (Tiet et al, 1998).

School children coming from homes where there is no consistent parental involvement in a child's life, have been found to be more likely to use alcohol. Even school children with no appropriate supervision at home are vulnerable to alcohol use. Barnes et al. (1995) states that lack of parental support and monitoring communication have been significantly related to frequency of alcohol abuse among school children. Harsh inconsistent discipline and hostility or rejections towards children have all contributed to creating drinking and alcohol related problems (Canger, 1994). Adolescents' relationships with their parents, as with gender identity and peer relationships, have been repeatedly linked to adolescent substance use (Fisher et al., 2006; Pires & Jenkins, 2007; Webb et al., 2002). Bogenschneider et al (1998) found that levels of maternal monitoring for adolescent were inversely related to levels of substance use. Wills et al (2004) found an inverse relationship between parent support and adolescent substance use for both 7th and 9th grade students. In another study, higher family cohesion suppressed initial substance use for adolescents (Duncan, Tildesley, Duncan, & Hops, 1995).

Pocket money value is another important predictor for alcohol use among school children. Children from families which have disposable income tend to use alcohol because they have

easier access to finances. Cash made available to school children as pocket money and travel allowances, especially if excessive can be redirected into purchasing alcohol. The money is usually not put to good use and when opportunities arise the young people team up with friends and abuse alcohol (Ngesu, 2008). In Finland a study was done on the increased adolescent drunkenness with the aim of exploring the background of this development. The study sought to establish to what extent the societal level changes have contributed to the increased drunkenness among fourteen year olds in Finland between 1981 and 1997. It was discovered that the increased drunkenness among school children had been attributed to increased purchasing power and increased alcohol availability (Linton et al., 1999).

Society is always changing, and being a unit of society, the family has undergone many structural and role changes. Rapid social, economic and technological changes may, under certain circumstances, weaken family relationships and reduce the sense of belonging in various social spheres. African family structure has been and is still changing from the mainly extended to the smaller nuclear family plus immediate relatives. Unlike in the past, socialization of the young has been neglected. Many children are left in the care of house helps because the parents have to work. According to NACADA (Sunday Nation April 12, 2008) there is a strong link between alcohol/drug abuse by young people and the break-down in family values.

In the indigenous society, drunkenness was frowned upon. In today's setting, binge drinking is becoming an acceptable pastime with parents freeing the children from restrictions that once governed alcohol consumption. According to the same report, children as young as 10 are not only consuming alcohol, but are suffering the attendant consequences. Stories of children barely in their teens undergoing rehabilitation due to alcohol problems are a cause of concern (NACADA, 2008). The problems certainly reflect a bigger problem and they are a direct product of how children are socialized in relation to alcohol and drug use.

Prevention of drug problems among the youth should employ knowledge about factors likely to influence young people's behaviour. Family factors that may lead to or intensify drug use are thought to include prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level, the influence of disturbed family members and parental use of drugs. These will provide a negative role model for children (WHO 1993). Studies in Ireland (Corrigan, 1986) found that disrupted family life appears to be a major risk

factor for drug abuse among some young people; and that as many as 10 percent of the young people between 15 and 20 years of age in north Dublin were addicted to heroin.

Studies by NACADA (2010) indicated that up to 25% of children with alcoholics' parents would abuse alcohol or become dependent on alcohol. This is because alcoholism is a disease of the family (ICAP, 2010) and not only is there a significant genetic component that is passed from generation to generation, but the drinking problem of a single family member affects all other family members and also various other stressors and environmental factors, like living with a parent who is a heavy alcohol heavy user (Chassin et al., 1996) puts children at high risk of developing problems with alcohol. Children of alcoholics are significantly more likely than children of non-alcoholics to initially develop alcoholism (Cotton, 1990).

School children coming from homes with no strong family ties or with frequent conflict, physical or sexual abuse or psychological stress are more likely to try alcohol because such situations tend to disconnect children from their families and they may look to alcohol to compensate for emotional pain (NIDA, 2003). If a family does not take care of the youth emotionally or physically, or does not provide appropriate support or guidance, or if the young person is being abused mentally, physically or sexually there is a risk of them using alcohol (UNODC, 2004). A report by the Victorian government (2009) stated that children who are sexually abused are most likely to abuse alcohol.

2.4.3 Personal Factors

Personal factors are factors which attributed to the individual 's personal characteristics, for instance one 's age, sex, level of education, and knowledge (Tarter et al, 2003). Personal factors are also linked to an individual 's inherited genetic aspects from parents with alcohol use problems (Kendler et al, 2000). Also included is the individual 's personal profile on behavioural, emotional, and cognitive styles and also personality traits such as hostility, low self-esteem and difficulties in controlling impulsive behaviour (Walton & Roberts, 2004). Other elements of the personal factors are experience of traumatic events (Gordon, 2002), and psychiatric disorders (Hoffman & Cerbone, 2002).

The majority of adolescents indicates the pleasurable aspects of drinking, such as the enjoyable taste of alcohol, and its ability to make an individual feel good or high, as main reasons for drinking. Additionally, reasons of conformity, such as peer pressure, are

addressed. Indeed, the first time adolescents try alcohol is usually with peers, and alcohol use could be the result of peer pressure for the adolescent to be accepted by the group. Adolescents report also enhancement motives (NIAAA, 2004). Adolescence is characterized not only by a high level of social interaction, but also by high sensation and novelty seeking, impulsiveness and risk taking behaviour.

Enhancement motives might encompass reasons for drinking such as to get high, to try new things, to do something forbidden (minimum legal age law), and to take part in exciting activities that maybe dangerous. An alternative set of reasons for drinking is represented by coping motives (Campbell et al, 2009). Adolescents expect that alcohol will help them to relax or relieve tension, and to forget about their problems; they are drinking to cope with their problematic situations. Such reasons are usually reported by those adolescents with a disturbed family situation, who have internalizing behaviour, distress, are upset, feel ill or lack confidence, as well as those suffering episodes of bullism and maltreatment. All these circumstances make the adolescent more vulnerable, and at a greater risk for alcohol use disorder (Kuntsche et al, 2005)

2.4.4 Environmental Factors

The community has external environmental factors that may influence drinking. These factors according to Newman et al (1991) include the availability of affordable alcohol and the concentration of drinking outlets in the area surrounding the school. Chaloupka and Wechsler (1996), explain that the lower the price of alcohol, the more people will drink. Drink price specials, kegs, and other sources of low-priced alcohol encourage binge drinking and intoxication. At the same community level, alcohol advertising helps create an environment that suggests that alcohol consumption and over consumption are normal activities and contributes to increased alcohol consumption.

The alcohol industry through its aggressive advertising also played a significant role to glamorize alcohol use as contributing to success and bright future. In fact, some bill boards in town show pictures of some successful people including a college or university graduate as being associated with a certain brand. Some show musicians who are role models to young people in the pop culture are associated with certain brands. For instance, generally the land of alcohol advertising in Uganda clearly targets young people including those in schools. Despite the MLDA OF eighteen years, young people can particularly buy and consume

alcohol without restriction. Although many school regulations prohibit, alcohol abuse on school campus is prohibited, breaches of such regulations go unnoticed and the regulation is therefore unenforced (Kawani, 2010). Therefore, it comes as no surprise that there is an increase of alcohol abuse among school children in Uganda. In Karabole, Uganda women were reported to have been giving their children alcohol to cure coughs and worms

According to Kaguthi, the NACADA director in 2004, availability of illegal drugs such as heroin, cocaine and mandrax, together with availability of legal substances such as cigarettes and alcohol may lead to drug abuse. This encourages the use and the eventual abuse of substances by the youth. According to the report, the ready availability of most drugs appears to be the most important cause of the prevalence of substance use and abuse. Public Safety Canada (2009) also found that the availability of drugs and alcohol in the community influenced young people to abuse them

Social pressure from media and friends is a universal risk factor for substance use and abuse among adolescents in developed and developing countries (Adelekan, 1996 in Obot, 2005). This is especially common in urban areas where there is widespread exposure to advertising on radio, television and billboards and social media such as Facebook. Young people in urban areas are more exposed to images and messages promoting tobacco and alcohol than their counterparts in rural areas.

The society and the type of policies that are used to curb illegal use of alcohol have also been found to be contributing factors to abuse of alcohol among school boys and girls. Moskowitz (1989), and Gorman and Speer (1996), found that the effective implementation of the underage prohibition law yielded positive results in minimizing youth involvement in alcohol abuse related activities. Therefore, in a place or country where the laws or regulations are relaxed the problem of alcohol use may continue.

Generally, many authors have written about the causes of alcohol abuse. The Web Med, (2007) explains how genetic factors are considered crucial since a given person's risk of becoming an alcoholic is four to five times greater if a parent is alcoholic. Cloninger, Bohman and Sigvarndsson (1981), also reveal that there is estimated evidence alluding to the fact that genetic factors account for nearly 40-60% chances for the development of alcohol abuse.

2.5 Effects of Alcohol Abuse

Adolescent alcohol use and abuse can lead to a variety of negative health and behavioural outcomes. Youth drinking contributes to motor vehicle fatalities, risky sexual behaviour (increasing the risk for unwanted pregnancy, sexually transmitted diseases, and HIV infection), and increases the risk for later illicit drug use (Chassin & DeLucia, 1996). Alcohol use also plays a central role in the three leading causes of death among adolescents; unintentional injuries, homicide, and suicide (Department of Health & Human Services, 1991). Underage drinking can also result in a range of adverse short-term and long-term consequences, including: academic problems, social problems, physical problems such as hangovers or medical illnesses, unwanted, unintended, and unprotected sexual activity, physical and sexual assault, memory problems, increased risk for suicide and homicide, alcohol-related car crashes and other unintentional injuries such as burns, falls, and drowning, death from alcohol poisoning and alterations in brain development that may have consequences reaching far beyond adolescence.

Alcohol is a leading contributor to injury and the main cause of death for people under the age of 21. Annually, about 5,000 youth under the age of 21 die from alcohol-related injuries that involve underage drinking. This includes injuries sustained in motor vehicle crashes (about 1,900), homicides (about 1,600), and suicides (about 300), as well as unintentional injuries not related to motor vehicle crashes (National Highway Traffic Safety Administration [NHTSA] 2003; Centers for Disease Control and Prevention [CDC] 2004; Smith et al. 1999; Levy et al. 1999; Hingson and Kenkel 2004).

In the National Longitudinal Alcohol Epidemiologic Survey (NLAES) of people ages 18 and older in the United States, people who reported starting to drink before the age of 15 were four times more likely to also report meeting the criteria for dependence at some point in their lives (Grant and Dawson 1998). This survey also shows that children who drink at age 14 or younger are much more likely during their lifetimes to sustain unintentional injuries, to get into physical fights, and to become involved in motor vehicle crashes after drinking (Hingson et al. 2000, 2001, 2002). Alcohol use is responsible for high mortality and morbidity due to injuries, including at the workplace (Rehm et al., 2009; WHO, 2009), interpersonal and intimate violence (Ntaganira et al., 2008), productivity losses (Paileeklee et al., 2010), tuberculosis (Rehm et al., 2010; Parry et al., 2009), HIV infection (Zablotska et al., 2009;

Chersich et al., 2008), cardiovascular disease, cancers, and cirrhosis of the liver (Puddey et al., 1999; WHO, 2009; Rehm et al., 2003).

Excessive drinking can cause illness and distress not only to the drinker, but also to the society, resulting in physical and mental harm, social problems, addiction, suicide and early death. Globally, the World Health Organization has reported alcohol as being one of the leading risk factors for morbidity and mortality world-wide, with approximately 1.8 million caused deaths annually, and representing a considerable economic problem for many communities around the world (WHO, 2004). A substantial proportion of these deaths is the result of injuries caused by hazardous and harmful drinking, such as road traffic injuries and interpersonal violence (WHO, 2007). World-wide, five per cent of all deaths of individuals between the ages of 15 and 29 have been attributed to alcohol use (Hernigan, 2001). Underage drinking increases the risk of developing alcohol use disorders later in life, with an inverse proportional relation to the age of initiation. Alcohol consumption during adolescence is proved to affect brain development, and to have harmful consequences on cognitive and behavioural functions which negatively affects the academic performance of school boys and girls. This is because, usually when they are drunk they fail to concentrate on what is happening in class and spend less time school which leads to poor academic performance and others need up school dropouts. (Guerri & Pascual, 2010)

2.6 Measures to Mitigate Alcohol Abuse among School Boys and Girls

According to Phillips (1994) intervention methods can be through education, confronting the drug addict about the behaviour, showing love, helping families and friends of addicts, chemical dependency treatment detoxification among others. The measures can be employed at different levels ranging from personal, family, school, community, national and global level.

For instance, at the school level in Kenya, the Ministry of Education (MOE) has integrated drug education components into the existing school curricula, in Social Studies at the primary level, and in Religious Education at secondary level (Kenya Institute of Education Syllabus, 2004:39). The MOE has also emphasized provision of training in drug education to heads of schools, teachers and school inspectors through in-service courses. The main objective is to create awareness of the dangers of drug abuse and its consequences, and to mobilize school

children to participate and take a leading role in drug and alcohol issues. In addition, it also aims at encouraging teachers to be knowledgeable about drug dangers, to increase their capacity to intervene including through counselling and to prepare materials for drug education (UNDCP, 2002:157). The government, through the MOE has emphasized provision of guidance and counselling services in schools to help curb drug abuse and other problems that face students. This is in line with the recommendations of the Ominde Report (1964) and the Gachathi Report (1976).

In an attempt to fight drug abuse among students in Kenya, about 4000 head teachers gathered in Mombasa in June 2005 (Daily Nation, June 20, 2005). They supported the government's proposed ban on billboard and television advertising of alcohol and cigarettes. The Secondary Schools Principals Association also supported a plan by the government to ban smoking in public. So far the Association has started a campaign project aimed at fighting drug abuse amongst student and has made efforts to have programmes on the fight against drug abuse featured in the electronic media, specifically targeting teachers and students. Also the chairman of the Kenya Schools Heads Association Mr. Muthaithai has urged the Government to implement the ban on alcohol and tobacco advertisements, saying they target the youth. Hence a ban in advertisements that promote alcohol use especially among school boys and girls is one of the ways through alcohol abuse among school girls and boys can be mitigated.

The church has also a role to play in mitigating alcohol abuse among school boys and girls. Some churches in Kenya have also established anti-drug programmes. One such is the Lavington United Church whose outreach ministry helps in training and teaching about the dangers of drug abuse in schools, colleges and universities. The youth are taught how to reach others through peer counselling (The Standard, June 2, 2003). The Anglican Church of Kenya (ACK) has also launched preventive-drug programmes for the youth and adults in each diocese and has organized spiritual crusades to fight drug abuse in schools and colleges.

The church has established treatment and rehabilitation centres to create awareness, and bring about physical and inner healing for drug users and addicts (Githinji, 2004:40). While addressing a church seminar on the drug problem in Kenya, Bishop Nzimbi (ACK, 2004) emphasized that the church has a biblical mandate, an obligation and commitment to be involved in the war against drugs and against the vices affecting society. The Bishop went on to say that the drug problem has shaken family foundations and the community at large and

that although a lot has been done to address the issue of drug abuse among the youth, the root cause of the problem must be addressed. The drug problems, he said, reflect a bigger problem and are a direct product of how children are socialized in relation to social values.

Studies that have been carried (Gitahi and Mwangi, Daily Nation April 2, 2007:) indicate a strong linkage between alcohol/drug abuse by young people and the breakdown in family values. The cultures of indigenous society restricted the use of alcohol to senior age groups and special occasions. Even then, alcohol was consumed under strict conditions and drunkenness was discouraged. That children as young as 10 years are abusing alcohol (Daily Nation, April 8, 2007) spells danger not only to themselves and their families, but also to the well-being of the nation. The family and society as whole have the obligation to ensure that children grow up in an environment that promotes moral values and a more disciplined way of life. Lack of a proper value system in the society is likely to lead to drug abuse, which in turn would ruin the family life even further. Hence the family has a major role to play in mitigating alcohol abuse among school boys and girls. The family need to be more involved in the lives of these boys and girls and need to work hand in hand with the school.

Peer-to-peer counselling is another method that can be employed to mitigate alcohol abuse among school boys and girls. Institutions have started peer education programmes aimed at reducing irresponsible sexual behavior, unwanted pregnancies, sexually transmitted infections (STIs) including HIV/AIDS and drug abuse by improving the quality of counselling and service delivery for students. The peer outreach programme is the highlight of the project, as it trains students to promote responsible behaviour among their peers. Some activities carried out in peer counselling include showing videos, follow-up discussions, door-to-door counselling and public lectures Tobler et al. (1999), argued that the more communication exists among teachers, pupils and peers, the more pupils will be prevented from abusing drugs and alcohol. Although such activities can go a long way in addressing and curbing drug-related problems, they are secondary to the role of the family in socializing children and the youth in the right direction. The family is the basic building block of every culture.

2.7 Theoretical Framework

The Modified Social Stress Model (MSSM) for understanding drug use and abuse guides this study. The model was developed by Rodes and Jason (1988) and modified by World Health

Organization/Programme on Substance Abuse (WHO/PSA) to include the effects of drugs or substances, the personal response of the individual to drugs and additional environmental, social and cultural variables.

Research has shown that in order to prevent substance use and abuse, two things must be taken into consideration: factors that increase the risk of developing the problem must be identified, and ways to reduce the impact of these factors must be developed. The theory maintains that there are factors that encourage drug abuse called risk factors. Factors that make people less likely to abuse drugs are called protective factors. The key to health and healthy families is increasing the protective factors while decreasing the risk factors.

According to this model, if many risk factors are present in a person's life, that person is more likely to begin, intensify and continue the use of drugs, which could lead to drug abuse. The model identifies risk factors as stress (which could be due to the school or home environment, and adolescent developmental changes) and normalization of substance use which could be seen in terms of legality and law enforcement; availability and cost of drugs; advertising, sponsorship and promotion through media, as well as the cultural value attached to various drugs. In addition, there is also the experience derived from the use of drugs, which could be positive or negative. Drugs which produce positive effects are likely to be abused.

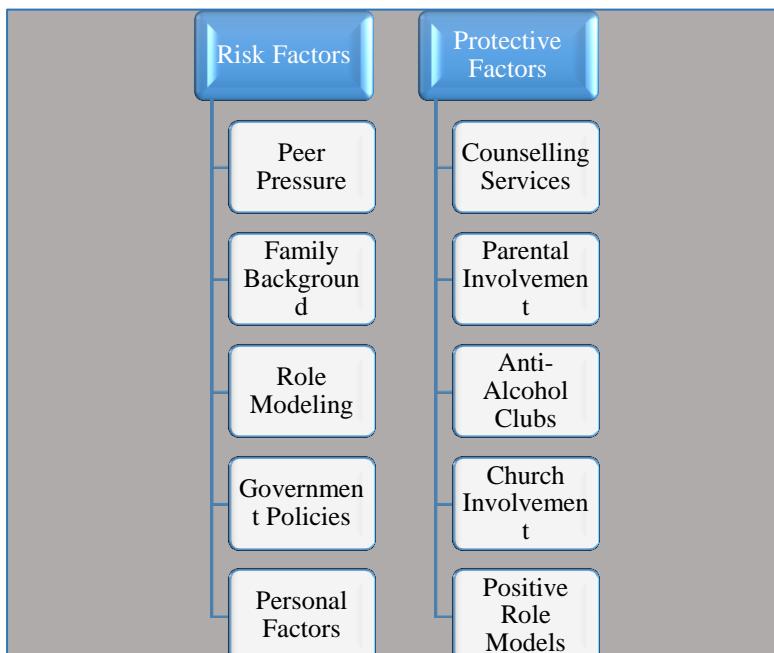
The model also shows that the more protective factors are present, the less likely the person is to become involved with drugs. Protective factors are identified as: attachments with people such as family members, peers and institutions such as religion and school. In addition are skills, which refer to physical and performance capabilities that help people succeed in life and reduce incidents of drug abuse. Availability of resources, within the person or the environment, which help people meet their emotional and physical needs, are said to reduce dependence on drugs. Examples include positive role models, religious faith, anti-drug campaigns plus guidance and counseling services.

According to this model, it is easy to understand the drug problem better if both risk and protective factors are considered at the same time. Probability of drug abuse is determined by these factors. The framework is useful as a way of planning interventions to prevent or treat problems related to drug abuse. Once the risk factors are identified, work can begin on reducing the risks and strengthening the protective factors. Although Rodes and Jason's

theory could explain why the youth in schools do or do not abuse drugs, it is not exhaustive. In addition to the above risk and protective factors there could be others which contribute to the present scenario in families, schools and communities, as suggested in the literature review. The presence of risk and protective factors is context dependent and the proportions of their contribution depend on intensity in given situations. Therefore, the actual state of affairs needed exploration for factors unique to Lusaka urban in Zambia, where the investigation was carried out. This model therefore guided the study by way of examining the factors contributing to alcohol abuse among school girls and boys in the district and to analyzing the strategies used to address the problem, but where it proved inadequate other models were taken into account. The aim was to make recommendations for improvement and propose intervention measures to address the problem.

2.8 Conceptual Framework

Figure 2.1 Conceptual Framework



The conceptual framework of the study highlighted the risk and protective factors of alcohol abuse. The risk factors being; peer pressure, family background, role modelling, government policies and personal factors. Protective factors being; counselling services, parental involvement, anti-alcohol clubs, church involvement and positive role models. The risk factors are factors that contribute to alcohol abuse among school boys and girls, while protective factors are factors that help in mitigating alcohol abuse among school boys and

girls. In the case where the risk factors outweigh the protective factors it means that there will be high prevalence rates of alcohol abuse among school boys and girls and in the case where protective factors outweigh the risk factors it means that the prevalence rates of alcohol abuse among school boys and girls will be low.

2.9 Summary

The chapter reviewed literature on alcohol abuse among high school boys and girls. In general, the reviewed literature focused on studies that had looked on factors that contributed to alcohol abuse among high school children, the prevalence rates and effects as well as mitigation measures that have been put in place globally, in Africa and also in Zambia.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This study was about factors contributing to alcohol abuse among school boys and girls in Lusaka Urban, with focus being on; patterns of alcohol abuse among school boys and girls, factors contributing to alcohol abuse and the measures that have been employed by schools to mitigate alcohol abuse. This chapter outlines the methods used, data collection tools and the techniques used to collect, analyze and present qualitative and quantitative data. Research methodology is an approach and a set of supporting methods and guidelines to be used as a framework for doing design research (Blessing & Chakrabarti 2009). Rusell (2000) explains that research methodology applies to ways the researcher comes close to problems and seeks answers to those problems. Research methods refer to techniques and procedures used to explore and produce evidence on social reality (Bryman, 2012). The methodological approach employed was a mixed methods approach or triangulation, in that the study collected both qualitative and quantitative data. The method was employed as it has been known to improve the quality of the research.

3.2 Study Design

The research design that was used for this study is a case study design. A case study according to Mills et al (2010), is a report about a person, group or situation that has been studied. It can also be defined as an in depth investigation of an individual, group, institution or phenomenon (Mungenda & Mungenda, 1999). According to Akrofi and Whittal (2011), the popularity and necessity of case studies lie in the fact that they are one of the best bridges between qualitative evidence and deductive research. Case studies allows in-depth, multi-faceted explorations of complex issues in their real life settings (Yin, 2009). For the purpose of this study, a case study design was used as the study sought to bring out a better understanding of the factors contribute to alcohol abuse among school boys and girls in Lusaka Urban. According to Patton (2011) the goal of qualitative research is to gain an in-depth understanding of an event or phenomena. The study employed both quantitative and qualitative methods of research.

3.3 Study Site and Population

The study was undertaken in Lusaka Urban. Lusaka is the capital and largest city of Zambia. It is one of the fastest-developing cities in Southern Africa, Lusaka is located in the southern part of the central plateau at an elevation of about 1,279 meters. Lusaka Urban was selected because it has a good number of government and private secondary schools. The researcher made use of convenient sampling to arrive at Lusaka Urban as the study site.

The Lusaka Urban was conveniently selected by the researcher because of the good number of schools from which the sample was to be drawn from. The researcher concentrated mostly on school boys and girls as they were the key informants for the study and the age group between 11- 21 years as it is in this age group that most of the children are in secondary school. The study focused on secondary pupils from grades nine to twelve. The reasons for selecting these grades was that pupils in these grades were in their early, mid and late teens which expose them to the risks of engaging in activities such as alcohol consumption. The study includes Kabulonga Boys Secondary School and Kabulonga Girls Secondary School (both government and single sex schools), Lake Road School and Rhodes Park School (both co-education and private schools).

3.4 Sample Size

A sample consists of elements of the population which are considered for the actual inclusion in the study (De Vos, 1968). A sample can be views as a subset of the measurements drawn from a population in which we are interested in and as such we study the sample in order to understand the population from which it is drawn. A total sample of 212 respondents were selected for the study. They were broken down as follows:

- a) One hundred and eighty (180) pupils of whom 90 were male and 90 were females from four schools. 45 pupils were selected from each of the school (45 male pupils from Kabulonga Boys secondary school, 45 female pupils from Kabulonga Girls secondary school, 45 pupils (23 males and 22 females) from Lake Road School and 45 pupils (22 males and 23 females) from Rhodes Park School.
- b) There were also four group discussions with a total of 24 participants taking part. Two of the four focus groups were for male participants while the other two were for female participants all pupils of the four schools from which the sample was drawn. Each of

the focus group discussion comprised of 6 participants all aged between 15- 19 years and above.

- c) Eight (8) interviews were conducted with head teachers and guidance and counselling teachers from the 4 selected school. This group comprised of 4 male head teachers and 4 female guidance and cancelling teachers. This exercise was undertaking so to have an in-depth understanding of factors contributing to alcohol abuse among school boys and girls in Lusaka Urban from the point of view of the educators.

3.5 Sampling procedures

The sampling procedures provide the basis upon which the sample for the study was selected. The study focused on secondary school pupils from grade eight to twelve. The study was undertaken to establish factors that influence alcohol abuse among school boys and girls in Lusaka urban. Field work was conducted in Lusaka, in four purposively selected schools namely: Kabulonga Boys secondary school and Kabulonga Girls Secondary School (both government and single sex schools), and Lake Road school and Rhodes Park school (co-education and private school).

Both convenient and purposive sampling were used to select the four (4) schools from which the sample was selected. Simple random sampling method was used to select pupils following simple procedure as presented in Cohen et.al (2002). Head teachers and guidance and counselling teachers were purposively selected based on their positions. With the purposive sampling technique, eight key informants (Head teachers and guidance and counselling teachers) from the school administration were selected to participant in in-depth interviews, the selection was done based on the role the key informants played in the school and the lives of the pupils.

3.6 Data Collection

Data collection was carried out over a period of three (3) weeks starting from the second week of August to the last week of August, 2018. The pupils that comprised of the sample size were found in schools and the sample was selected from only the pupils that were present during data collection. Triangulation approach was used in this study to collect data. Triangulation is the use of more than one method or source of data in the study of a social phenomenon so that findings may be cross checked (Bryman, 2008). Self-administered questionnaires were used to get the views of a representative population of pupils. The focus

group discussions (FGDs) provided a more interactive study of views, where reasons for views were elaborated at length. The in-depth interviews (IDIs) were held with teachers who were part of the disciplinary committee. The researcher administered 180 questionnaires, 4 focus group discussions (6 pupils per discussion) and 8 interviews.

A questionnaire, four focus group discussions and eight in-depth interviews were used to collect data. Focus group discussions and in depth interviews were used to collect qualitative data while questionnaires were used to collect quantitative data. A qualitative approach in research helps one understand the extent and scope of the specific problem prevailing and suggest possible interventions to deal with the problem (Patton 1990). The researcher used both qualitative and quantitative methods complementary to avoid any limitations and biases that come with using just one method (Cresswell, 2003).

A pretest of the data collection tools was conducted in one of high schools in Lusaka. Apart from making it possible for the researcher to make changes to the format of the questionnaire, interviews and focus group discussion, the pre-test also made it possible to gauge the mood of the pupils towards the research. The respondents who were used in the pre-test were not included in the main study. The researcher was thus able to make changes in terms of approach and language to use in collecting data from the pupils.

The study made use of both primary and secondary data. According to Kombo and Tromp (2006) secondary data is neither collected directly by the user nor specifically for the user. It involves gathering data that already has been collected by someone else. This involves the collection and analysis of published material, and information from internal sources such as documentary reviews, website sources and printed materials such as leaflets and posters.

3.7 Data collection tools

The researcher made use of multiple research instruments when collecting date for this study (Triangulation) so that the instruments can complement one another. The purpose of using the triangulation approach was to avoid creating limitations and biases that about as the result of using just one research tool. The researcher collected primary data using three data collection tools namely; self-administered questionnaires (appendix i), in depth interview guide (appendix ii) focus group discussion (appendix iii).

3.7.1 Questionnaire

A questionnaire stands out as a versatile tool for both qualitative and quantitative data and facilitates data collection from a large number of respondents within a short period of time (Bless, 2003). The questionnaire was used to collect quantitative data and it helped obtain a cross section perspective of the problem at hand. The researcher structured the questions in the questionnaire specific to the situation and no personal identification marks were put and confidentiality was assured.

3.7.2 In-depth interviews

An in-depth interview provides a platform where the researcher is able to have a one to one interview with a respondent and observe non-verbal behavior and legitimacy of the respondent being interviewed (White, 2003). The researcher used an in-depth interview guide to interview 4 head teachers and 4 guidance and counselling teachers so as to get in-depth information on the factors contributing to alcohol abuse among school boys and girls in Lusaka Urban.

3.7.3 Focus group discussions

According to Morgan (2007) a focus group discussion guide is designed to guide the questions during a focus group discussion. A focus group discussion guide was used to clarify issues from the structured questionnaires. The participants were able to provide detailed information on the factors that contribute to alcohol abuse among school boys and girls in Lusaka Urban, their drinking patterns and the mitigation measures that have been put in place by schools. The participants in the focus group discussion were selected out the school boys and girls that did not answer the questionnaire. A total of 4 focus group discussions were conducted all comprising of 6 participants. The researcher moderated the discussions while a research assistant took notes. A tape recorder was used during the discussions and at the end of the sessions information on the recorder was transcribed. Despite the discussions being recorded, confidentiality was assured and the purpose of the discussion was explained to the respondents.

3.8 Data analysis

Data analysis is the reduction and accumulation of data to manageable size, developing summaries, looking for patterns and applying statistical techniques (Cooper and Schindler,

2001). Bless et al. (2006) stated that analysis of data is necessary because the researcher is able to detect consistent patterns within the data such as the co-variance of two or more variables.

Open ended questions were coded before data from quantitative research was entered. The coded data was then entered into Microsoft excel spreadsheet, Microsoft Office Analysis Toolpack was used analyse and to draw tables and also present data in summary form for easy analysis. Data from the in-depth interviews and focus group discussion were also considered.

All open ended questions were coded prior to data entry and the researcher recoded answers given for each open-ended question. Analysis of qualitative data collected during the FGDs was condensed. Data were analyzed separately for each of the four focus group discussions and was done in two stages. In the initial stage, the research team went through the recorded notes to find out the common themes and patterns to responses that repeated themselves among the participants. This allowed for the identification of a pattern and generation of a hypothesis. The themes were only selected if they were repeated by at least three participants in the group. In the second stage of data analysis, data were again compared to each other and all similarities among the respondents were described and organized into categories (Kombo, 2006).

3.9 Ethical considerations

According to the UNHCR (2001) any data collection must adhere to confidentiality requirements in order to safeguard the rights of respondents. Ethical consideration can be defined as a system of moral values that is concerned with the degree to which research procedures adhere to professionally legal and social obligations to the study participants (Salkind, 2003). Ethical consideration was obtained with the authorization of ethical consideration number HSSREC: 2019-MAY-007.

3.9.1 Confidentiality

This researcher safeguarded the privacy and identity of all the respondents, it was explained to them that the information collected was to be treated with absolute confidentiality and would only be used for the intended purpose of the study. The personal characteristics of the

respondents were not known. Before consenting to participate in the study, the respondents were told that this study would like to publish this study.

3.9.2 Informed Consent

Informed consent form from the pupils, head teachers and guidance and counselling teachers was sought. Sufficient information was given to the potential participants in order for them to make informed decision about their participation. Respondents were told that they could withdraw their participation at any time if they felt uncomfortable. Ethical approval was sought from the Humanities and social sciences Research Ethics Committee of the University of Zambia before commencing the study.

3.10 Reliability and Validity

Issues of reliability and validity in this study were taken care of by piloting the questionnaire, interview guide and focus group guide. This action was important in the refinement of data collection instruments. According to Gupta (2011), a well-constructed data collection instrument eliminates worries of validity (extent to which data collection method accurately measures what they are intended to measure) and reliability (degree to which data collection methods will yield consistent findings). All the questions which needed clarification and refinement as informed by responses of the pilot study were corrected.

3.11 Summary

This chapter has looked at the different methods that were used when conducting the research, the study site, sample size, data collection instruments and data analysis methods used. The next chapter will present the findings of the study.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study that were gathered through questionnaires, Focus Group Discussions and In-depth Interviews. The findings from the questionnaires are supported with tables and figures, while those from the In-depth-interviews and Focus Group Discussion are supported with the actual words used by the respondents. The presentation of the findings is done under three themes which are in line with the research objectives.

4.2 Demography of Respondents

A total of 180 questionnaires were administered to pupils at four schools in Lusaka urban of which two were government and single sex schools and two were private and uni-sex schools. All the questionnaires were completed by the participants that were selected for this study and the sample comprised of 80 boys and 8 girls. 4 separate Focus Group Discussions were carried out with 6 participants in each group (3 boys and 3 girls). In addition, 8 interviews were conducted with head teachers and guidance and counselling teachers from each of the four schools.

4.2.1 Age and Sex of Respondents

The respondents were asked to state their age at their last birthday. None of the respondents in the study were below the age of 11. The minimum age of the respondents that answered the questionnaires were in the age group of 12-14 years and was represented by 10.5% male and 7.8% female. The age group 15-18 years was represented by 37.8% male and 39.4% females and in represented the largest group of respondents. The age group 19 years and above was represented by 2.8 male and 1.7 females. Table 4.1 summarizes the findings.

Table 4.1 Percentage of respondent's age by sex

Age	Sex		Totals
	Male	Female	
12-14 Years	10.5%	7.8%	18.3%

15-18 Years	37.8%	39.4%	77.2%
19 Years and above	2.8%	1.7%	4.5%
Total	51.1%	48.9%	100%

Source (Author, 2018)

4.2.2 Grade of Respondents

From all 180 participants in the study when asked to indicate their grade, 0.5% pointed out that they were in grade 8 represented 0% males and 0.5% females. 16.1% were in grade 9, represented by 11.1% males and 5% females. 61.5% of the respondents were in grade 10, represented by 33.2% male and 28.3% female. 19.9% of the respondents were in grade 11, represented by 7.7% male and 12.2% females and 2% of the respondents were in grade 12 represented by 0% males and 2% females. Table 4.2 summarises the findings by sex on the grade of respondents.

Table 4.2 Percentages of respondents grade by sex

Grade	Sex		Total
	Male	Female	
Eight	0%	0.5%	0.5%
Nine	11.1%	5%	16.1%
Ten	33.2%	28.3%	61.5%
Eleven	7.7%	12.2%	19.9%
Twelve	0%	2%	2%
Totals	52%	48%	100%

Source (Author, 2018)

4.2.3 Religious Affiliation of respondents

The findings from the research showed that majority of the respondents were of Christian religious denominations and that only 3.9% were Muslim, represented by 2.2% males and 1.7% females and 3.3% that pointed out that they belonged to other religions apart from the ones provided, represented by 1.1% males and 2.2 females. Of the 92.8% that pointed out that they belonged to Christian dominations 31.7 said they were Pentecostal, represented by 15% males and 16.6% females, 34.5% said they were Protestant, represented by 16.7% males and 17.8% females and 26.6% said they were Catholic represented by 13.3% males and females. Table 4.3 summarises the findings on the religious affiliation of the respondents.

Table 4.3 Percentages of religious affiliation of respondents by sex

	Sex		Totals
	Male	Female	
Muslim	2.2%	1.7%	3.9%
Pentecostal	15%	16.7%	31.7%
Protestant	16.7%	17.8%	34.5%
Catholic	13.3%	13.3%	26.6%
Others	1.1%	2.2%	3.3%
	48.3%	51.7%	100%

Source (Author, 2018)

4.2.4 Who the respondents stay with

The findings of the study on the question of who the respondents stay with showed that the majority of the respondents lived with both their parents as 55.1% of the respondents in the study said that they stay with both their parents, represented by 26.8% males and 28.3 females. 2.8% of the respondents said that they stay with their fathers represented by 1.7% males and 1.1% females, 25.5% said that they stay with their mothers represented by 12.2% males and 13.3% females, 12.3% said that they stay with relatives represented by 5.6% males

and 6.7% females, 2.7% respondents said that they stay with their guardians representing 2.2% males and 0.5% females and 1.6% said that they stay with other people other than the ones provided. Table 4.4 summarizes the findings on who the respondents stay with.

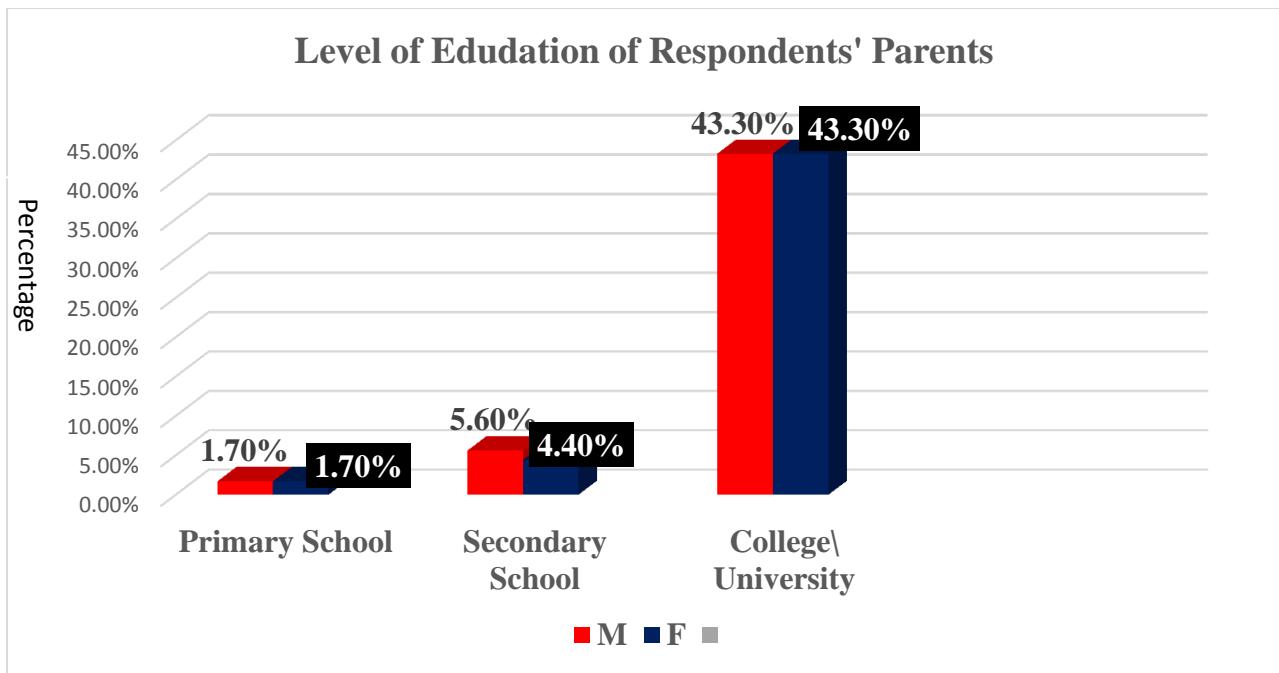
Table 4.4 Percentages on who the respondents stay with

	Sex		Totals
	Male	Female	
Both Parents	26.8%	28.3%	55.1%
Father	1.7%	1.1%	2.8%
Mother	12.2%	13.3%	25.5%
Relatives	5.6%	6.7%	12.3%
Guardians	2.2%	0.5%	2.7%
Other	1.6%	0%	1.6%

Source (Author, 2018)

4.2.5 Levels of education of respondents' parents by sex

The research indicated on the educational levels of the respondents' parents that the majority of the parents to the respondents had either being to college or university as 86.6% of the respondents pointed out college and university, represented by 43.3% of males and females. 10% of the respondents pointed out that their parents had attended secondary school represented by 5.6% males and 4.4% females and 3.4% pointed out that their parents had attended primary school represented by 1.7% males and females. Figure 4.1 summarized the findings on the educational levels of the parents of the respondents in the study.



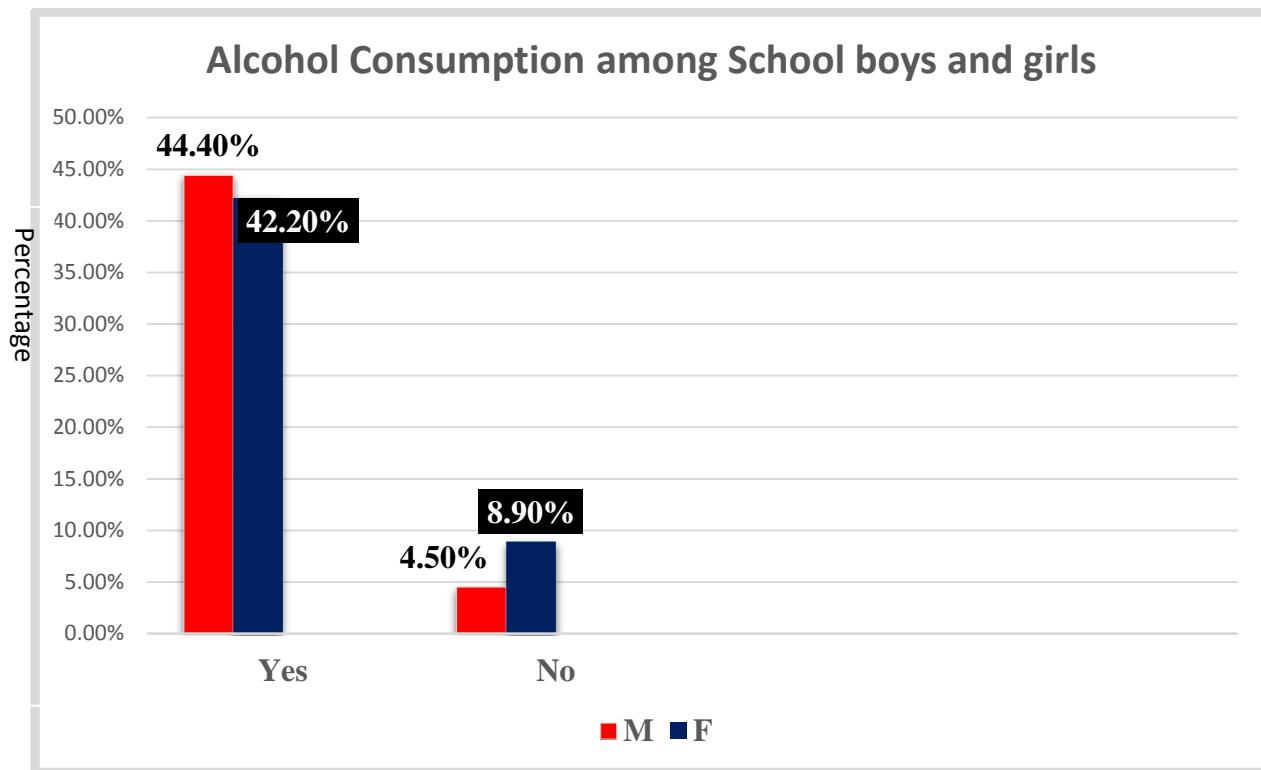
Source (Author, 2018)

Figure 4.1 Levels of education of the respondents' parents

4.3 Patterns of Alcohol Abuse among school boys and girls in Lusaka Urban

4.3.1 Do pupils drink at your school?

When asked on whether pupils at their school drink alcohol, the majority of the respondents 86.6% pointed out that pupils do drink at their schools represented by 44.4% males and 42.2 females. 13.4% of the respondents pointed out that pupils at their school do not drink represented by 8.9% males and 4.5% females. The findings on whether pupils drink are summaries in Figure 4.2.

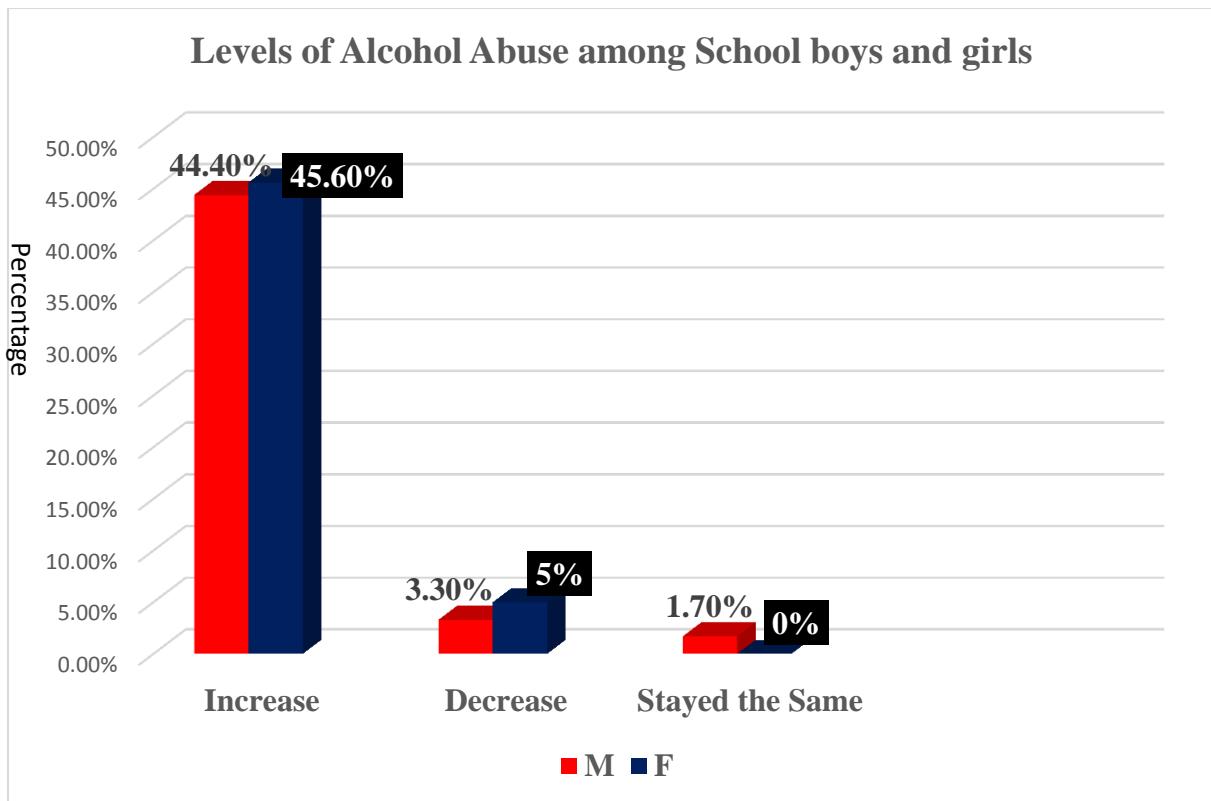


Source (Author, 2018)

Figure 4.2 Do pupils drink at your school

4.3.2 Levels of Alcohol Abuse among school boys and girls

On the question of the levels of alcohol abuse among school boys and girls the majority of the respondents in the study pointed out that the levels of alcohol abuse among school boys and girls in Lusaka Urban has increased as 90% of the respondents pointed out that the levels of alcohol abuse have increase represented by 44.4% for males and 45.6% by females. 8.3% of the respondents indicated that the levels of alcohol abuse among school boys and girls in Lusaka Urban has reduced represented by 3.3% for males and 5% for females and 1.7% of the respondents pointed out the levels of alcohol abuse among school boys and girls in Lusaka Urban has not changes in comparison to the past years which was represented 1.7% males. Figure 4.3 summarizes the findings on the levels of alcohol abuse among school boys and girls.



Source (Author, 2018)

Figure 4.3 Percentages of levels of alcohol abuse among school boys and girls

4.3.3 Age of Onset for drinking alcohol

The respondents were asked the age at which pupils start drinking alcohol, the majority of the respondents pointed out the age group 15-18 years represented by 26.1% males and 28.8% females. 22.7% pointed out the age group 11-14 years represented by 11.1% males and 11.6 females and 18.1% pointed out the age group 19 years and above as the age of onset represented by 9.4% males and 8.7% females. 4.3% of the respondents pointed the age group below 11 years as the age of onset represented by 2.7% males and 1.6% females. Table 4.5. summarizes the age of onset for alcohol among school boys and girls.

Table 4.5 Percentage of age of onset for drinking alcohol by sex

Age of Onset	Sex		Totals
	Male	Female	
Below 11 Years	2.7%	1.6%	4.3%
11-14 Years	11.1%	11.6%	22.7%

15-18 Years	26.1%	28.8%	54.9%
19 Years and Above	9.4%	8.7%	18.1%
Total	49.3%	50.7%	100%

Source (Author 2018)

In the Focus Group Discussion, it was revealed that these days' children start drinking at a very young age depending especially on where they live and the drinking habits of their parents

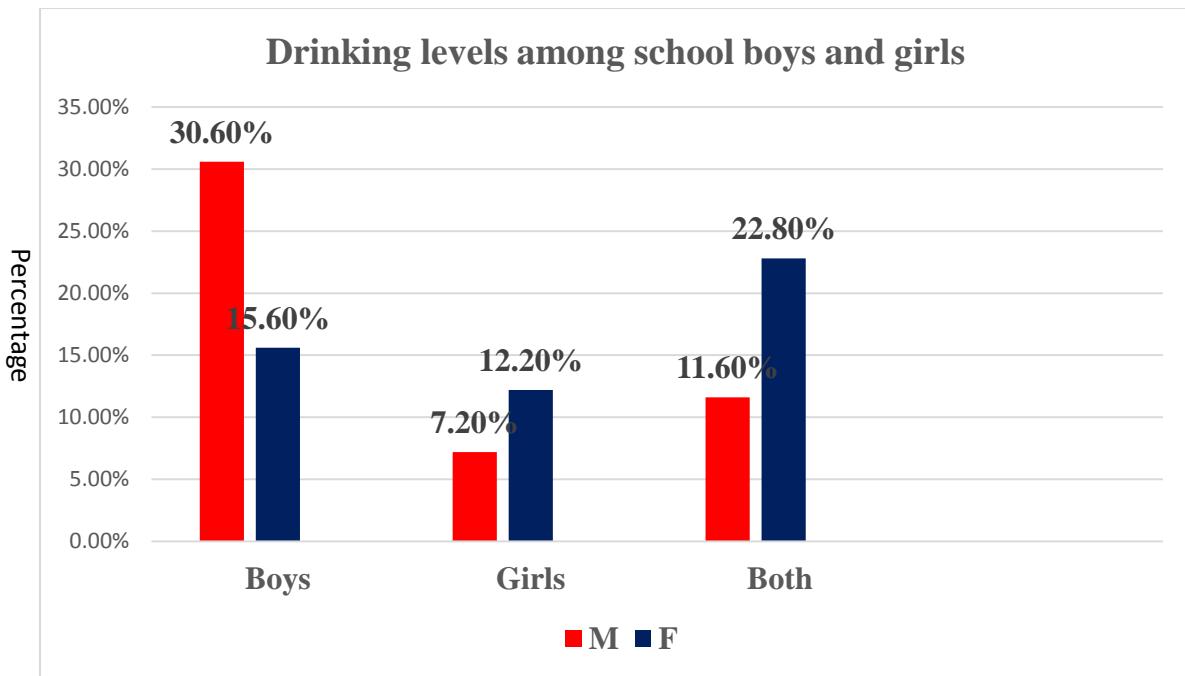
“Pupils usually start drinking between the ages of 15-18 years because at this stage they feel that they have grown and usually the young ones’ start calling them ‘ba’. Plus, at this stage they are usually in grade 10, 11 and 12 hence they feel all grown up. (16-year-old grade 12 female)”

“These days’ children start drink as young as 11 and even when they are less than 11. This is because some parents that drink give alcohol to children even before they start going to school. (15 years old, grade 10 male). “

4.3.4 Who Drinks the most between boys and girls

The respondents of the study when asked who drink the most between school boys and girls the majority of them pointed out boys. 46.2% of the respondents pointing out boys represented by 30.6% males and 15.6 % females, while 34.4% pointed out that both boys and girls drink the most represented by 11.6% males and 22.8% females and 19.4% pointed out that girls drink the most as compared to boys represented by 7.2% males and 12.2% females.

Figure 4.2.4 summaries the findings on who drink the most between boys and girls.

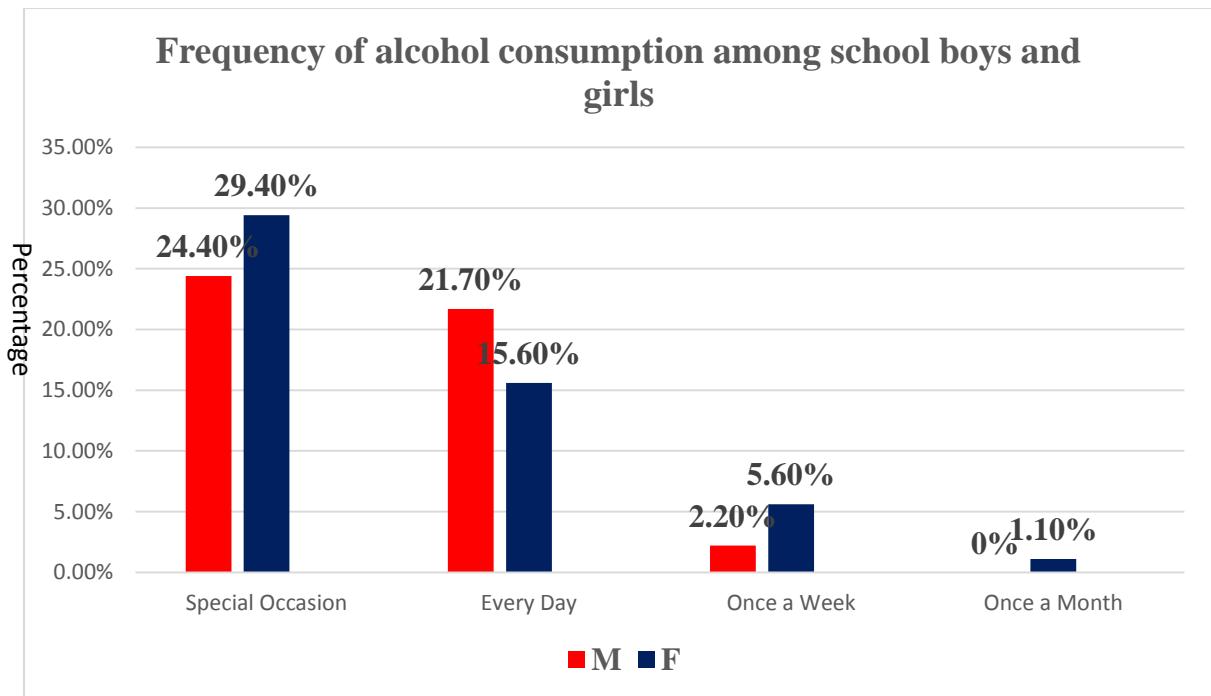


Source (Author, 2018)

Figure 4.4 Who drinks the most between boys and girls?

4.3.5 How often do Pupils Drink at your School?

When asked how often pupils drink at their school the majority of the students pointed out that pupils usually drink on special occasions. 53.8% of the respondents pointed out that pupils' drink on special occasions represented by 24.4% males and 29.4% females. 37.3% pointed out that pupils drink every day represented by 21.7% males and 15.6% females. 7.8% of the respondents pointed that pupils drink once a week represented by 2.2% males and 5.6% females and 1.1% pointed out that pupils' drink once a week represented by 1.1% females. Figure 4.5 summaries the findings on how often pupils drink at their school.



Source (Author, 2018)

Figure 4.5 how often do pupils drink?

4.3.6 How many bottles of Alcohol do Pupils at your School Drink?

On the number of bottles of alcohol that pupils drink per occasion the majority of the respondents pointed out that pupils usually take more than 5 bottles. 26.7% of the respondents pointed out that pupils usually drink 5 and more bottles. 23.4% pointed out that pupils usually take 2 bottles of alcohol represented by 10.6% and 12.8%. 20.6% pointed out that pupils drink 3 bottles and is represented by 8.9% males and 11.7% females. 18.3% pointed out that pupils drink 1 bottle represented by 4.4% males and 13.9% females and 11% of the respondents pointed out that pupils drink 4 bottles of alcohol represented by 7.2% males and 3.8% females. The findings are summarized in table 4.6.

Table 4.6 Number of bottles of alcohol pupils' drink

Number of Bottles	Sex		Totals
	Male	Female	
1 Bottle	4.4%	13.9%	18.3%
2 Bottles	10.6%	12.8%	23.4%

3 Bottles	8.9%	11.7%	20.6%
4 Bottles	7.2%	3.8%	11%
5 and more Bottles	16.7%	10%	26.7%
Total	47.8%	52.2%	100%

Source (Author, 2018)

Participants in the focus group discussion when asked about how many bottles of alcohol pupils drink, the majority of them indicated that it is not easy to quantify the number of bottles that pupils drink per occasion as usually they drink in groups and that they mix it with other staff. In addition, the respondents in the study pointed out that alcohol bottles come in different sizes and that the percentage of alcohol content differs.

“When it comes to pupils they usually drink in groups and share with each other making it hard to know how many bottles one drinks. Pupils usually drink the cheap alcohol locally known as “tojilijil/ junt” they make ‘bombs’ which is a mixture of different alcohol so that they could get drunk faster. (Grade 11 female, 16 years old).”

4.4 Factors Contributing to Alcohol Abuse among School Boys and Girls

4.4.1 Family factors contributing to alcohol abuse among school boys and girls

The majority of the respondents in the study pointed out having parents and family members that drink as the major contributing family factor to alcohol abuse among school boys and girls. Out the 180 respondents in the study, 66.6% pointed out having parents and family members that drink represented by 33.3% males and 33.3% females. 59.9% pointed out lack of parental involvement represented by 30.5% males and 29.4% females. 46.1% pointed out having parents that drink represented by 24.4% males and 21.7% females. 42.2% pointed out having strict parents represented by 22.8% males and 19.4%. 40.5% pointed out unstable families as a contributing factor represented by 21.1% males and 19.4% females. 26.6% of the respondents pointed being given more than enough pocket money as a contributing factor to alcohol abuse among school boys and girls represented by 13.9% males and 12.7% females and 23.3% of the respondents pointed out have parents that are harsh discipliners as a

contributing factor which represented 11.1% males and 12.2% females. Table 4.7 summaries family factors contributing to alcohol abuse among school boys and girls.

Table 4.7 Family factors contributing to alcohol abuse among school boys and girls

Family Factors	SEX	
	MALE	FEMALE
	YES	YES
Having parents and family members that drink	33.3%	33.3%
Being given more than enough pocket money	13.9%	12.7%
Lack of parental involvement	30.5%	29.4%
Unstable families	21.1%	19.4%
Having strict parents	22.8%	19.4%
Having parents that are ok with children drinking	24.4%	21.7%
Having parents that are harsh discipliners	11.1%	12.2%

Source (Author, 2018)

When asked about the contributing family factors to alcohol abuse among school boys and girls the participants in the focus group discussion and interviews pointed out that parents played an important role when it comes to alcohol abuse among school boys and girls.

“Most of the children start drinking as a result of their parents sending them to serve alcohol and in the process they taste it. In addition, they are parents that are comfortable with their

children drinking and allow them to drink especially during family functions. (Male Head teacher)"

"Most parents are concerned more with putting food on the table and spend little time with their children and leave the up bring of their children to caregivers. Because of this, children tend to feel unloved and parents monitor the activities of their children less hence children drink without their parents even knowing that they drink and parents only get to find out that their children drink when they are caught at school and the parents are alerted by the school authorities. (Female guidance and counselling teacher)"

"The first time I tasted alcohol it was during that time we had the cholera outbreak and my mother gave me and my sibling 'junt' as she said it will prevent us from having cholera. She said that it was medicine. (Grade 10, female, 16 years old).

4.4.2 Personal Factors Contributing to Alcohol Abuse among School boys and girls

On personal factors that contribute to alcohol abuse among school boys and girls, the majority of the respondents pointed out poor self-control. 64.9% of the respondents pointed out poor self-control which was represented by 33.8% males and 31.1% females. 54.9% of the respondents pointed out stress/ depression which was represented by 28.3% males and 26.6% females. 54.2% of the participants pointed wanting to enjoy life and feel good represented by 27.2% males and 21.6% females. 49.9% of the respondents in the study pointed out curiosity which was represented by 27.2% males and 22.2% females. 44.9% of the respondents in the study pointed out that low self-esteem as a contributing factor to alcohol abuse among school boys and girls represented by 22.7% males and 22.2% females. 27.7% of the respondents in the study pointed out loving the taste of alcohol represented by 18.3% males and 9.4% females and 19.9% pointed out history of abuse as a contributing factor to alcohol abuse among school boys and girls represented by 10.5% males and 9.4% females. The findings on the contributing personal factors are summarized in table 4.8.

Table 4.8.Personal factors contributing to alcohol abuse among school boys and girls

Personal Factors	SEX	
	MALE	FEMALE
	YES	YES
Curiosity	27.2%	22.2%
Low self-esteem	22.7%	22.2
Loving the taste of alcohol	18.3%	9.4%
Poor self-control	33.8%	31.1%
Stress/ depression	28.3%	26.6%
Wanting to enjoy life and feel good	27.2%	21.6%
History of abuse	10.5%	9.4%

Source (Author, 2018)

The respondents in the focus group discussion pointed out school pressure, heart break, wanting to have a drunk personality and wanting to have courage as some of the contributing personal factors to alcohol abuse among school boys and girls.

“Some pupils drink because they want to have a drunk personality. Some of them feel they are boring and not cool and hence they drink because they think that when they drink their drunk personality is better than their sober personality. (Grade 11 female, 16 years old)”

“School and parent pressure makes us drink, ‘parents are always over your head telling you that you should do well at school and become better than them. When you are home it is the parents that will be pushing you to do well at school and when you are at school the teachers

put pressure on you to work hard hence you never have a break and hence to get a break pupils turn to drink. (Grade 11 female, 17 years old). ”

“Girls usually drink after being heartbroken as it helps them sleep at night and deal with the depression Heart break is really hard on us girls especially if you have really fallen in love with the guy. As for me when I sense that a guy is about to break up with me I start drinking and carrying alcohol with me everywhere I go including at school. I usually buy ‘Ice’ a brand of whiskey that is packaged in small bottles that are commonly known as ‘tojilijili’ so that when it finally happens I do not get to feel the pain and am able to sleep at night because without the alcohol I cannot sleep.. While boys drink to have courage to propose girls and misbehave (Grade 11 female, 16 years old.)”

4.4.3 Social and Environmental Factors Contributing to Alcohol Abuse among School boys and girls

On social and environmental factors that contribute to alcohol abuse am school boys and girls the majority of the respondents in the study pointed out peer pressure. 80.2 % of the respondents in the study pointed out peer pressure represented by 41.6% males and 38.3% females. 72.1% pointed out having friends that drink as a contributing factor to alcohol abuse among school boys and girls represented by 35.5% males and 36.6% females. 58.8% pointed out wanting to be accepted by friends as a contributing factor which was represented by 28.8% males and 30% females. 49.9% of the respondents pointed out wanting to seem cool represented by 26.15 males and 23.8% females. 27.2% pointed out having role models that drink represented by 16.1% males and 11.15 females. 26.6% pointed put social media and was represented by 13.35 males and 13.3% females. 24.5% of the respondents pointed out alcohol being easily bought and cheap as a contributing factor to alcohol abuse among school boys and girls which was represented by 15% males and 9.5% female and 15% pointed out that alcohol makes it easy for someone to study hence the reason why pupils drink and was represented by 10% males and 55 females. The findings on the social and environmental factors that contribute to alcohol abuse are summarized in table 4.9.

Table 4.9 Social and environmental factors contributing to alcohol abuse among school boys and girls

Social and Environmental Factors	SEX	
	Male	Female
Peer pressure	YES	YES
	41.6%	38.3%
Having friends that drink alcohol	35.5%	36.6%
Wanting to be accepted by friends	28.8%	30%
Wanting to seem cool	26.1%	23.8%
Makes it easy to study	10%	5%
Alcohol can easily be bought and is cheap	15%	9.5%
Social media	13.3%	13.3%
Role models drink as well	16.1%	11.1%

Source (Author, 2018)

Respondents from the focus group discussion and interview had these views on the social and environmental factors that contribute to alcohol abuse among school boys and girls.

“For me I feel that some pupils drink because the one they were named after used to drink as well hence they just did not inherit the name but also the drinking problem. (Grade 11 male, 14 years old)”

“Mostly when the pupil is sick and usually if they have HIV/AIDS and know that they are dying they drink a lot because they feel like they have nothing more to loss and hope that they will die because of drinking too much (Guidance and counselling teacher, female)”

“Lack of recreation facilities and activities both at schools and in the communities has contributed to alcohol abuse among school boys and girls as they usually do not have much to do hence they resort to drinking. In addition, most music videos and movies make alcohol look cool and hence we as pupils drink because they make it seem cool and acceptable plus a lot of fun (Grade 11 pupil, female)”

“The children are not to blame but the world around them. Today children are exposed to a lot of things that make them vulnerable to abuse alcohol, the media is not helping as well but making things worse. In addition, alcohol can easily be accessed by the young ones and those that are selling don’t care much that they are selling to children and they are putting up structures where they are selling alcohol near schools, in schools and in areas surrounding schools. (Male head teacher).”

4.5 Effects of Alcohol Abuse among School boys and girls

On the effects of alcohol abuse among school boys and girl the majority of the respondents in the study pointed out health problems. 84.9% of the respondents pointed out health problems as an effect of alcohol abuse which was represented by 43.8% and 41.1%. 69.9% pointed out academic problem and was represented by 31.6% males and 38.3% females. 55.5% of the respondents pointed out unprotected and unplanned sex which was represented by 23.8% males and 22.7% females. 49.4% of the respondents pointed out injuries and accidents and was represented by 26.1% males and 23.3% females. 45% of the respondents in the study pointed out physical and sexual assault as effects of alcohol abuse and was represented by 23.3% males and 22.75 females. 42.7% of the respondents pointed out social problems and represented by 26.6% males and 16.6% females and 41.5% of the respondents pointed out memory problems and was represented by 23.8% males and 17.7% females. The summary of the findings on the effects of alcohol abuse among school boys and girls are presented in table 4.10.

Table 4.10 Effects of alcohol abuse among school boys and girls

Effects of Alcohol Abuse	SEX	
	MALE	FEMALE
	YES	YES
Academic Problems	31.6%	38.3%
Health Problems	26.6%	16.1%
Physical and sexual assault	23.3%	22.7%
Unprotected and unplanned sex	23.8%	24.4%
Memory problems	23.8%	17.7%
Injuries and accidents	26.1%	23.3%

Source (Author, 2018)

4.6 Mitigation Measures That Have Been In Place by Schools to Reduce Alcohol Abuse among School Boys and Girls

On the question of the mitigation measures that the schools have put in place to reduce alcohol abuse among school boys and girls, the majority of the respondents pointed out teachers talking to pupils about the dangers of alcohol abuse. 72.1% of the participants pointed out teachers talking about the dangers of alcohol abuse and was represented by 37.7% males and 34.4% females. 67.1% pointed out guidance and counselling services which was represented by 36.6% male and 30.5% females. 34.4% of the respondents pointed out formation of anti-alcohol clubs and was represented by 19.4% males and 15% females 28.8% of the respondents pointed out peer-to-peer talks as a mitigation measure which represented 16.6% males and 12.2% females and 18.2% of the respondents pointed out pastors from churches coming to hold talks with pupils of which 8.8% were male and 9.4% were females. Table 4.10 presents the summary on the mitigation measure that have been put in place.

Table 4.11 Mitigation measures that have been put in place

Mitigation Measures	SEX	
	MALE	FEMALE
	YES	YES
Guidance and counselling services	36.6%	30.5%
Teachers talking about the dangers of alcohol abuse	37.7%	34.4%
Pastors from churches coming to hold talks with pupils	8.8%	9.4%
Peer-to-peer talks	16.6%	12.2%
Formation of anti-alcohol clubs	19.4%	15%

Source (Author, 2018)

In addition to the above mitigation measures the focus group discussion and interviews brought to light the other mitigation measures that schools employ to reduce cases of alcohol abuse at their schools.

“Conducting random checks and putting up a no juice bottle allowed in school policy. (Head teacher, male)”

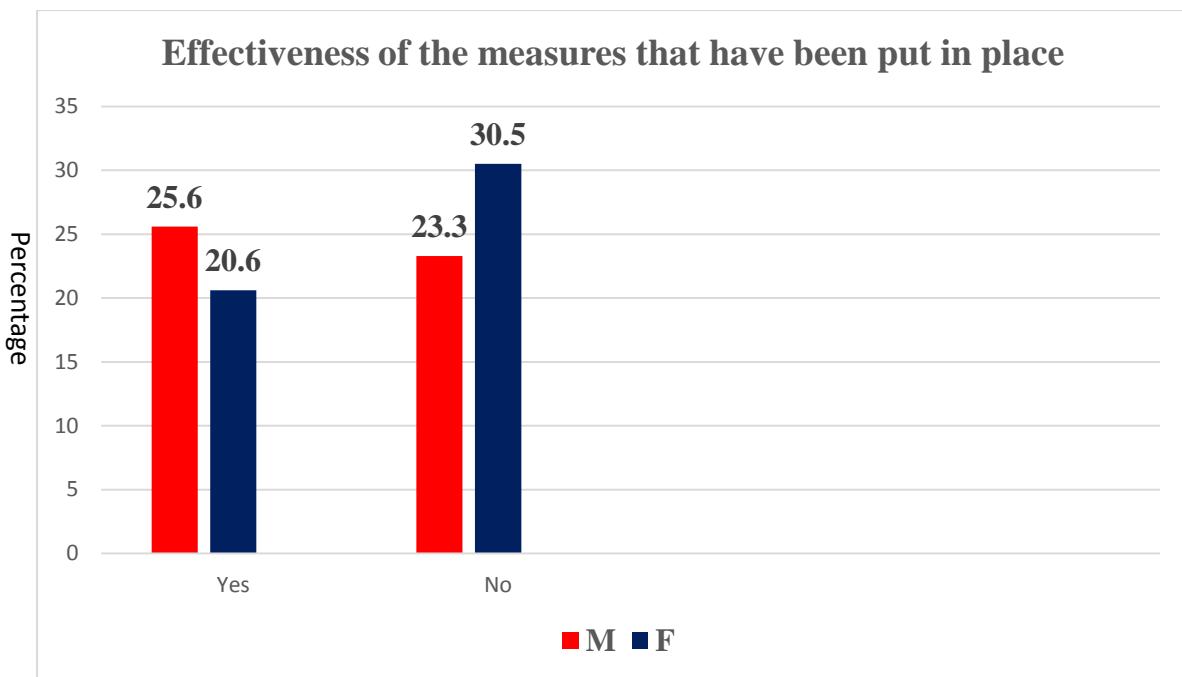
“DCE coming to search and hold talks. (Guidance and counselling teacher, female)”

4.6.1 Effectiveness of the measures that have been put in place by school

On the question of the effectiveness of the measures that have been put in place by school the majority of the respondents pointed out that the measures have not been effective. 53.8% of the respondents pointed out that the measures that have been put in place have not been effective which represented 23.3% males and 30.5% females. 46.2% of the respondent pointed

out that the measures that have been put in place have been effective which represented 25.6% males and 20.6% females. Figure 4.6 summarizes the findings on the effectiveness of the measures that have been put in place.

Figure 4.6. Effectiveness of Mitigation Measures



“The measures that have been put in place have only made pupils more innovative. (Grade 9 pupil, female, 15 years)”

“Usually pupils are taken for counselling only after found drunk and teachers only talk about alcohol when they find a pupil drunk. (Grade 11, female, aged 16)”

“There has been a reduction in the number of pupils that are caught drunk or with alcohol hence it is safe to say that the measures that have been put in place have been effective. (Head teacher, male).”

“We have a lot of clubs at this school that can help mitigate alcohol abuse but most of the pupils do not go to such clubs as they find them boring hence they do not do much to help the situation (17-year-old male, grade 11).”

4.7 Summary

This chapter has presented the findings for the study on the three objective of the study. The findings were gathered from questionnaires, focus group discussions and in-depth interviews. The next chapter will discuss the findings of the study.

CHAPTER FIVE: DISCUSSION OF RESEARCH FINDINGS

5.1 Introduction

This chapter discusses the findings of the study based of the objectives. This discussion also attempts to answer the research questions while giving the highlights of major findings of the research and comparing them to past findings in the reviewed literature where necessary. The aim of the study was to identify factors that contribute to alcohol abuse among school boys and girls in Lusaka Urban. The objectives of the study were to: identify the factors that contribute to alcohol abuse among school boys and girls in Lusaka urban; determine the prevalence rates of alcohol abuse among school boys and girls in Lusaka urban and find out the measures that have been put in place to mitigated alcohol abuse among school boys and girls in Lusaka urban. By collecting information on the factors that contribute to alcohol abuse among school boys and girls this study represents a substantial body of evidence.

5.2 Demographic Information of Respondents

There were 180 participants in the study, 90 males and 90 females. The findings show that the majority of the respondents were in the age group 15-18 years (37.8%) for males and (39.4%) for females. Based on the findings the majority of the respondents were in grade 10 (33.2%) for males and (28.3%) for females. The findings also showed that the majority of the respondents were Christians, with the majority being protestant (16.7%) males and (17.8%) females. In addition, few of the respondents were Muslim or belonged to other religious affiliations.

The majority of the respondents in the study lived with both their parents (26.8%) males and (28.3%) females and very few lived with their fathers and guardians. On the education levels of respondent's parents, the majority of them indicated that their parents had either being to college or university (43.3%) males and (43.3%) females with the list indicating that their parents went as far as primary school.

5.3 Patterns of alcohol abuse among school boys and girls in Lusaka Urban

On the prevalence rates of alcohol abuse among school boys and girls in Lusaka Urban based on the findings the number of pupils that consume alcohol was high as 86.6 percent of the respondents (44.4% males and 42.2% females) in the study attested that secondary school pupils drink alcohol. The findings are in line with the findings by Kabril et al. (2010) that

suggested that a substantial proportion of secondary school pupils have consumed or are consuming alcohol. On the levels of alcohol abuse among school boys and girls in comparison to the past years, the findings indicated that the levels of alcohol abuse among School boys and girls had increased as 90 percent (44.4% males and 45.6% females) of the respondents in the study pointed out that the levels of alcohol abuse among school boys and girls has increased as compared to the past years. The findings indicated that the problem of alcohol abuse among school boys and girls is alarming as the majority of secondary school boys and girls were consuming alcohol and that the number keep rising with time. This is a clear indication that the policies ad mitigation measures that have been put in place are not working and that the issue of alcohol abuse among school boys and girls need to be address before a generation of young people is lost.

On the age of onset of alcohol consumption by secondary school boys and girls in Lusaka Urban, based on the findings the majority of boys and girls start drinking alcohol between the ages of 15 to 18 years implying that most of the pupils in secondary school start drinking in grade 10 as was pointed out by 54.9 percent of the respondents (26.1% males and 28.8% females). This could be attributed to the fact that usually children in this age group have a tendency of considering themselves as ‘grownups’, hence they want to act as such, as was put by one of the respondents: “*Pupils usually start drinking between the ages of 15-18 years because at this stage they feel that they have grown and usually the young ones’ start calling them ‘ba’.* Plus, at this stage they are usually in grade 10, 11 and 12 hence they feel all grown up,” (Source: FGD data). In addition, on the age of onset the study revealed that some pupils start drinking at the age of 11 and even below the age of 11 and this can be attributed to that fact that some children are exposed to alcohol at a very young age as was put by one respondent’ “*These days’ children start drink as young as 11 and even when they are less than 11. This is because some parents that drink give alcohol to children even before they start going to school,*” (Source: FGD data).

According to the finding. usually when children are at the pick of their adolescent stage is when they usually start drinking. This can be attributed to the fact that between the ages of 15 to 18 children are searching for their identity and hence they experiment a lot during this stage of their life. In addition, the fact that mostly secondary boys and girls within this age range are in either in grades 10, 11 or 12 makes them feel like they have graduated to adulthood and hence they start engaging in activities that they view are for adults and

drinking alcohol is one of them. In addition, for those that start abusing alcohol below the age of 14 in most cases are those that are exposed to alcohol from their homes.

On the question of who drinks the most, based on the findings of the study between boys and girls, boys drink more than girls as 45.6 percent (30.6% males and 15.6% females) of the respondents pointed out that boys drink more alcohol as compared to girls. Although the findings also indicated that the majority of those that stated that boys drink more than girls were males (30.6%) and the majority that pointed out that these day both boys and girls abuse alcohol were females (22.8%). The fact that boys were found to drink more alcohol as compared to girls can be attributed to the fact that in African homes girls are usually closely watched by their parents, are restricted when it comes to the time they should reach home and going out hence they have less opportunities to drink alcohol without their parents getting to know about it. Boys on the other hand are usually given for lack of a better term more freedom which enables them to have access to alcohol and even without their parents knowing that they drink as they can even sleep out and claim they slept at a friend's place.

On the subject of how often school boys and girls drink, based on the findings the majority of the participants pointed out on special occasions (53.8 percent) of which 24.4% were males and 29.4% were females. Followed by everyday (37.3%). Special occasions to these secondary children included birthdays, weekends, sports day, closings day, inter schools, getting a boyfriend or girlfriend or getting heart broken. On the number of bottles that secondary school pupils drink, the majority pointed out five bottles (26.7 percent) and two bottles (23.4 percent), although it was revealed that quantify of alcohol intake by number of bottles was a challenge due to the different packaging as well as the fact that pupils usually share alcohol as was put by one of the respondents in the study: *"When it comes to pupils they usually drink in groups and share with each other making it hard to know how many bottles one drinks. Pupils usually drink the cheap alcohol locally known as "tojilijil/junt" and they make 'bombs' which is a mixture of different alcohol so that they could get drunk faster,* (Source, FGD data). The study failed to come up with the exact number of bottles of alcohol that secondary boys and girls take due to the fact that there is a verity of alcohol on the Zambian market that comes in different bottles and with different alcohol concentration. In addition, these children usually shared alcohol which contributed to them failing to point out how many bottles they each took as according to them they drunk till they could not drink anymore or they did not have money to buy more alcohol.

Based on the findings the majority of secondary school boys and girls drink alcohol and they usually start drinking between the ages of 15 to 18 years (grade ten to twelve). The study also revealed that that they are instances were pupils start drinking even before they reach the age of 11. On the question of who drinks the most among secondary school boys and girls in Lusaka Urban, the findings revealed that boys drink the most, although some of the participants felt that girls drunk alcohol equally as much as boys. The study further revealed that the majority of secondary school pupils consumed alcohol on special occasions, although a good number also pointed out that pupil's drink alcohol on a daily basis. In addition, what was considered by these pupils as special occasions included; Friday, sports day, parties, weddings as well as getting a boyfriend or girlfriend.

Further, the findings also revealed that the majority of pupils drunk 5 or more bottles of alcohol per occasion (binge drinking), although there was a challenge when it came to quantifying alcohol consumption using number of bottles as the research revealed that usually school boys and girls drink in groups meaning that they share alcohol, and that they usually mix it with other staff and put in juice bottles making it hard to know the actual amount of alcohol they took. The other factors that presented a challenge when it came to quantifying alcohol intake by school boys and girls was the fact that bottles came in different sizes (Small and big bottles with high alcohol content), and usually when school boys and girls drunk they would drink like there was no tomorrow as they did not know the next time they will be able to drink alcohol again.

5.4 Factors that contribute to alcohol abuse among secondary school boys and girls

On family factors that contribute to alcohol abuse among secondary school boys and girls in Lusaka urban, the findings revealed the major factors that contribute to alcohol abuse among school boys and girls were; having parents and family members that drink as was pointed out by 66.6 percent of the respondents (33.3% males and 33.3% females), lack of parental involvement in the child's life as was pointed out by 59.9 percent of the respondents (30.5% males and 29.4% females), having parents that are okay with their child drinking as was pointed out by 46.1 percent of the respondents (24.4% males and 21.7% females) and unstable families as was pointed out by 40.5 percent of the respondents in the study (21.1% males and 19.4% females). With the list contributing factors being having parents that are not strict, having parents that are harsh discipliners and being given more than enough pocket money.

Based on the findings the majority of the male respondents in the study pointed out having parents and family members that drink (33.3%), lack of parental involvement (30.5%), having parents that are okay with their children drinking (24.4) and having strict parents (22.8) as the major contributing family factors to alcohol abuse. On the other hand, the majority of the female participants pointed out having parent and family members that drink (33.3%), lack of parental involvement (29.4), having parents that are ok with their children drinking (21.7%) and unstable families and having strict parents (19.4%) as the major contributing family factors. The findings of the study are in line with Muthigani (1995), that indicated that a child gains his/her first standards of behaviour from the teachings of parents and other grown-up persons around and Barret and Turner, (2005) and Lysnskey et al, (2004) that pointed out that poor early childhood upbringing in the family due to poor family life circumstances are risk factors for alcohol abuse.

Based on the findings, having parents and family members that drinks increase the risk of the child abusing alcohol. This is true as some of the participants in the study pointed out that they tasted alcohol for the first time because it was always at home, or that they were sent by their parents or family members to serve them alcohol. On the issue of lack of parental involvement in a child's life some of the participants pointed out that parents are usually more concerned with putting food on the table than spending quality time with their children as was put by one of the respondent: "*Most parents are concerned more with putting food on the table and spend little time with their children and leave the up bring of their children to caregivers. Because of this, children tend to feel unloved and parents monitor the activities of their children less hence children drink without their parents even knowing that they drink and parents only get to find out that their children drink when they are caught at school and the parents are alerted by the school authorities*", (source: Interview guide data). This is true, especially in homes were both parents work and children are usually left in the care of relatives and caregivers which makes the children feel unwanted and unloved and hence they resort to drinking to fill up the gap they feel inside.

In addition, children from unstable families especially those that live in homes with abusive parents turn to drink a lot as was revealed by that study that alcohol makes them forget about all the pain and suffering and everything that is happening at home. Further, in this 21st century they are parents that are okay with their children drinking and during special occasions such as birthdays and weddings and others even during dinner allow their children

to take alcoholic drinks and this has also contributed to alcohol abuse among school boys and girls as was put by one of the respondents: “*Most of the children start drinking as a result of their parents sending them to serve alcohol and in the process they taste it. In addition, they are parents that are comfortable with their children drinking and allow them to drink especially during family functions,*” (Source: Interview guide data). From the findings parents play a major role when it comes to contributing to alcohol abuse among school boys and girls. Whether the parents are not present in the children’s lives or the parents are not providing a stable home environment for the child or that the parents are being bad role models by abusing alcohol themselves, the child suffers at the end of the day as they end up abusing alcohol.

On personal factors that contribute to alcohol abuse among secondary school boys and girls in Lusaka Urban, the study revealed the major personal factors that contribute to alcohol abuse among school boys and girls in Lusaka Urban include; poor self-control as was pointed out by 64.9 percent of the respondents (33.8% males and 31.1% females), stress and depression as was pointed out by 54.9 percent of the respondents (28.3% males and 21.6% females), wanting to enjoy life and feel good as was pointed out by 54.2 percent of the respondents (27.2% males and 21.6% females) and curiosity was pointed out by 49.9% of the respondents (27.2% males and 22.2% females) . With the list personal factors being low self-esteem, loving the taste of alcohol and history of abuse. Based on the findings, the majority of the male respondents pointed out poor self-control (33.8%), stress/depression (28.3%), wanting to enjoy life and feel good as well as curiosity (27.2%) as the major contributing personal factors of alcohol abuse among school boys and girls while the majority of female respondents pointed out poor self-control (31.1%), stress and depression (21.6%) and low self-esteem and curiosity (22.2%).

The findings are in line with Walton and Roberts, (2004) that pointed out individual’s personal profile on behavioural, emotional, and cognitive styles and also personality traits such as hostility, low self-esteem and difficulties in controlling impulsive behaviour as factors that contribute to alcohol abuse. Based on the findings, poor self-control was the major contributing personal factor to alcohol abuse among school boys and girls. This can be attributed to that fact that the majority of secondary school boys and girls are adolescents and at such a stage in life they are usually known to be reckless and have poor self-control. Having poor self-control is an attribute that most school boys and girls exhibit as they are just

learning how to differentiate right from wrong making them seem like they have poor self-control. In addition, the study revealed stress and depression as another personal factor that contribute to alcohol abuse among school boys and girls. The findings revealed that pupils drunk alcohol because as they were stressed by their parents who constantly pressure them to do well at school and become better than them as was pointed by one of the respondents: “*School and parent pressure makes us drink, ‘parents are always over your head telling you that you should do well at school and become better than them. When you are home it is the parents that will be pushing you to do well at school and when you are at school the teachers put pressure on you to work hard hence you never have a break and hence to get a break pupils turn to drink,* (Source: FGD data).

In addition, the study revealed that most girls were stressed by relationships especially when there are going through a breakup which forced them to abuse alcohol as it helped them sleep and that boys usually drunk because they needed courage especially with matters to do with girls as was put by one of the respondent: “*Girls usually drink after being heartbroken as it helps them sleep at night and deal with the depression Heart break is really hard on us girls especially if you have really fallen in love with the guy. As for me when I sense that a guy is about to break up with me I start drinking and carrying alcohol with me everywhere I go including at school. I usually buy ‘Ice’ a brand of whiskey that is packaged in small bottles that are commonly known as ‘tojilijili’ so that when it finally happens I do not get to feel the pain and am able to sleep at night because without the alcohol I cannot sleep. While boys drink to have courage to propose a girls and misbehave,* (Source: FGD data).

The findings also revealed that pupils drunk because they wanted to enjoy life and feel good. According to the participants, you only live once and hence you have to enjoy it and they felt that the best way to enjoy life was drinking as it helped them let their guides down and just enjoy life. Curiosity is another factor that contribute to alcohol abuse among school boys and girls. Most of the secondary school boys and girls are usually curious about a lot of things and experiences, alcohol being one of them. Adolescent stage is a stage that involves try out of new things especially things that are considered to be for adults. Most of school boys and girls are usually curious on how alcohol tastes like and how it feels like getting drunk hence usually it all starts from the curiosity that most of school boys and girls start drinking and when they enjoy the taste of alcohol and getting drunk then they start doing it as often as possible and eventually start abusing it. Others drink because of low self-esteem and when

they drink they feel like they have the courage to face life as well as having a history of being abused and not just sexually or physically but also physiologically.

On social and environmental factors that contribute to alcohol abuse among school boys and girls the study revealed that the major social and environmental factors that contribute to alcohol abuse among secondary school boys and girls in Lusaka urban are; peer pressure as was pointed out by 80.2 percent of the respondents in the study (41.6% males and 38.3% females), having friends that drink as was pointed out by 72.1% of the respondents (35.5% males and 36.6% females), wanting to be accepted by peers and fitting in which was pointed out by 58.8 percent of the respondents in the study (28.8% males and 30% females) and wanting to seem cool as was pointed out by 49.9 percent of the respondents in the study (26.1% males and 23.8% females).

Based on the findings, the majority of the male respondents pointed out peer pressure (41.6%), having friends that drink alcohol (35.5%), wanting to be accepted by friends and wanting to fit in (28.8%) and wanting to seem cool (26.1%) as the major social environmental factors. The female respondents also pointed the same factors with 38.3 percent, 36.6 percent, 30 percent and 23.8 percent respectively. In addition, the study also revealed that social media, the fact that alcohol can easily and cheaply be bought, having role models that drink and that alcohol makes it easy for someone to study as other contributing factors. The findings are in agreement with the findings from the study by Oteyo and Kariuki (2009) that pointed out that peer group influence had the greatest influence on high alcohol abuse among school students. In addition, the findings were in line with Arata, Stafford, & Tims, (2003); D'Amico, Ellickson, Collins, Martino, & Klein, (2005); Henry & Kobus, (2007); Pearson & Mitchell, (2000); Oetting, Deffenbacher, & Donnermeyer, (1998) and Oetting & Donnermeyer, (1998), that linked peer relationships to adolescent alcohol abuse.

On social and environment factors that contribute to alcohol abuse among school boys and girls, the study revealed peer pressure as the major factor. Peer pressure has the major influence on alcohol abuse among school boys and girls as at this stage in their lives adolescents are more concerned with what their peers think of them and hence they turn to listen and do and what their peers are doing. In addition, pupils that had friends that drink were at risk of abusing alcohol as mostly for one to be accepted into a social group among adolescents they had to involve themselves in the different conducts of that group including alcohol consumption as only then would they be accepted.

The study further revealed that social media such as Facebook also contribute to alcohol abuse as in the quest to have a lot of followership and reactions (like and comments as well as views) they have to do stuff that their peers view to be cool. In addition, role models such as celebrities (musicians especially) influence school boys and girls to drink alcohol through their music, videos and social media where they showcase alcohol and make drinking alcohol seem fun and entertaining. The study also revealed that usually children that are sick (have HIV/AIDS) usually drink as they felt like they did not have a reason to live anymore as was pointed out by one respondent: *“Mostly when the pupil is sick and usually if they have HIV/AIDS and know that they are dying they drink a lot because they feel like they have nothing more to loss and hope that they will die because of drinking too much,* (Source: Interview guide data). As well as lack of recreational activities as was pointed out by another respondent: *“Lack of recreation facilities and activities both at schools and in the communities has contributed to alcohol abuse among school boys and girls as they usually do not have much to do hence they resort to drinking. In addition, most music videos and movies make alcohol look cool and hence we as pupils drink because they make it seem cool and acceptable plus a lot of fun,”* (Source: FGD data).

5.5 Effects of alcohol abuse among school boys and girls

Based on the findings of the study on the effects of alcohol abuse among school boys and girls in Lusaka urban, the major effects are; Health problems as pointed out by 84.9 percent of respondents in the study (43.8% males and 41.1% females), academic problems as pointed out by 69.9 percent of the respondents (31.6% males and 38.3% females), unplanned and unprotected sex as was pointed out by 55.5 percent respondents (23.8% males and 24.4% females) and injuries and accidents as pointed out by 49.4% of the respondents in the study (26.1% males and 23.3% females). With the list being physical and sexual assault and social problems. The results were in line with Chassin and DeLucia (1996) and the Department of Health and Human Services (1991). Base on the findings of the study, health problems are the major effect of alcohol abuse and this can be attributed to the fact that in most cases school boys and girls usually drink spirits commonly known as ‘Junt’ that have high alcohol content which negatively affect their health. In addition, alcohol abuse causes academic problem as it affects their concentration in class and makes them miss classes. Alcohol abuse also causes injuries and accidents and has resulted in the death of some secondary school boys and girls and them engaging in illicit behaviours such as sex parties.

5.6 Measures that have been put in place to mitigate alcohol abuse among school boys and girls

Based on the findings when it came to the measures that have been put in place to mitigate alcohol abuse among school boys and girls in Lusaka urban, the findings revealed that the majority of the participants (72.1%) in the study pointed out teachers holding talks with pupils, represented by (37.7% males and 34.4% females). Offering guidance and counselling services was pointed out by 67.1 percent of the respondents (33.6% males and 30.5% females) and the formation of anti-alcohol clubs was pointed out by 34.4 percent of the respondents in the study (19.4% males and 15% females). The study also revealed pastors holding talks with pupils and peer-to-peer talks as mitigation measures that have been put in place. In addition, schools as well as DEC employed random checks on the pupils and the schools did not allow pupils to carry juice bottles into school. Furthermore, on the effectiveness of the measures that have been put in place the study revealed that the measures were not effective as 53.8 percent of the respondents in the study pointed out that the measures that have been put in place to mitigate alcohol abuse in schools had not being effective.

There is a policy that teacher have to hold talks with pupils before or after a class but according to the findings of the study this is usually not the case, although the findings revealed that teachers usually talked about alcohol abuse but only when there was a case of alcohol abuse. On guidance and counselling services, even though every school had a guidance and counselling department in most cases pupils were only given the service when they were found wanting as was pointed out by one of the respondents: "*Usually pupils are taken for counselling only after found drunk and teachers only talk about alcohol when they find a pupil drunk*, (Source: FDG data). Even though anti-alcohol clubs and related clubs had been formed in schools, very few pupils had signed up for these clubs. The fact that the number of pupils that are abusing alcohol keeps increasing and the age of onset keeps lowering can justify why some participants were of the view that the measures that have been put in place have not being effective but that they have rather just made the pupils more innovative when it comes to not getting caught drunk or with alcohol as was pointed out by one of the respondents: *The measures that have been put in place have only made pupils more innovative*, (Source: FGD data). Although looking at the bigger picture, the number of reported cases of alcohol abuse have lowered in schools and it can be attributed to the measures that have been put in place as was pointed out by one of the respondents: *There has*

been a reduction in the number of pupils that are caught drunk or with alcohol hence it is safe to say that the measures that have been put in place have been effective, (Source; Interview guide data).

As was put in the conceptual framework when it comes to alcohol abuse they are risky factors and protective factors. Based on the findings the risky factors can be placed in three categories which included; family factors, personal factors and social environmental factors of which the most influential risk factors are found under family factors as parents and family members play a major role in shaping what becomes of a child. Hence usually children that have parent or family members that abuse alcohol are more likely to abuse alcohol as well. The study further found that schools have put in place protective factors such as offering guidance and counselling services, encouraging peer to peer talks, holding talks with pupils, have anti- drugs clubs and doing random checks but with the rising number of secondary school boys and girls abusing alcohol, these protective measure have not been effective hence the need to come up with more effective protective measure to mitigate the risk factors.

5.7 Summary

This chapter has discussed the findings of the study in line with the research objectives and hence have help in answering the research question for the study. The next chapter will cover the conclusion and recommendations of the study.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The previous chapter presented the findings and discussion of findings for the study. This chapter will present the conclusions and recommendations of the study. The conclusions will be in line with the research objectives. The research objectives were:

- i. Patterns of alcohol abuse among school boys and girls in Lusaka urban.
- ii. Factors contributing to alcohol abuse among school boys and girls in Lusaka urban.
- iii. Effects of alcohol abuse among school boys and girls in Lusaka urban.

6.2 Conclusions

On the factors that contribute to alcohol abuse among school boys and girls in Lusaka Urban based on the findings of the study, it can be conclude that the major family factors that contribute to alcohol abuse among school boys and girls are having parents and family members that drink and lack of parental involvement in children's lives. On personal factors that contribute to alcohol abuse among school boys based on the findings it can be concluded that poor self-control, stress and depression are the major personal factors. On social factors that contribute to alcohol abuse among school boys and girls, based on the findings it can be concluded that peer pressure and having friends that drink are the major contributing social and environmental factors. In addition, the findings also revealed breakups for girls and wanting to have courage for boys as factors that contribute to them drinking. The study further revealed that be named after someone that drinks also contribute to alcohol abuse among school boys and girls.

On the patterns of alcohol abuse among school boys and girls in Lusaka Urban based on the findings from the study it can be concluded that a good number of school boys and girls in Lusaka Urban abuse alcohol and that they usually start abusing alcohol between the ages of 15 and 18 (grade 10-12). It can also be concluded based on the findings that boys actually drink more than boys, also it has to be noted that some participants pointed out that these days' girls drink just as much as boys. Furthermore, it can be concluded that usually school boys and girls drink on special occasions and have more than 5 bottles of alcohol per occasion.

On the third objective which address the issue of the measures that have been put in place by school to mitigate alcohol abuse among school boys and girls in Lusaka Urban based on the findings it can be concluded that the most effective measures that have been out place are teachers holding talks with pupils and offering guidance and counselling services. The findings further reviewed random inspections by teachers and DEC, abolishment of juice bottles in schools and putting up zero tolerance to alcohol in schools as mitigation measures that have been put in place. The findings also revealed that the measures that have been put in place have not being effective as school boys and girls still drink alcohol.

6.3 Recommendations

From the findings of the study the following recommendations have been proposed to help mitigate alcohol abuse among school boys and girls. The recommendation will be grouped according to who can implement them.

6.3.1 Recommendations for Schools

- i. Schools need to put up effective guidance and counselling programs and should not just be concerned with the child's drinking but also find out the child's background and reason for them drinking as this will go a long way in helping the child than just punishing them.
- ii. Schools need to come up with strict rules that will help in regulating children, because children have so much freedom. If the rules are strict and the consequences for being found drinking at school are stiffened very few pupils will be drinking.
- iii. Schools need to create more clubs that will be specifically be dedicated to alcohol abuse related matters. These clubs should encourage rehabilitation, peer-to-peer talks, group counselling and other activities that can help inform the pupils about the dangers of alcohol abuse as well as how to stop drinking.
- iv. The school should provide more recreation facilities and activities that will keep the pupils busy from drinking alcohol
- v. In addition, teachers that engage in drinking activities with pupils should stop and lead by example by not drinking as they are role models to their pupils.

6.3.2 Recommendations for Parents

- i. Parents firstly need to stop drinking or drinking in the presence of their children.
- ii. Parents need to pay attention to their children, they need to create time to have quality talks with their children and always be aware of what is happening in their children's lives. They also should try as much as possible to be a part of their children lives.
- iii. Parents need to build a good relationship with their children so that they can openly talk with them about all aspects of life include alcohol and other factors that contribute to alcohol abuse.
- iv. Parents need to be available for their children and not leave the up bring of their children in the hands of relatives and care givers but be there to institute morals, values and attitudes

6.3.3 Recommendations for the Ministries

- i. The ministry of education need to distribute books in schools which can educate the pupils on the dangers of alcohol abuse.
- ii. There is need to increase on the taxes on alcohol so that it can become more expensive. In addition, the percentage of alcohol content can be reduced.
- iii. The ministry of Education, head teachers, teachers, stakeholders, parents should hold meetings aiming at coming up with strategic measures to mitigate alcohol abuse among school girls and boys.

6.3.4 Recommendations for the Community

- i. The community needs to ensure that there are no places near schools that are selling alcohol and that alcohol is not sold to school boys and girls and report anyone selling alcohol near schools or to pupils to the authorities.
- ii. There is need for DEC and the police to be patrolling drinking places and demolish structures that have been mounted illegally and are selling alcohol.
- iii. A person should be licensed to sell alcohol and should have a suitable place for selling alcohol. Not in markets where there are a lot of school going children and

kids. The government should also be strict to those who abuse alcohol and use unsuitable language in the presence of kids and school going kids.

- iv. There is need to create awareness talk shows on TV, Radio and newspapers about the dangers of alcohol abuse amongst school going pupils.
- v. The community can form slogans for instance. Hashtag! No selling of alcohol to person under the age of 18.

This study was only limited to Lusaka Urban hence it is recommended that further studies should not just focus on one area but also different parts of the country and a much larger study sample as well as include other key informants such as parents. In conclusion, school boys and girls today are living in a world that exposes them to a lot of risky factors and hence there is need for all the stakeholders involved in children lives to come together and helps mitigate the factors that contribute to alcohol abuse among school boys and girls.

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APPENDIXES

Appendix I: Consent Form.

Am a post-graduate student pursuing a Master of Arts in Gender Studies at the University of Zambia, conducting research on Contributing Factors to Alcohol Abuse Among Secondary School Pupils. Am requesting for your voluntary participation in this study. Please read the information below and ask questions about anything you do not understand, before deciding whether to participate or not.

1. There are no risks in taking part in this study. Actually, taking part in the study will make you a contributor to the possible development of strict and firm mitigation measures on alcohol abuse among secondary school pupils in this country and the world at large.
2. If you do not want to be in this study, you do not have to participate. Remember, participation in this study is voluntary and you have the right to discontinue if you decide otherwise.
3. All the responses will be highly appreciated, treated confidentially and used for academic purposes only.
4. If you accept to take part in this study, please sign your name on the space provided.

Participant's signature:.....

Appendix II: Questionnaire for Pupils

This questionnaire is part of a study to identify factors that contribute to alcohol abuse among school girls and boys in Lusaka urban. The information shall be used for purely academic purposes and shall be treated with the strictest confidentiality. Therefore, you are kindly asked to give honest answers to all questions.

(Tick and write on spaces provided)

Background Information

1. What is your sex?

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

2. How old are?

Below 11	<input type="checkbox"/>
12 -14	<input type="checkbox"/>
15- 18	<input type="checkbox"/>
Above 19	<input type="checkbox"/>

3. What grade are you in?

Grade 8	<input type="checkbox"/>
Grade 9	<input type="checkbox"/>
Grade 10	<input type="checkbox"/>

Grade 11	
Grade 12	

4. What is your religious affiliation?

Muslim	
Pentecostal	
Protestant	
Catholic	
Others	

5. Who do you stay with?

Both Parents	
Father	
Mother	
Relatives	
Guardians	
Other	

6. What is the highest educational level of your parents?

Primary	
Secondary	
College/ University	

7. What is the name of your school?

.....

Prevalence Rates

8. Do pupils drink alcohol at your school?

Yes	
No	

9. At what age do pupils at your school start drinking?

Below the age of 11	
11- 14	
15-18	
19 and above	

10. Have levels of alcohol abuse increased or reduced?

Increased	
Reduced	

Stayed the same	
-----------------	--

11. Between boys and girls, who drink the most at your school?

Boys	
Girls	
Both	

12. How often do pupils drink at your school?

On special occasions	
Every day	
Once a week	
Once a month	

13. How many bottles of alcohol do peoples at your school usually take when they drink alcohol?

1 bottle	
2 bottles	
3 bottles	
4 bottles	

5 plus bottles	
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Causes of alcohol abuse among school boys and girls

14. Which of the following family factors contribute to school boys and girls to abuse alcohol?

	Yes	No
Having parents and family members that drink		
Being given more than enough pocket money		
Lack of parental involvement		
Unstable families		
Having parents that are not strict		
Having parents that are ok with the children drinking		
Having parents that are harsh discipliners		

15. Which of the following personal factors contribute to school boys and girls to abuse alcohol?

	Yes	No
Curiosity		
Low self-esteem		

Just loving the taste of alcohol		
Poor self-control		
Stress/ depression		
Wanting to enjoy life and feel good		
History of abuse		

16. Which of the following factors contribute to school boys and girls to abuse alcohol?

	Yes	No
Peer pressure		
Having friends that drink alcohol		
Wanting to be accepted by friends		
Wanting to seem cool		
Study is easy when you are drunk		
Alcohol can easily be bought and is cheap		
Social media		
Role models drink as well		

17. Which of the following are some of the effects of alcohol abuse?

	Yes	No
Academic problems		
Social problems		
Health problems		
Physical and sexual assault		
Unprotected and unplanned sex		
Memory problems		
Injuries and accidents		

18. What has been put in place to reduce alcohol abuse by school boys and girls at your school?

	Yes	No
Guidance and counselling services		
Teachers talk about the dangers of alcohol abuse		
Pastors from churches come to hold talks with pupils		
Peer to peer talks		
Formation of anti-alcohol club		

19. Would you say that the measures that have been put in place have been effective in reduces alcohol abuse among school boys and girls at your school?

Yes	
No	

20. What would you suggest show be put in place to reduce abuse of alcohol by school boys and girls?

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Thank you

Appendix III: Interview Guide for Head teachers and Guidance and Counselling teachers

1. What is the name of your school?
2. What is your sex?
3. How old are you?
4. What is your position?
5. How long have you been in this position?
6. Do pupils at this school drink alcohol?
7. At what age do pupils at this school start taking alcohol?

Below the age of 11	
11- 14	
15-18	
19 and above	

8. Between boys and girls who drink the most?
9. How often do pupils drink at your school?

On special occasions	
Every day	
Once a week	
Once a month	

10. How many bottles of alcohol do peoples at your school usually take when they drink alcohol?

1 bottle	
2 bottles	
3 bottles	
4 bottles	
5 plus bottles	

11. What factors contribute to alcohol abuse among school boys and girls?

12. Do they include the following family factors?

Having parents and family members that drink	
Being given more than enough pocket money	
Lack of parental involvement	
Unstable families	
Having parents that are not strict	
Having parents that are ok with the children drinking	
Having parents that are harsh discipliners	

13. Do they include the following personal factors?

Curiosity	
Low self-esteem	
Just loving the taste of alcohol	
Poor self-control	
Stress/ depression	
Wanting to enjoy life and feel good	
History of abuse	

14. Do the following factors contribute to alcohol abuse among school boys and girls?

Peer pressure	
Having friends that drink alcohol	
Wanting to be accepted by friends	
Wanting to seem cool	
Study is easy when you are drunk	
Alcohol can easily be bought and is cheap	
Social media	
Role models drink as well	

15. What are some of the effects of alcohol abuse among school boys and girls?

16. Do they include the following?

Academic problems	
Social problems	
Health problems	
Physical and sexual assault	
Unprotected and unplanned sex	
Memory problems	
Injuries and accidents	

17. What measures have been put in place?

18. Do they include the following?

Guidance and counselling services	
Teachers talk about the dangers of alcohol abuse	
Pastors from churches come to hold talks with pupils	
Peer to peer talks	
Formation of anti-alcohol club	

19. What would you suggest show be put in place to reduce abuse of alcohol by school boys and girls?

Thank you

Appendix IV: Focus Group Discussion

Self-Introduction

My name is Susan Mbewe. I am from UNZA along with my colleague here who will introduce herself. We are working together with the Ministry of General Education. We would also like to know you, please introduce yourselves. During this discussion you will use numbers for identification

Opening Statement

Welcome, to this group discussion. We know that some of the boys and girls at this school drink alcohol. We would like to learn from your experiences. Your experiences and thoughts on this subject will be of great contribution to our study. We are going to use a voice recorder to make sure that we capture everything you will say. Anything you will say will be kept confidential, your identity will not be revealed. The discussion will take a maximum of 1 hour.

Ice Breaker: I remember the time I was in secondary school, my friends used to laugh at me and call me childish because I refused to drink alcohol with them. What do your friends say when you refuse to drink with them?

Prevalence Rates

	Questions	Probes
a)	Do boys and girls drink alcohol at your school?	
b)	At what age do pupils start drinking at your school?	Is it? <ul style="list-style-type: none">• Below 11 years?• 11-14?• 15-18?• 19 and above?
c)	Between boys and girls who drink more than the other?	<ul style="list-style-type: none">• Girls?• Boys?• Both?

d)	How often do pupils drink at your school?	<ul style="list-style-type: none"> • On special occasions • Every day • Once a week • Once a month
e)	How many bottles do pupils at your school usually take?	<ul style="list-style-type: none"> • 1 • 2 • 3 • 4 • 5 and above

Causes of Alcohol Abuse

a)	What are some of the family factors that contribute to alcohol abuse by school boys and girls?	<ul style="list-style-type: none"> • Having parents and family members that drink • Being given more than enough pocket money. • Lack of parental involvement • Unstable families • Having parents that are not strict • Having parents that are ok with the children drinking • Having parents that are harsh discipliners • Others
b)	What personal factors contribute to alcohol abuse am school boys and girls?	<ul style="list-style-type: none"> • Curiosity • Low self-esteem • Just loving the taste of alcohol • Poor self-control • Stress/ depression • Wanting to enjoy life and feel good • History of abuse

c)	Which of the following factors contribute to school boys and girls abusing alcohol	<ul style="list-style-type: none"> • Peer pressure • Having friends that drink alcohol • Wanting to be accepted by friends • Wanting to seem cool • Study is easy when you are drunk • Alcohol can easily be bought and is cheap • Social media • Role models drink as well • Any other
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Effects of Alcohol Abuse

a)	What are some of the effects of Alcohol abuse?	<ul style="list-style-type: none"> • Academic problems • Social problems • Health problems • Physical and sexual assault • Unprotected and unplanned sex • Memory problems • Injuries and accidents • Any other
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What has been put in place?

a)	What has been put in place to mitigate alcohol abuse among school boys and girls at your school	<ul style="list-style-type: none"> • Guidance and counselling services • Teachers talk about the dangers of alcohol abuse • Pastors from churches come to hold talks with pupils. • Peer to peer talks. • Formation of anti-alcohol club
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b)	Have the measures that have been put in place been effective in reducing alcohol abuse at your school?	<ul style="list-style-type: none"> • Yes • No
c)	What do you recommend to be put in place?	

Thank you