

INFLUENCE OF COUNSELLING AND INFORMATIONAL CAMPAIGNS IN MITIGATING
ALCOHOL ABUSE AMONG THE YOUTH IN ZAMBIA: A CASE OF MTENDERE
COMPOUND IN LUSAKA DISTRICT, ZAMBIA.

BY

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A dissertation submitted to the University of Zambia in partial fulfillment of the requirements for
the award of the degree of Masters of Science in Counselling

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DECLARATION

I William Njombo do hereby declare that this dissertation is a product of my own effort and sources of all materials referred to in this report have been acknowledged. This research project is my original work and has not been presented for a degree award in any other university

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Signature

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Date

APPROVAL

I, the undersigned, hereby certify that have read the dissertation and find it to be in a form acceptable for examination in fulfillment of the requirement for the degree of Master of Science in Counseling of the University of Zambia.

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Dr. D, Ndhlovu.

(Supervisor)

.....

Date

DEDICATION

This dissertation is dedicated to my caring and loving wife Martha and our lovely children, Promise Rohi, Charis Shekinah and Favour Lukumo. I do it for you because you deserve better.

To my parents Mr. John Bowas and Mrs. Racheal Justina Njombo, you always believed in my abilities and encouraged me to be exceptional. Your labour of love and sacrifice for us was never in vain.

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ABSTRACT

This study aimed to investigate the effects of counseling and awareness campaigns in the mitigation of alcohol abuse among the youth in Zambia. The study was based on a case study of Mtendere Compound in Lusaka. The sample size for this research was thirty (30) respondents including twenty (20) adolescents aged 12 – 18 years from Mtendere compound and ten(10) key informants including parents, teachers, counsellors, mental health clinicians, peer educators, media practitioners and officials from the district social welfare office. These participants were also chosen by convenience and purposive sampling. Data was collected using one to interviews and questionnaires. Thematic and content analysis were used to analyse data.

The study has found that even though adolescents have been exposed to knowledge on the harmful effects of alcohol, the levels of knowledge, the level of sensitization has been weak due to a number of intervening factors including parental influence, curiosity emanating from the teenage feeling of independence, encouragement by older relatives and the influence of alcohol marketing campaigns. Other factors are the lack of recreational facilities coupled with the wide spread presence of drinking places that sell alcohol and that do not adhere to age restrictions on selling to or admitting young patrons into their premises.

The research also found that counseling can promote a systematic way for alcohol dependent young persons to recover and make better decisions, free of liquor abuse.

In addition, it was found out that counseling can be effective in inducing recovery and behavioral change among adolescents. The findings further show that well designed and executed mass – media campaigns are an influential means for propagating anti abuse messaging among the youthful populations. A larger youth population of different age groups and diverse socioeconomic backgrounds found in different social settings can be sensitized and taught on the dangers of alcohol abuse, using multiple channels like television commercials, the internet, mobile phones, newspapers and roadside bill boards. A combination of mass media and community based informational campaigns induced positive attitudes towards the responsible consumption of alcohol. They promote behaviours such as the delay in the debut of alcohol consumption, till the legal age is attained, moderation in the type and quantity of alcoholic beverages consumed and the reversal of consumption patterns from destructive usage to complete abstinence. the following recommendations were made: There is need for the government , through the Ministry of Youth and Sport to set up more recreational facilities to be set up to provide alternative entertainment for the youth. This can be done in conjunction with local partners at the community level such as non-governmental community based organization and private sector enterprises, the Department of Community Development, Ministry of General Education and Health as Well as the Drug Enforcement Commission need to facilitate the setting up of antidrug and alcohol abuse clubs in schools and the community to sensitize on the dangers of abuse and to help youths engaged in alcohol abuse. These clubs need to also involve parents and provide a platform where parents can cooperate with other stake holders in discouraging drug and alcohol abuse. The Zambia Police, Lusaka city Council and community neighborhood watch groups should carry out more patrols and inspection in drinking premises to curb the prevalence of underage drinking. Fines and other sanctions to punish offending premises must be made stiffer and more awareness campaigns must be conducted on the dangers of alcohol abuse involving media campaigns, visual and performing arts, posters and banners and so on. These campaigns require input from all sector including responsible government agencies, civil society and the corporate world among others.

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CHAPTER ONE: INTRODUCTION

1.0 Overview

This chapter presents the background to the study, statement of the problem, purpose of the study, objectives of the study, research questions and significance of the study. It also presents limitations and delimitations of the study, theoretical framework and operational definitions of terms.

1.1 Background of the Study

Alcohol and drug abuse is a widely endemic social problem among the youth in Zambia. In Zambia, alcohol and marijuana are the most abused drugs followed by volatile solvents and hard drugs such as heroin and cocaine. According to statistics generated by the Drug Enforcement Commission, the prevalence of alcohol and drug abuse is highest in Lusaka province (DEC, 2014). For example in 2012, 221 young people received counseling for alcohol misuse, out of which 180 came from Lusaka province (Afya-Mzuri, 2012). Another study by Lemba (2002) estimated that lifetime use among young people aged 15-21 years was 50 %. The study additionally reported that the abuse of alcohol was linked to the abuse of other drugs such as cannabis and volatile inhalants. It also indicated a strong correlation between the misuse of alcoholic substances and risky sexual behavior.

This wide spread abuse problem has generated negative outcomes for young people in terms of their ability to be productive, to utilize life opportunities and in their academic performance. For example abusers of alcohol register a lower level of concentration in their academic endeavors and a loss of focus on their ambitions and plans for a better life. They moreover engage in antisocial behavior such as bullying, loss of respect for authority, absenteeism from school and work together with violent abuse of others (Swah et.al, 2011). An association has also been established between alcohol abuse and criminal conduct among young people in Zambia (DEC, 2004).

The problems highlighted above reveal an urgent need for policy, legislative and programme based interventions involving the state, community based institutions and other interested stakeholders. From the 1990s, programmes aimed at creating awareness, inducing sensitization, promoting rehabilitation and generally preventing alcohol delinquency among young people have increased. These programmes have focused on the youth within the school system in addition to those found in non-school contexts. In response to the problem, the Drug Enforcement Commission and the Ministry of Education conduct preventive education in schools. The Ministry of Education has infused aspects of anti-drug and alcohol abuse facts into the school curriculum. In addition, in some

schools the ministry has established guidance and counseling departments, which deal with, among others drug and alcohol abuse issues. The Drug Enforcement Commission, through its Institution of Learning Programme, conducts awareness campaigns among pupils on the dangers of drug and alcohol abuse (Habulembe, 2011).

This research was conceived to assess whether or not these programmes have had a positive effect in decreasing the prevalence of alcoholic abuse among adolescents in Lusaka. If the interventions have had a weak effect, this research inquired the challenges incurred and also the possible changes that need to be done to enhance effectiveness.

1.2 Statement of the Problem

Programmes aimed at preventing and reducing alcohol abuse among the youth have been intensified in Zambia, since the 1990s, the number of organisations implementing these programmes in Lusaka has increased over the past three decades together with the aggregate number and scope of prevention activities. Government has also attempted to enforce new laws against underage drinking while expanding the resources allocated to counseling services for alcohol dependent youth in Zambia. These interventions have been conceived with the conviction that they can bring about increased knowledge, anti-drug attitudes and behaviour change among learners.

However, despite these efforts, the number of young persons reported to have been abusing drugs and alcohol has steadily been increasing. For instance, in 2013 the Drug Enforcement Commission, through its Education and Counselling Department, counseled 159 adolescents out of 288 persons attended to for alcohol abuse related problems, while 176 learners out of 302 persons were counseled in 2014 (DEC, 2014). This represented a substantial increase in the number of adolescents involved in drug and alcohol abuse during this period.

It is for this reason that the researcher conducted a research in order to evaluate the causal factors inducing a rise in alcohol abuse among the youth in Zambia in spite of intensified anti-abuse interventions. The study also examines the influence of counselling and awareness creation campaigns promoting behaviour change with respect to alcohol abuse among the youth.

1.3 Purpose of the Study

The purpose of the study was to explore the influence of counseling and informational campaigns in controlling alcohol abuse and promoting behavioral change among the youth.

1.3.1 Specific Objectives

This study was guided by following the specific objectives:

1. To identify factors that induced the increased alcohol abuse among the youth in Mtendere compound
2. To describe the influence of counseling in minimizing alcohol abuse among the youth.
3. To explore the influence of Informational campaigns in mitigating alcohol abuse among the youth.

1.4 Research Questions

1. What factors have induced the increased alcohol abuse among the youth in Mtendere compound?
2. What is the effect of counselling campaigns in minimising alcohol abuse among the youth?
3. What is effect of public awareness campaigns in mitigating alcohol abuse among the youth?

1.5 Significance of the Study

The findings from this study could be applied in refining counseling protocols and public health campaigns to ensure they are more effective in promoting rehabilitation and behavioral change for young person's struggling with alcohol abuse and addiction.

The insights from the study may also provide a point of reference for future researchers, but serving as part of their literature review and furthering the frontiers of knowledge in the different fields of social research, public health, community health messaging among others. It will particularly generate a clearer understanding of how informational campaigns and counseling can help adolescents struggling with alcoholism, within the context of a low income community, in a low income developing country.

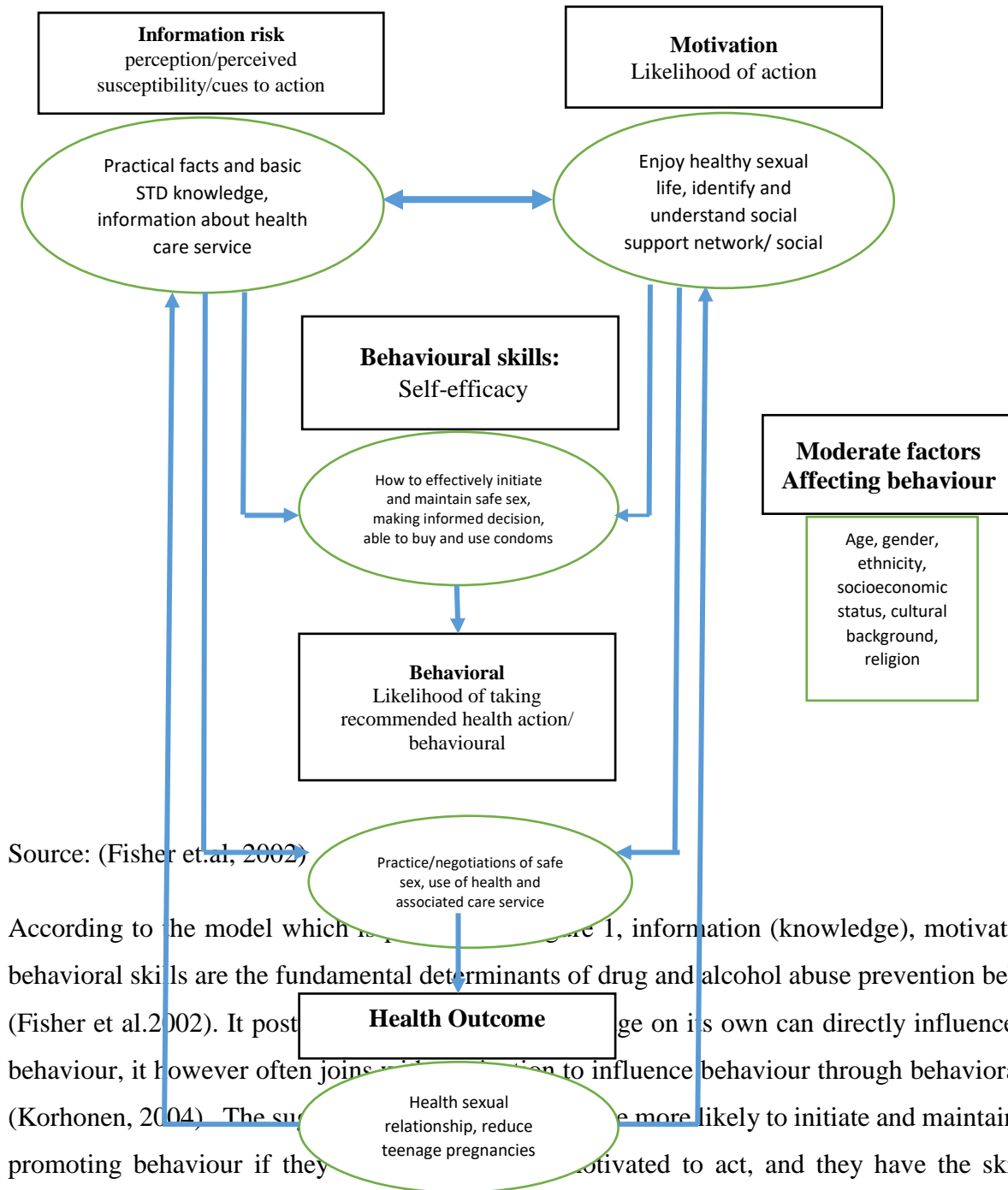
1.6 Limitations of the Study

The data obtained from the study could not be generalized to the wide population as the sample from which it was drawn was not randomized. Thus the study could not conduct any inferential statistics but could only generate descriptions. Also since the study took place under uncontrolled naturalistic conditions, it could not conclusively establish the effects of counselling and informational campaigns on abuse of alcohol among the youth in Mtendere compound.

1.7 Theoretical Framework: The Information Motivation Behavioral Skills Model (IMB Model)

Over the last years, several interventions aiming at inducing changes in health behaviour, particular in drug and alcohol abuse prevention programmes, have based their work on the Information Motivation Behavioral Skills Model (IMB model) (Fisher & Fisher 1992, Fisher et al. 1996).

Figure 1: The Information Motivation Behavioural Skills Model (IMB model)



This model was ideal for evaluating the influence of counseling and awareness campaigns in dissuading youth from alcohol abuse. The model was suitable for sensitization and awareness creation in the community setting as it can be easily translated into theoretically-based, behaviorally focused programmes. It furthermore foresees different elements such as the provision of accessible and convenient adolescent preventive health services and social support from parents and others in the community. This makes the theory suitable for this study.

CHAPTER TWO: LITERATURE REVIEW

2.0 Overview

This chapter presents a review of the main concepts applied in this study in addition to research done by other scholars on the subject matter. By conducting the review the researcher would be able to identify the methodological and information gaps that can be filled by the present research. The information reviewed in previous studies would additionally serve as a basis of comparison with the

findings of the present study so as to identify the similarities and differences and the possible explanations for the observed similarities and differences.

2.1 Identifying Factors that Induced the Increased Alcohol Abuse among the Youth in Mtendere Compound

2.2.1 Genetic and Biological Factors

Alcoholism is a complex disorder with several factors leading to its development. Genetics and other biological aspects can be considered as one factor involved in the development of alcohol abuse and dependence. Other factors include cognitive, behavioral, temperament, psychological and sociocultural (NIAAA 2005).

The contemporary consensus indicates that there is more to a simple gene or two that triggers the predisposition of an individual to become an alcoholic. Scutti (2014) reports that although scientists have known for some time that genetics take an active role in alcoholism, they also propose that an individual's inclination to be dependent on alcohol is more complicated than the simple presence or absence of any one gene. The National Institute on Alcohol Abuse and Alcoholism (2008) states that there is no one single gene that fully controls a person's predisposition to alcoholism rather multiple genes play different roles in a person's susceptibility in becoming an alcoholic.

The NIAAA (2005) further claims that the evidence for a genetic factor in alcoholism lies mainly with studies that involve extended pedigree, those that involve identical and fraternal twins and those that include adopted individuals raised apart from their alcoholic parents.

For pedigree studies, it is believed that the risk of suffering from alcoholism is increased four to seven fold among first-degree relatives of an alcoholic (Cotton 1979; Merikangas 1990 cited in NIAAA, 2005.). First degree relatives naturally refer to parent-child relationships; hence, a child is therefore four to seven times at higher risk of becoming an alcoholic, if one or both of their parents are alcoholics. Moss (2013) supports this by stating that children whose parents are alcoholic are at higher risk of becoming alcoholics themselves when compared to children whose parents are non-alcoholics.

A study conducted by McGee, Pickens and Svikis (1992 cited in NIAAA 2005) revealed that identical twins generally have a higher concordance rate of alcoholism compared to fraternal twins or non-twin siblings. This basically means that a person who has an alcoholic identical twin, will

have a higher risk of becoming an alcoholic himself when compared to if his alcoholic twin is merely a fraternal twin or a non-twin sibling. This study further proves the role of genetics in alcoholism because identical twins are genetically the same; hence, if one is alcoholic, the other must therefore also carry the alcoholic gene.

The genetic factor in alcoholism is further bolstered by studies conducted by Cloninger, Bohman and Sigvardsson 1981 cited in NIAAA 2005 and Cadoret, Cain and Grove (1980 cited in NIAAA 2005) involving adopted children wherein the aim was to separate the genetic factor from the environmental factor of alcoholism. In these studies, children of alcoholic parents were adopted and raised away from their alcoholic parents but despite this, some of these children still develop alcoholism as adults at a higher rate than those adopted children who did not have an alcoholic biological parent (Cloninger et al., 1981 cited in NIAAA 2005 and Cadoret et al., 1980 cited in NIAAA 2005).

An insight of note about the etiologic genetic factor is that although there are genes that indeed increase the risk of alcoholism, there are also genes that protect an individual from becoming an alcoholic (NIAAA 2008). For example, some people of Asian ancestry carry a gene that modifies their rate of alcohol metabolism which causes them to manifest symptoms such as flushing, nausea and tachycardia and these generally lead them to avoid alcohol; thus, it can be said that this gene actually helps protect those who possess it from becoming alcoholic (NIAAA 2008).

2.2.2 Social and Life Stage-Developmental Factors

Alcohol abuse emanates from a multiplicity of causal determinant factors and predisposing factors. Research by Bewarang (1992) on the causes of drug abuse and revealed young people abuse drugs out of mixed motives many of, which are unclear to them.

Ecological models suggest that multiple contextual influences shape adolescent development and health behaviour. Adolescence is a critical time period during which various contextual influences including those exerted by youths' friends and parents prominently as the primary socialization forces-affecting adolescent development and their health behaviour (Medrano et.al, 2003). Theoretical intuition from ecological models suggests that both peer and parental influences might act both independently and in synergy as they impact the simultaneous processes of adolescent friendship tie choice and adolescent drinking (Bewarang, 1992).

Past studies also demonstrate that parental influences affect adolescent drinking behaviour directly (Morris et.al, 2006; Medrano et.al, 2003). The cited research indicates that parental support prevents the early initiation of alcohol use and reduces the frequency of alcohol use among adolescents. Moreover, parental monitoring and supervision have been negatively associated with adolescent alcohol use. Not all parental influences, however, are protective for alcohol use, as youth in homes in which parents drink or parents display high levels of permissiveness for adolescent drinking are more likely to increase their alcohol use levels over time.

It is possible that peer and parental influences may function together in impacting adolescent friendship tie choices and drinking behaviour, given insights from ecological models of development suggesting that influences from these two contexts may act synergistically. In a study of 4,230 7th to 12th graders, parental drug (including binge drinking) attitudes had an indirect effect on the risk of adolescent drug use, which was mediated through peer drug use (Johnston, 2000).

In 2009, a study was conducted in Kisumu, western Kenya whose objective was to determine the effect of age, gender and peer influence on drug abuse and to establish the reasons why students abuse drugs. Nine schools were randomly selected for the study and a total of 458 students (243 males and 215) females were interviewed using a closed ended questionnaire. The results were that the age group most vulnerable at most, risk was 16-18 years, the age to which most students are in secondary school (Ondieki and Mokuu, 2012).

The reasons given for abusing the drugs included experimentation (38.2%), enjoyment of the feeling (47.3%), influence from friends (8.7%) influence from relatives (2.1%), and treating stomach ailments (2.9%). The boys (36.9% n=169) abusing drugs were more than the girls (27.3%). From this study, it was concluded that drug abuse was widespread in Secondary schools in Kisumu and more boys involved than girls did. Drug abuse was found to be higher in students living in low socioeconomic class of the town (30%).The study recommended that early interventions should target school attendees at early age with the aim of preventing drug abuse in secondary schools in Kisumu (Ondieki and Mokuu, 2012)..

Therefore, one can surmise that adolescents use alcohol for the purposes of satisfying curiosity. They are curious to discover the sensations and get unique profound feelings. Poor impulsive control and tendency to seek sensations rather than avoid harm drives alcoholic addiction among the youth. Young people also believe that drugs help them to adapt to the ever changing environment (Santrock, 2001). Adolescence is a period of transition, many changes occur and adolescents try to

adapt but the changes take place so fast, making identity difficult. Alcoholic drugs provide them pleasure by giving inner peace, joy, relaxation and exhilaration (Santrock, 2001; Papalia 1999). Drugs help the adolescents to escape anxiety and emotional problems (Mutie&Ndambuki, 1999).

The social reasons influence adolescents to abuse drugs because they want to feel more comfortable and to enjoy the company of peers. Association with people who glorify alcohol consumption also makes the adolescents try (Papalia, 1999). Most adolescents begin drinking at home under parental supervision, especially during holidays and on special occasions (Imbosa, 2002).

Mhlongo, (2005), engaged in research on drug abuse in adolescents in Swaziland involving a case study of youths in the Msunduzi Township, Mbabane, Swaziland. A quantitative approach was deemed the most appropriate to measure how widespread the problem is and what caused the drug abuse in this area. The study found that these adolescents abused alcohol to such an extent that they were often intoxicated and their schoolwork deteriorated. Of the respondents, 45.0% never smoked cigarettes, but all the respondents abused alcohol; 50.0% never used cannabis. Therefore was clear that some of the respondents were addicted to alcohol and not necessarily cannabis or hard drugs or had started with cigarette smoking. Only 21.7% of the adolescents were addicted to illegal drugs.

It was reported that that friends and peer group pressure were the major instigators of the alcohol/drug abuse problem. In the case of cigarettes and alcohol, some respondents indicated that they took it themselves. This could be due to the fact that cigarettes and alcohol were readily available at their homes. This was augmented by the fact that they were adolescents and some had been experiencing problems at home. Several respondents indicated that their guardians/parents and/or family members introduced them to all four types of substances. Hence, fact that less than 50% of the respondents lived with both their parents and that some guardians also used drugs, played a role in their drug abuse problem (Mhlongo, 2005).

Most of the respondents knew that drugs were addictive; it was illegal to handle drugs, and it is often impossible to become rehabilitated once addicted. More respondents obtained information on how drugs should be administered than how to say "no" to drugs. The majority of the respondents indicated that they obtained their knowledge from the media (26.7%) and articles (23.3%). The respondents who obtained their information from the media and by reading articles also indicated that smoking cigarettes, drinking alcohol and using drugs are addictive. The respondents who obtained their knowledge from friends and others indicated that the information was on how to

administer drugs. Some respondents obtained guidance from their families on how to say "no" to drugs (Mhlongo, 2005).

Those who were already addicted to the substances said they needed the drugs for confidence, peer acceptance, making friends, and hiding their true feelings, because the use of the drugs helped them to ignore what people thought of them. This further indicated their low self-esteem and lack of self-confidence. The use of drugs did not bring them the happiness they sought, but rather augmented their problems, such as interpersonal relationships and relationships at home and school. They were seen as the troublemakers who provoked people, and only welcome in the company of other drug users (Mhlongo, 2005).

As indicated by their level at school and on their own admission, their performance at school had deteriorated. About 31.7% of the respondents indicated that they had been arrested for 40 offences, such as violence, assault and stealing money. The respondents stole money and other goods to pay for their habit, as the pocket money they received from their guardians could not cover the cost. The first people who noticed that the respondents had a problem with drugs were the guardians and teachers. These are the people who are in the company of the adolescent most of the day and know them best. It is clear that although the respondents were of the opinion that they experienced problems at home and that their guardians/parents were too strict, they seemed to respect them and their judgment. Moreover, the respondents felt that their guardians could be stricter and should not allow children to smoke, use drugs, or go to unsupervised parties. They also revealed that their guardians were supportive and cared for them and immediately took steps when they realized there was a problem (Mhlongo, 2005).

Teachers seemed to play a positive role in the students' lives. Although, as in the case of the guardians, the respondents indicated that the teachers were too strict, they admitted that the teachers knew the students and knew what they were doing. They also seemed to respect the teachers and their judgment. In addition, the respondents indicated that the teachers acted when they became aware of a student with a drug abuse problem, and supported them. However, the teachers did not have enough control over students during sporting and social events (Mhlongo, 2005).

The current study builds upon extant literature examining the importance of peer influence and selection processes related to adolescent friendship tie choice and alcohol use. In addition, it also focuses on the role of key parental influences on adolescent friendship tie choice and alcohol use behaviour. The present research explores the co-evolution of adolescents' friendship ties and their

drinking behaviour over two waves. It examines both peer influence and peer selection effects on drinking behaviour of young people. Examines how the family drinking environment, influences the adolescent drinking, both directly and indirectly.

2.2.3 Describing the Influence of Counseling in Minimizing Alcohol Abuse among the Youth

It has been argued that, the influence of pro-alcohol advertising campaigns. The early onset of alcohol consumption among adolescents has partly been aroused by seductive advertisement on print and electronic media which make the youth falsely believe that it is sophisticated to take drugs for example alcohol and cigarettes (Imbosa, 2002).

There is, however, substantial evidence of youth exposure to alcohol marketing, in some cases at rates 5-7 times higher than adults (NDRI, 2009). However, global producers have argued that existing evidence demonstrating associations between alcohol marketing exposure and alcohol consumption is: ‘very weak and does not make a compelling case that advertising causes harmful drinking.

This view is countered by evidence regarding alcohol marketing's effects on youth drinking were conducted in 2008 and published in 2009. Smith & Folcroft (cited in Swah et.al, 2011), examined seven cohort studies with more than 13 000 participants, all of which demonstrated significant effects of alcohol marketing on consumption across a range of different exposure variables and outcome measures.

Anderson et al. (cited in Korhonen, 2004) identified 13 longitudinal studies investigating the relationship between adolescent exposure to alcohol advertising and promotion and drinking. Twelve found evidence that such exposure predicts both onset of drinking among non-drinkers and increased levels of consumption among existing drinkers, while the 13th found increased intentions to use alcohol, although the authors concluded that participants were too young for drinking initiation to show an effect. An expert Science Group, established in 2008 by the European Commission's European Alcohol and Health Forum and including industry representatives, also reviewed the literature and agreed, concluding: ‘*Based on the consistency of findings across the studies, the confounders controlled for, the dose–response relationships, as well as the theoretical plausibility and experimental findings regarding the impact of media exposure and commercial communications, ... alcohol marketing increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol*’ (cited in NDRI, 2009, p.37).

Therefore, the purpose of the present study was to trace and inform current debates regarding regulation of commercial alcohol marketing activities. The study examines youth exposure to alcohol marketing in a wide range of venues and formats, including traditional print and broadcast channels as well as new (digital) media; outdoor advertisements; product placements within television shows, films and song lyrics; in-store and price promotions; branded merchandise; celebrity endorsements; and sporting and musical event sponsorship.

2.2.4 Exploring the Influence of Informational Campaigns in Mitigating Alcohol Abuse among the Youth.

Influence of Mass-Media Awareness Campaigns in Reducing Alcohol Abuse among the Youth. It has been postulated that, given the high prevalence of risky drinking and alcohol-related harm among young populations, delaying alcohol initiation and preventing heavy use by young people is a public health priority. Even alcohol producers and marketers nominally subscribe to this perspective. These players have detailed self-regulatory codes regarding placement and content of their advertising, including restrictions to prevent youth exposure and to prevent content that appeals to or targets youth, implying that alcohol marketing can affect youth decisions about drinking

Generally, mass-media campaigns are a powerful means for disseminating health promotion messages. A wide and diverse audience can be reached through television commercials, the Internet, mobile phones, newspapers and roadside advertising hoardings. In the field of alcohol addiction and dependence, advertisements may contribute to shaping patterns of alcohol use and the intention to use, as well as modifying mediators such as awareness, knowledge and attitudes about alcohol abuse (Kumar, 2011). However, ethical and economic considerations are often raised. Mass-media campaigns-unlike other health interventions are imposed on populations that have not consented to their implementation. This is a considerable ethical issue in modern, person-centered public health, where taking decisions shared with the public is essential for promoting behavior change. Second, mass-media campaigns can be very expensive, especially when implemented at the national or state level. Large-scale purchasing of public service announcement time during popular shows and broad dissemination via printed media are often accessible only to governmental institutions (Kumar, 2013).

A pertinent question which is generally asked by social scientists is: What are the effects of mass media on individuals and society? But it is difficult to answer this question, particularly because mass media are diverse as far as their content or organisational structure is concerned. Moreover,

they engage themselves in a wide range of activities which could have effects of different form and intensity. To get a plausible answer to this question, there may be need to define parameters and specific characteristics attached to different media and its institutions or organisations. First, it is important to distinguish between ‘effects’ and ‘effectiveness’. The ‘effect’ of the media refers to any of the consequences of mass media operations, whether intended or unintended while the ‘effectiveness’ of media denotes the capability of a medium to achieve defined objectives which may be about grabbing the eyeballs (in case of TV) or influencing the attitude, opinion or behaviour of individuals or society.

While assessing the effects, the researcher should be clear about the level at which effects may occur, that is, it may occur at the level of individuals, the group, the institution, the society and the culture or at all levels. To specify the level meaningfully may also require researchers to name the kinds of phenomena on which influence may be exerted (Korhonen, 2004; Kumar, 2013). However it still remains unclear as to the effects of counseling and information campaigns in reducing abuse of alcohol among the youth in Mutendere Township.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Overview

This chapter outlines the methods that were used to carry out the study. It explains the research design, the study site population, and the sample size that were used in the study. The chapter further explain data collection procedures, sources of data and the instruments be used in collecting data. Lastly, the chapter explains data analysis procedures and ethics guiding the research.

3.1 Study Design

The research adopted a case study research design that used an interpretivist paradigm to achieve the objectives as outlined in chapter one. In the case study, an individual and specific target groups were investigated with an in-depth, context specific focus to obtain experiences, opinions and other dynamics that reveal the current status of alcohol abuse among the youth in the target area (Ngechu, 2004).

Further the case study incorporated descriptive qualitative tools to outline the attitudes, opinions, behaviours, of the youth with respect to alcohol consumption and misuse. The descriptive research methodology was considered as appropriate research since it is appropriate for answering research questions which ask “how and what”. It was also ideal because the research subjects were observed in their natural social environment without the need to control for or manipulate of variables (Yin, 1994).

The main advantages of descriptive research includes: provision of opportunity to acquire a lot of information on the phenomenon under study, from multiple perspectives so as to generate a balanced and holistic understanding. Descriptions can also be used as an indirect test of a theory or model. However, a major disadvantage of descriptive design is that since setting for a subject under study is completely natural, with all variables present, the design cannot conclusively establish cause effect relationships or measure strength and direction of correlations. As such the researchers had no control over the variables; but only reported what had happened or what was happening (Kothari, 2004).

3.2 Study Site and Population

This research was conducted Mtendere Compound main (sections A, B and C only) whose population is approximately 35000, of which over 65 % are adolescents and children (CSO, 2016).

The justification for picking this ward is that, this is a high density low income area with a large adolescent population and recording high levels of alcohol and drug abuse (DEC, 2004).

3.3 Sample Size and Sampling Design

The sample size for this research was 30 adolescents aged 12-18 years from Mtendere compound. Five (5) of the youth were survivors of alcohol addiction who had under gone counseling. The other 15 youth were youth selected from the community by purposive and convenience sampling in that the researcher targeted adolescents within the required age group, but only included those who were available and willing to participate in the research at the time they were approached to do so.

This was supplemented by Ten (10) key informants including parents/guardians (x02), Teachers (x02), youth counselors from selected churches (x02) and peer educators, mental health clinicians health (x01) media practitioners (x02) and officials from the district social welfare office (x01). These participants were also chosen by purposive sampling, based on the criteria that they were experts in the subject matter and also had first-hand experience in providing care, enforcing the law and implementing programmes aimed at minimizing alcohol abuse among adolescents in the target area.

Having three types of respondents was a means of generating a triangulated sample that would provide information from different perspectives so as to produce valid, balanced and more trustworthy data.

Characteristics of the Sample

The sample consisted of 25 respondents. The information was triangulated from the categories of respondents as summarized in Table 1.

Table 1: Categories of Respondents and their Roles in the Study

TYPE OF RESPONDENT	REFERENCE NUMBERS	DESCRIPTION OF ROLE
1. Adolescents who had recovered from alcoholism after Counseling	Respondent 1-to- 5	Provided data on efficacy of counseling in enhancing

		recovery and behavioral change
2. Adolescents sampled from the community where research was conducted	Respondent 6-to-20	Provided data, particularly on the factors that induced youths to indulge in early alcohol consumption and abuse. Also provided insight into channels used by various stakeholders to provide public awareness messaging on alcohol abuse, addiction and responsible use of alcohol.
3. Selected Key Informants	Respondent 21-to-30	Gave insight in to the issue from the perspective of experts, parents and caregivers.

3.4 Sampling Technique

A non-probability (random sampling) sampling method was be used for this study, and the sampling techniques that was used was purposive sampling, under this type of sampling techniques such as homogenous sampling was used (which was the sharing of certain characteristic).

Therefore, the sample size for this research was 30 adolescents aged 12-18 years from Mtendere compound. Five (5) of the youth were survivors of alcohol addiction who had under gone counseling. These were chosen by purposive sampling done with the assistance of counselors from a locally based youth advocacy NGO. These were purposively chosen based on the subjective judgment of the researcher because of their firsthand experience on alcohol abuse and the efficacy of counselling in remedying this problem.

The other 15 youth were youth selected from the community by purposive and convenience sampling in that the researcher targeted adolescents within the required age group, but only included those who were available and willing to participate in the research at the time they were approached to do so.

3.4 Instruments for Data Collection

3.4.1 Interview Guide

Interview guide were deployed to collect data from alcoholism survivors and key informants. The interview guide was used to collect data for this purpose. The guide consisted of questions or thematic areas to be discussed in the semi-structured interviews to be administered to these groups. It was used to direct the one-to one interviews and prevent the discussion from diverting from the topic keeping it focused on the important issues related to the subject at hand (Dooley, 2007).

The researcher selected the interview guide as data-collection instrument to ensure a better return rate and to be able to translate the questions for respondents who cannot understand English. It also allowed the researcher to explain some of the questions better to ensure that the respondents understood them correctly (Kothari, 2004).

3.5 Procedure for Data Collection

The researcher conducted interviews with the participants in order to obtain data to answer the study questions. Interviews have an advantage of allowing respondents to give their answers in their own words, thereby providing detailed answers on the topic. It also allowed the researcher to obtain clarification on any response. The interviewer could also probe for more information on any new insights that may arise in the discussion (Cleridon, 2007; Orodho, 2003). Such detail was appropriate due to the qualitative aspects of this study.

3.6 Data Analysis

Qualitative data obtained from interviews was transcribed and then manually analyzed using content analysis. Here the researcher paid attention to manifest as well as latent contents of text. Manifest analysis involves looking at what the text says thus dealing largely on giving description on the visible and obvious components of the texts. This was done by presenting reality in verbatim (quotation of parts of the speech or the whole speech). This part of the data that speaks for itself and allows the reader to make his or her own conclusion, in contrast the latent content required the

researcher had to interpret the underlying meaning of the text. This was done by the researcher's interpretation of the underlying meaning of the text by considering actors' expressions.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Overview

The chapter presents the study findings. The presentation is guided by the following study questions

:(i) What factors have induced the increased alcohol abuse among the youth in Mtendere township?

(ii) What is the effect of counseling campaigns in minimizing alcohol abuse among the youth? (iii)

What is effect of public awareness campaigns in mitigating alcohol abuse among the youth?

4.1 Factors that Lead to High Alcohol Consumption among Youth

The researcher asked youths in the community about factors that led them to abuse of alcohol. It was found that the majority said they were introduced to drinking by their friends and by family.

They were introduced at social gatherings such as Charismas and New Year celebrations, weddings or just during an evening of relaxation at home. To illustrate one participant explained:

- Resp.#4:

“...during Christmas and New Year...there is always a party at home...parents buy a lot of beer...that’s how we enjoy ourselves”

Another participant also said some of the older members of their family they patronize the same drinking places as the younger adolescents in some cases going together for entertainment during weekends.

There was also another subject who argued that their religion was not clear on if alcohol was good or bad.

- Resp.#17:

“...in our church we allow drinking but not get drunk...didn’t Jesus turn water into wine...the bible is not against drinking...”

The young person further explained that several of their religious leaders are known drunkards and also patronize bars and other drinking places.

These findings indicate that external influence played a prominent role in inducing the youth to start taking alcohol. For most, this external influence was in form of peer pressure from friends of the same age group as exemplified by one respondent.

- Resp.#9:

“...first time I [consumed alcohol] was at end of year party at our school...everyone was drinking so I decided to try...”

It was further found that the popular alcoholic drinks among the youth who consumed alcohol were Castle, Mosi, Shake Shake (opaque beer), Autumn Harvest, Hunters, Heineken and Savannah. There were also some who cited low cost spirits called “Junta” which is sold in bottles or sachets.

This observation implies that these youths are more likely to engage in alcohol consumption due to the pressure to conform to the behavior and attitudes of the group to which they belong. It is also possible that the youth may have imitated role models in their family and among their peers.

The influence of alcohol marketing campaigns was moreover highlighted as an inducing factor for early onset of alcohol consumption among the youth and as a trigger for later abuse. This intense marketing was coupled with the low cost of alcohol and the presence of many drinking places and retail outlets selling alcohol in residential areas.

One of the respondents who is a teacher by profession opined that alcoholic beverages are easily accessible and cheap such that the pupils can easily acquire them. These products are openly sold in market places, in the town centers and so on without any proper regulation or age restrictions therefore “... *it is quite common to see pupils who come to school drunk and who may influence their friends to drink with them during school hours. Pupils are also known to sneak off during school hours to nearby drinking places where it is easy for them to buy alcohol*” (Respondent # 30).

As explained by one parent of two teenagers:

- Resp.24:

“...too many bars in the compound allowing even small boys to drink...even posters make alcohol look nice to drink....beer is cheap these days especially during Christmas..”

The majority of adolescents who acknowledged they consumed alcohol at least once a week said alcohol advertisements had played a role in encouraging them to start and continue drinking. The adverts presented alcohol in a positive light. Thus the messages portrayed alcohol as good for one's prestige/status, a source of joy, as a stress remover, as having an enjoyable taste, and also useful for bringing family and friends closer together. Positive role models like music and movies stars, attractive looking personalities, and famous songs and so on are used to share the message that alcohol is a status symbol. The more exotic and expensive the beverage one consumes, the more prestigious they appear before their peers. All these messages were designed to form a positive connotation of alcohol in the minds of the youth.

These findings mean that there are mixed or contradictory messages being presented to the youth. On one hand they are told to stay away from alcohol, while on the other, mass media is presenting in a positive light. It appears when presented with these two messages; the youth are more inclined to the message that shows alcohol as attractive and as symbols of confidence and prestige. The message cautioning against abuse is thus being dulled by the adverts promoting alcohol.

There was also a view that anti-alcohol and drug abuse messages had become monotonous such that the youth had become used to them and were no longer taking them seriously. From this it can be inferred that the youth are exposed to these messages at school, at church, at home, almost everywhere and have become desensitized to the message and in some cases irritated with it.

The lack of employment was another main cause for alcohol consumption.

- Resp. #13:

“...no job, no money...at least [alcohol] makes me happy...we have nothing else to do”

The financial insecurity triggers a sense of anxiety among the unemployed. Also the boredom arising from being energetic, but non-productive and the shortage or alternative recreational activities drive unemployed youth to more frequent and habitual alcohol consumption.

Apart from external influence the youth who drank cited other reasons for beginning this habit. The other reasons for drinking included boredom and the need to experiment with new experiences as well as the need for confidence and self-esteem such as the quote that follows

- Resp.#5:

“...my boyfriend left me...I. he made me feel ugly and cheap[consumed alcohol]...just to forget”

This response shows personal trauma (the such as a broken romantic relationship) can cause the feeling of helplessness and low-self-esteem driving the subject to resort to alcohol consumption as a coping mechanism.

4.2 Influence of Counseling in Minimising Alcohol Abuse among the Youth

The study found that counselling played a part in minimizing abuse of alcohol among the youth in Mtendere compound.

In the following narrations the participants explained the effect of counselling on in minimizing abuse of alcohol among youths.

- Resp.#1:

“...I grew up being beaten by[guardians]...don't know why they hated me so much ...they made me feel like a fool...is it because he is not my father...he always told me I was very useless and will grow up to be a thief or street kid...sometimes I would think of killing myself or just burning him with matches...at least when I drink I was in another world and forget about this world of problems ...but now[after counseling]I realize I am also a person....”

- Resp.#2:

“I married my boyfriend after falling pregnant for him because that's what my father wanted...his family did not like me no matter what I did, they just hated me for no reason...my husband found a girlfriend and he even gave her a child....I lost my first child...used to feel depressed...I can't forget about my baby and I used to cry....failed as a woman,...everyone blamed me...[consuming alcohol]made me to relax a little so that I don't think about my problems...kept drinking because that was the only way I could face life...my husband stopped touching me because I was always drunk and his family, were not treating me like the woman of the house, they called me a prostitute because I was always going out to drink with my friends ...[after Counseling] I now know everything works for a purpose...I still look forward to motherhood again...that was just a passing phase...”

- Resp.#3:

“...after I drink I felt powerful...at a nightclub, I don't know how, but I beat [another man] and broke his arm because he was buying beers for my girlfriend, he fainted...I could beat anyone!...every day I used to drink...if I don't drink I felt like going mad...[after counseling] ...I no longer drink, my wife , my children and family now respect me...thanks to the help am receiving I now found a job as a bricklayer”

- Resp.# 4:

“...I caused an accident while driving my father's car...the guilt of causing a person to lose a leg just because of my carelessness always paining me...I could not

forgive myself...in fact I can say I was fired from my previous job because the boss found me drunk”

- Resp.# 5:

“...I used to run away from school with my friends just to go and drink...school was boring, I wanted excitement...I started enjoying drinking and I liked to explore new types of wine, spirits...I told my friends that the drink that can kill me has not been made, Satan was still making it...I was expelled from school when I went drunk and vomited during assembly...my girlfriend has even left me because of drinking.... ”

The narratives above indicate a state of distress and disillusionment as the underlying negative mental state that triggered alcohol. The subjects resorted to escapism as a coping mechanism for their mental distress. Excessive alcohol dependency was a means of displacing their feelings of anger, depression, low self-worth, guilt or shame. The state of alcoholism produced secondary manifest problems. These secondary outcomes included involvement fights which resulted in significant bodily harm and possible prosecution for assault, suspension from school and failure of important examinations.

Also there were participants who narrated how abusing alcohol produced tension with parents/guardians, other family members, and a break down in romantic relationships. Some youths experienced loss of employment due to their excessive consumption of alcohol and arrest for drunken driving.

It is therefore probable that counseling is one intervention that can break the vicious cycle of alcohol abuse. To validate that assumption, the researcher then inquired on how counseling had enabled the subjects to recover:

- Resp.#1:

““...I grew up being beaten by[guardians].....but now[after counseling]I realize I am also a person....there world is full of heartless people who seek to oppress those who are vulnerable....[the counselor] said that the way others define me does not matter, but how I define myself and how God defines me is what matters...forgiveness is the best way to heal, I have forgiven [the guardians]...I am a stronger person who knows how to handle pressure of life...don't even drink as much as

before...whenever I share my story I use it to inspire others that life can change for the better...if a former ”

- Resp.#2:

“...I lost my first child...used to feel depressed...failed as a woman...everyone blamed me... [after counseling] I now know everything works for a purpose...I still look forward to motherhood again, have moved on from that marriage and I look forward to finding a man who will appreciate and love me the way I am...that was just a passing phase...ever since I started going for prayers, I stopped going for clubs and I stopped [consuming alcohol]...”

- Resp.#3:

“...after I drink I felt powerful...[after counseling] ...I no longer drink, my wife , my children and family now respect me...thanks to the help am receiving I now found a job as a bricklayer”

- Resp.# 4:

“...I caused an accident while driving may father’s car... [after counseling] ...I could see I was wasting my life on drinking daily...I almost destroyed my future...my father has forgiven me for the things I did...I wish there was a way I could make up for the harm I caused to others ...[the counselor]...told me that I am responsible for shaping the kind of life I want for myself and that good decisions can lead to a good life....”

- Resp.# 5:

“...I used to run away from school with my friends just to go and drink...school was boring, I wanted excitement...[after counseling]...I started thinking more about my future, what do I want to be...I asked myself ‘is what I am doing making me a better person’...I realized the way to change is to change the kind of people is am found with and the kind of places I go to....now I seek why school is important, you cannot be anything unless you have been to school...I have started school at [a named school] this time I just want to concentrate on , school, finish and become somebody...I want to be a business man ”

From these narratives an argument can be made that counseling had a positive influence on the subjects. It provided an alternative perspective on their life situations that was more affirmative rather than derogatory. The therapy provided them with a means of reevaluating their decision making, their motivations and their behavior. Additionally, the counseling sessions gave them an outlet through which they can scrutinize their mental distresses and resolve them with positive thought patterns and inspirational perspectives on life.

It is also evident that counseling induced in the subjects a desire to reconcile in those social relationships that had broken down due to alcoholism. The process inculcated in them a sense of spiritual awareness. In this case it induced a consciousness in them that there is a sense of divine purpose to their life. Such as sense of divine purpose generated a change in behavior, attitudes and thought processes, with a consequent change of behavior from an antisocial, self-destructive format to a more pro-social and self-developmental orientation of behavior.

4.3 The Influence of Informational Campaigns in Mitigating Alcohol Abuse among the Youth

The adolescents based in the community were asked what they knew concerning the harmful effects of alcohol abuse. Some selected responses were as indicated below:

- **Resp.#11:**

“...at school they teach is about how[alcohol abuse] cause things like liver disease, road accidents, crime...problems at home...can make you die poor...”

- **Resp.#16:**

“...when is was drunk...arrested for loitering...the [police] officer...showed me a man who had been [sentenced and imprisoned] because they had

- **Resp.#16:**

“...People come from[A named NGO]to do music, plays, and giver small books...on dangers of drugs and alcohol...I learn a lot...it has helped me...even on T.V and radio we are told that beer is bad...”

- **Resp.#17:**

“...on Face book ...and Whatsapp...we see stories on people who do embarrassing things when they are drunk...I don't want to be embarrassed like that...”

- **Resp.#18:**

“...our papa[Pastor of their church] preached that we must be filled with the Holy Spirit, not beer...a Christian must not drink ...”

These responses showed that adolescents the knowledge from the social media, from school, church, health centers as well as from awareness campaigns conducted by non-governmental organizations in the area. There were also those who had seen first-hand the harmful effects of alcohol on friends, family members and other people.

The youths who were aware of the risks mentioned several of them. The main risks stated included addiction, the risk of HIV/AIDS, the likelihood of violent behavior, financial problems, drug abuse as well as the possibility of brain/psychological damage. The participants were also asked to explain how alcohol may induce the risks above. In the case of alcohol abuse and HIV/AIDS, it was explained that abuse may lead to loss of self-control and conscious awareness. Consequently, it can promote indulgence in unprotected sex and the possibility of rape.

As regards alcohol abuse the explanation was that when people are addicted to alcohol, they may seek more excitement by mixing it with drugs. Another explanation was that those who abuse alcohol do so as they try to escape from past trauma and pain. If the alcohol is not achieving the desired effect, then abusers resort to use of other drugs to supplement the alcohol. It was also explained that alcohol may create depression in some individuals and using other drugs were used to overcome this depression.

In the case of alcohol abuse and violence, it was explained that alcohol produces a loss of self-control and a distorted sense of reality. For this reason, abusers are more likely to provoke others, can be easily provoked and have an impaired sense of strength and confidence. This increases the likelihood of being involved in violent event. Alcohol abuse was also linked to gender based violence. As such several respondents attributed the rising cases of GBV to alcohol abuse.

The youth interviewed gave more information on the effects of alcohol on finances. Those engaged in heavy alcohol consumption tended to prioritize large sums of money on drinking, neglecting other

responsibilities such as investment or saving. Such an attitude makes it more probable that they will end up poor later in life. In cases of addiction there are persons who resort to borrowing money to finance their habit. The youth additionally believe excessive alcohol consumption can lead to loss of employment, which worsens the financial situation. The participants also said alcohol abuse leads to poor academic performance; possible failure and school drop-out. This situation would ultimately lead to poverty later in life.

The results above demonstrate a high level of awareness of the risks associated with alcohol abuse among the youth at in Mtendere compound. This inference suggests that public awareness campaigns were effective in providing relevant knowledge on alcohol abuse, though it has not been conclusively established whether or not this knowledge has led to behavioral and attitude change towards alcohol consumption and misuse.

The researcher additionally queried media practitioners and public health educators to state the channels through which they disseminated information alcohol abuse when targeting adolescents.

The various channels through which the anti-alcohol and drug abuse messages are disseminated are summarized in Table 2 below along with the explanations given by the practitioners.

Table 2: Channels for Public Information Campaigns Targeting the Adolescents

CHANNEL	EXPLANATION BY PRACTITIONERS
TV Spots	In disseminating messages, campaign designers most commonly rely on television spots. This vehicle has the advantage of broad reach and fairly high credibility. However, there are several crucial drawbacks. TV spots seldom can be targeted precisely to audience segments, and the brief format does not allow for in-depth information. Moreover, gaining access to free time slots has become

	<p>increasingly difficult, so placement of televised spots must rely on cooperation with national networks and local stations, or acquisition of sufficient support for paid time.</p>
<p>Newspapers and other Print Media</p>	<p>Topics such as alcohol and drug abuse are increasingly central among journalistic priorities for newspapers, newsmagazines, along with the long-standing specialty magazines.</p> <p>In achieving impact on the audience these messages have several advantages. First, there is likely to be greater audience reach at a lower cost. In particular, placements in the mainstream news papers can attract attention from influencers and policy makers, which is useful for indirect and media advocacy strategies. On the other hand, there may be limitations on the frequency of disseminating certain ideas that are considered to be “old news” by the news paper editors, and it may be difficult to reach key focal segments of youth unless diligent efforts are made to place the messages in alternative channels.</p> <p>Second, messages appearing in the news print media tend to have greater credibility this enhanced credibility should facilitate belief formation regarding health consequences and acceptance of recommended behaviors.</p> <p>Third, health issues gaining visibility in the mainstream news media can benefit from the agenda-setting effect, whereby problems and</p>

	<p>solutions are perceived as more urgent and significant. This is particularly important in media advocacy strategies targeted to opinion leaders and policy makers.</p>
<p>Minimedia</p>	<p>Rather than confining strategies to the major mass communication channels, campaigns have broadened the approach to include secondary media such as billboards, posters, pamphlets, flyers, comic books, theater slides, and direct mail newsletters and cards. These modes of communication are especially appropriate for youthful audiences because the messages can be targeted more precisely to focal-subgroups that the campaign seeks to reach.</p> <p>Although lacking the glamour of a TV spot or the depth of a full-length booklet, these forms of communication can serve valuable functions in a campaign at a fairly low cost. The numerous alcohol prevention projects that have used mini-media indicate that campaign designers appreciate these inexpensive but potent channels.</p>
<p>Entertainment-education</p>	<p>The practice of embedding health-related material in entertainment programming (or creating entertainment programming as a vehicle for health education) has become widespread in Zambia.</p>

	<p>Because the interesting and enjoyable style of presentation attracts large audiences and conveys information in a relevant and credible manner, this approach has been quite successful in promoting health in Zambia.</p> <p>Activities under this mode of sensitization include music, comedy shows, as well as components of popular television series especially those known to be popular among the youth.</p>
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From the information above it is evident that mass media campaigns normally use radio, television, billboards or other media to reach a wide segment of a community. It also offers individuals, especially young people, anonymous access to valuable information and resources without having to go through others they may not trust (such as doctors, teachers and so on).

Entertainment-education or ‘edutainment’ is a particularly useful strategy that entails the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members’ knowledge about an educational issue, create favourable attitudes, shift social norms, and change overt behavior. Edutainment may have a particular appeal to young people and thus may present a special opportunity to affect norms before they are fully set.

Other innovative approaches that can be effective in reaching diverse audiences may street theatre, art, music and cultural activities. Together, communication and social marketing campaigns are some of the most popular means for engaging society in primary prevention.

The study further inquired on the best strategies and best practices that would make a media campaign effective in reaching the youth population. As explained by one of the practitioners:

“...a disciplined campaign design begins with an assessment of the behavioral aspects of the youth drinking problem in order to determine which actions should be performed by which segments of the population. In particular, the designer needs to specify focal segments of youth whose drinking behavior is to be changed. For each

segment, one can trace backward from the ultimate focal behaviors to identify the causal factors, and then create models of the pathways of direct and indirect media influence. The communication strategy involves specifying target audiences and target behaviors that can be influenced directly by campaign messages”.

Another practitioner explained that in formulating the plan, the campaign strategist is faced with basic decisions about allocating resources. The expert listed some of the key considerations to include the following:

- *Should the campaign seek to change fundamental behaviors, or chip away at more readily altered peripheral actions?*
- *Should the most resistant or most receptive segments be the focus of campaign efforts?*
- *What proportion of the resources should be devoted to direct influence on the focal segment versus indirect pathways via stimulating interpersonal influencers and leveraging or combating environmental determinants?*
- *Which influencers should be targeted? What is the optimum combination of awareness messages, instructional messages, and persuasive messages?*
- *How many messages should attack the competition (ranging from drinking initiation to drunkenness to impaired driving) versus promote healthy alternatives?*
- *Is it more effective to disseminate the messages via expensive TV channels or to utilize primarily mini media?*
- *Should the campaign messages be scheduled in concentrated bursts or spread out over a lengthy period of time?*

It was also pointed out by another respondent that:

“...channel selection is dictated by the usage patterns of the target receivers and the nature of the message. Pragmatically, the limited resources of the campaigner also play a role. It's usually more feasible to stage an event that generates news coverage than to acquire time or space in the ideal media vehicle, it's more feasible to achieve a minor clip placed in an entertainment program than to produce a full documentary. It is more feasible to place a short message on an entertainment radio broadcast radio station than to dedicate an entire radio programme of discussion. In these circumstances, campaign designers should adapt the message to the channel that can be accessed and the audience that can be reached”.

The responses outlined in this section demonstrate that if public awareness campaigns are to be effective, they must deploy a diverse mix of channels as a counter weight to the aggressive and nearly ubiquitous alcohol marketing campaigns that have reinforced alcohol abuse among the youth. To effectively reach the youth audience these anti abuse campaigns should make effective use of digital communication media especially social media, television and combine these with other forms of graphical media tools. They can appeal to what this study can term the ‘fear factor’.

The fear factor appeals to the innate self-preservation instinct that individuals possess—the instinct to protect their life and health by avoiding any thing that poses a threat to life and health. In this strategy, the message must show in vivid detail the debilitating physiological, psychological and social effects of alcohol abuse, as a way of discouraging the youth from early inception of alcohol consumption and from alcohol abuse.

This appeal to the ‘fear factor’ must be reinforced by what this research terms the ‘modeling representation.’ A model is a positive example that one can aspire to. They provide an indication of how a positive outcome can be attained through a positive decision.

To this end, the message can present real life examples of persons who have recovered from alcohol addiction by showing how they overcame that challenge, the decisions they made and the actions they took to overcome that dependency. The modeling representation can also show the state of the person while they were alcoholics and contrast it with the change that has occurred once they had recovered from the addiction in terms of their health and their outcomes in life.

4.4 Summary of the Chapter

The summary of the chapter brings out key issues in line with the study questions. In regard to factors that induced the increased alcohol abuse among the youth in Mtendere Township, it was found that friends, families, parties, inadequate recreation facilities and non-regulated public advertisement of alcohol contributed to abuse of alcohol. Concerning the effect of counselling campaigns in minimizing alcohol abuse among the youth, it was found that counselling created self-awareness and self-esteem. This became important for them to resist peer pressure and negative influences. Through counselling, a lot of youths come to the realization that they have a problem which must be dealt with and gain courage to confront the problem of alcohol abuse. Counselling also helped them develop strategies on how to overcome addiction and/ or temptations to abuse alcohol. Furthermore, through counselling, youths developed assertive and goal setting skills and did some self-introspection. In relation to the effect of informational campaigns in mitigating

alcohol abuse among the youth, it was found that they helped the young people to develop awareness of the harmful health effects of alcohol abuse. These effects include HIV infection, brain and liver damage etc. This in turn helps the youths to avoid alcohol abuse for fear of having these health complications. In addition, Informational campaigns created awareness in youths of the socioeconomic ramifications of alcohol abuse such as job losses, closure of businesses, poverty in families, family breakdown including divorce. Once youths are made aware of such through informational campaigns, they try to their best to stay away or overcome alcohol abuse.

CHAPTER FIVE: DISCUSSION OF FINDINGS

In line with objective 1 which was to identify factors that induced the increased alcohol abuse among the youth in Mtendere compound. The study has found that even though adolescents have been exposed to knowledge on the harmful effects of alcohol, the levels of consumption still remain high. In spite of high level of knowledge, the level of sensitization has been weak due to a number of intervening factors. One such factor is parental influence. In this case when parents model alcohol consumption before their children they are more likely to induces similar behavior in their children and dependents. This conforms to findings by Johnston, (2000); Medrano et.al, (2003) and Morris et.al, (2006).

The curiosity emanating from the teenage feeling of independence, encouragement by older relatives and the influence of peers has also been detected as a factor that encourages alcohol abuse among young people in the target area, just as it was identified in research by (Mhlongo, (2005) and corroborated by Ondieki and Mokuu (2012).

Furthermore, in line with objective 2 which was to describe the influence of counseling in minimizing alcohol abuse among the youth. It has also been indicated by this study and others by (Imbosa, 2002), NDRI, (2009) and Swah et.al, (2011) that the influence of anti-alcohol awareness and sensitization interventions has been weakened because young people are also exposed to counter messaging arising from alcohol marketing campaigns. By presenting alcohol as an admirable status symbol or as an enjoyable beverage that brings relaxation to the consumer, such marketing present a distorted reality of alcohol misuse and desensitizes young persons from recognizing the harmful effects.

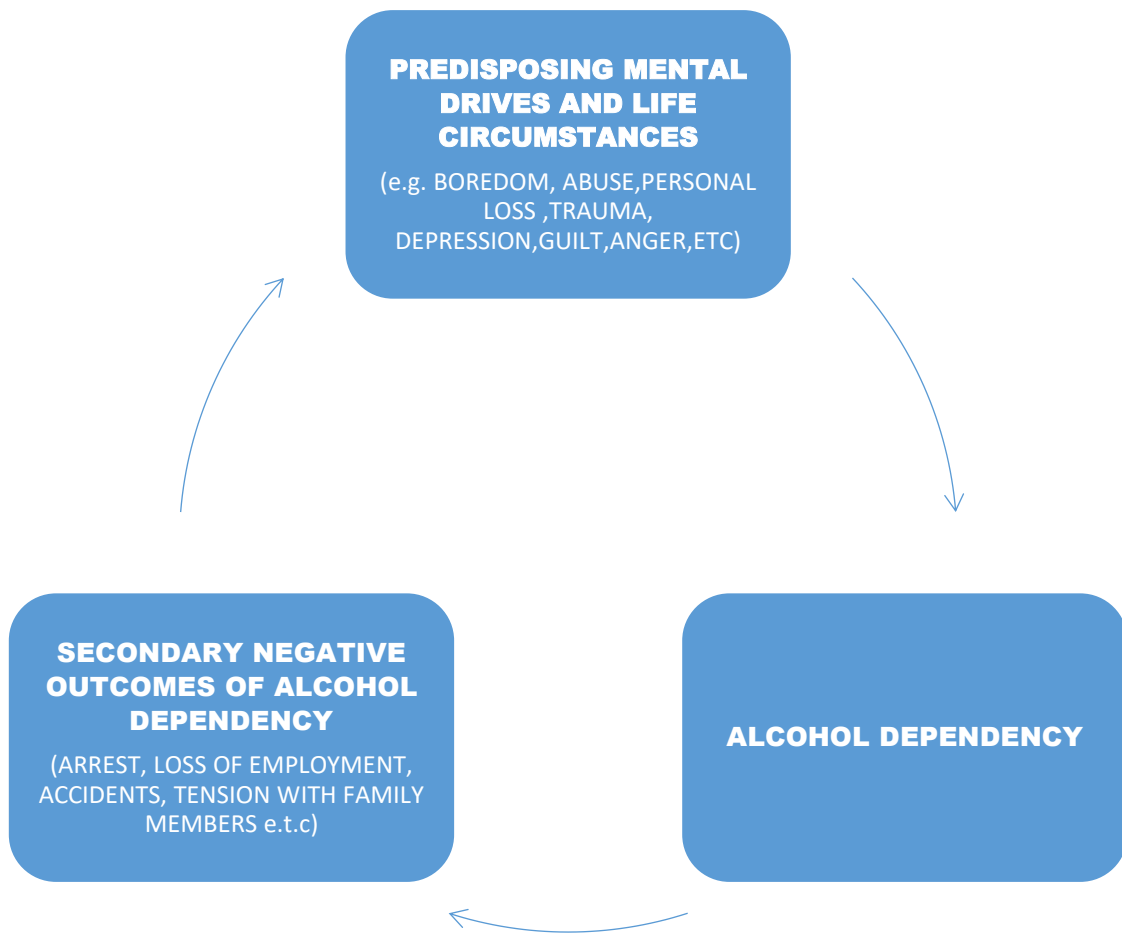
Concurrently with respect to objective 3 which was to explore the influence of Informational campaigns in mitigating alcohol abuse among the youth.it was discovered that,the counter exposure effect also weakens sensitivity of young persons to the dangers of alcoholism. In this regard even if adolescents have been taught on the negative effects of mishandling alcohol, they are still presented with a strong temptation to do so because there are so many recreational facilities that sell the beverages and that do not adhere to age restrictions on selling to or admitting young patrons in to their premises. Under these conditions young people are exposed to recreational places where alcohol is consumed and sold at a cheep price. It is this exposure that weakens any inhibitions that they may have developed toward the ill usage of liquor. This exposure effect was not detected in

the studies explored in the literature review. They represent a new angle that can be further explored in future research.

The present research has also shown that counseling can promote a systematic way for alcohol dependent young persons to recover and make better life decisions , free of liquor abuse. The similar reports by the Drug Enforcement Commission (2012 and 2014) as well as Afya Mzuri (2012) confirmed this finding. The researcher adds that, selective preventive measures are desirable for the population subgroup whose risk of developing a certain health problem is greater than that for the general population. In the context of alcohol problems, a selective preventive measure would target a population known to be at greater risk for experiencing alcohol-related problems. An example would be a subset of college students who are white, male, fraternity members under the age of 24 who have a tendency to socialize, characteristics that research has shown to be associated with heavy drinking.

From the findings generated in this study, one can postulate that the secondary outcomes emanating from alcohol abuse reinforced more alcoholism. This suggests a vicious cycle between alcoholism and its secondary consequences as perhaps illustrated in the figure below:

Figure 2: Vicious Cycle Reinforcing Alcoholism as Conceived using Research Findings



Source: (The Researcher, 2020)

As illustrated in figure 2, this study postulates that without counseling persons who are alcohol dependent are locked in a vicious cycle of mutually reinforcing factors. The predisposing mental factors and life circumstances create a negative state of distress that drives persons to alcoholic escapism. When such escapism becomes habitual, the individual becomes dependent. The regular and excessive consumption of alcohol in turn induces anti-social behavioral tendencies, with secondary negative outcomes (secondary in that they arise from distorted cognitive ability and impaired judgments which in this case are taken as primary outcomes alcoholic intoxication). The secondary negative outcomes in turn induce are renewal or reinforcement of the initial predisposing mental drives that had triggered alcoholic escapism, and the cycle continues as before.

An argument can thus be made that counseling was an instrumental mechanism in dissuading adolescents from alcohol abuse. It broke the vicious cycle described in Figure 2, by eliminating or

diminishing those mental distresses created by Predisposing Mental Drives and Life Circumstance postulated in Figure 2. By breaking the vicious cycle, counseling induced recovery and behavioral change among the adolescents.

In the field of alcohol addiction and dependence, a combination of mass media and community based informational campaigns may induce positive attitudes towards the responsible consumption of alcohol. They may promote behaviors such as the delay in the debut of alcohol consumption, till the legal age is reached, moderation in the type and quantity of beverage consumed and the reversal of consumption patterns from destructive usage to complete abstinence.

The researcher adds that, despite efforts to prevent underage drinking, some youth will drink at a level that requires clinical treatment. More so, home prevention programming may offer a key site in efforts to reduce underage drinking because of the potential to interrupt the relationship between guardians and youth alcohol use. Such interventions may also serve to reach a population of young people who are not exposed to school-based interventions. No doubt because alcohol use and abuse can result in accidents, lost productivity, and youth turnover. Home drug testing and prevention programs have to be more prevalent in the coming years. Furthermore, socio-behavioral topics, including alcohol use need to be intensified. There is a growing interest in drawing healthcare providers into alcohol and substance abuse prevention with youth, and healthcare systems and providers represent an as yet untapped resource in prevention programming.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

From this study, it has been established that alcohol abuse remains a serious problem amongst youth in Zambia. A diverse array of social, psychological and economic factors predispose youth to alcohol abuse. Counselling is an effective means of managing alcohol dependency among the youth. However, there is low awareness among young people in high density low income areas, of the institutions that offer professional counselling services for alcoholics

The public informational campaigns disseminated through various media, the educational and religious institutions and community based awareness programmes still remain an important influence in reducing the prevalence of alcohol abuse among adolescents by helping bring about a change in mind-sets and behaviour. Nevertheless, it has not been conclusively established if having a high level of knowledge on alcohol addiction and abuse has influenced a critical mass of youths to change from alcohol abuse or at least responsible use of alcohol or outright abstinence from consumption.

6.2 Recommendations

As regards to practice, the following recommendations can be made:

1. There is need for the government , through the Ministry of Youth and Sport to set up more recreational facilities to be set up to provide alternative entertainment for the youth. This can be done in conjunction with local partners at the community level such as non-governmental community based organization and private sector enterprises.
2. The Department of Community Development, Ministry of General Education and Health as Well as the Drug Enforcement Commission need to facilitate the setting up of antidrug and alcohol abuse clubs in schools and the community to sensitize on the dangers of abuse and to help youths engaged in alcohol abuse. These clubs need to also involve parents and provide a platform where parents can cooperate with other stake holders in discouraging drug and alcohol abuse.
3. The Zambia Police, Lusaka city Council and community neighborhood watch groups should carry out more patrols and inspection in drinking premises to curb the prevalence of underage drinking. Fines and other sanctions to punish offending premises must be made stiffer.

4. More awareness campaigns by ministry of youth and child development must be conducted on the dangers of alcohol abuse involving media campaigns, visual and performing arts, posters and banners and so on. These campaigns require input from all sector including responsible government agencies, civil society and the corporate world among others.

6.3 Areas for Further Study

As regards further research the following areas can be studied:

- 1) The differences in alcohol abuse patterns between males and female youth.
- 2) A comparative study in the causes and effects of alcohol abuse in an urban township (s) and a rural community.
- 3) The negative health experiences as a result of alcohol abuse: The experiences of youth in a juvenile detention center.
- 4) The role of parents and community leaders in preventing alcohol abuse among the youth
- 5) The role of alcohol abuse in the spread of HIV/AIDS among the youth

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APPENDICES

Appendix I

DATA COLLECTION TOOL No.1: QUESTIONNAIRE/INTERVIEW FOR ALCOHOLIC SURVIVORS

Dear Respondent,

My name is **William Njombo**; I am a student from the University of Zambia in collaboration with Zimbabwe Open University (UNZA/ZOU). I am collecting data for my study on “The Influence of Counselling and Informational Campaigns in Mitigating Alcohol Abuse Among the Youth in Zambia: a case Study of Mtendere Compound. I have specifically decided to come to you because am confident that you are more knowledgeable about the issue having experienced it yourself. Thus, am requesting you to share with me your views and experiences about the topic under study. Furthermore, the information you are going to share with me will be treated with utmost confidentiality and will only be used for study purposes.

(1) How old are you?

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(2) Where do you stay and with whom?

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(3) At what age did you start drinking and how?

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(4) How did you realise you had a drinking problem?

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(5) Where did you get the help from?

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(6) What do you think is the most effective way to help young people who are addicted to alcohol?

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(7) Do you think Media (TV, Radio, Newspapers, social media) helps to disseminate information about the dangers of alcohol and drugs?

Yes [] b) no []

(8) Do you think Counselling helps young people to overcome their alcoholism?

Yes [] b) no []

Appendix II

DATA COLLECTION TOOL No. 2: QUESTIONNAIRE/INTERVIEW FOR ADOLESCENTS

Dear Respondent,

My name is **William Njombo**; I am a student from the University of Zambia in collaboration with Zimbabwe Open University (UNZA/ZOU). I am collecting data for my study on “The Influence of Counselling and Informational Campaigns in Mitigating Alcohol Abuse Among the Youth in Zambia: a case Study of Mtendere Compound. I have specifically decided to come to you because am confident that you are more knowledgeable about the issue being an adolescent yourself. Thus, am requesting you to share with me your views and experiences about the topic under study. Furthermore, the information you are going to share with me will be treated with utmost confidentiality and will only be used for study purposes.

(1) How old are you?

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(2) Where do you stay and with whom?

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(3) Have you ever taken any alcoholic beverage?

a) Yes [] b) no []

(4) If your answer to question 3 is yes, do you still drink?

a) Yes [] b) no []

(5) How serious is the problem of youth alcohol abuse in Mtendere?

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(6) What do you think are the causes of youth alcohol abuse?

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(7) At what age do most youths start drinking alcohol?

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(8) How best do you think they can be helped?

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(9) Where can they get this help?

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(10) What do you think is the role of families in helping the youths overcome alcoholism?

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(11) Do you think Media (TV, Radio, Newspapers, Social media) helps to disseminate information about the dangers of alcohol and drugs?

Yes [] b) no []

(12) Do you think Counselling helps young people to overcome their alcoholism?

Yes [] b) no []

Appendix III

DATA COLLECTION TOOL No. 3: QUESTIONNAIRE/INTERVIEW FOR SELECTED INFORMANTS

Dear Respondent,

My name is **William Njombo**; I am a student from the University of Zambia in collaboration with Zimbabwe Open University (UNZA/ZOU). I am collecting data for my study on “The Influence of Counselling and Informational Campaigns in Mitigating Alcohol Abuse among the Youth in Zambia: a case Study of Mtendere Compound. I have specifically decided to come to you because am confident that you are more knowledgeable about the issue. Thus, am requesting you to share with me your views and experiences about the topic under study.

(1) How long have you worked in Mtendere?

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(2) How serious is the problem of youth alcohol abuse in Mtendere?

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(3) Have you ever encountered a young person who is an alcoholic?

a) Yes [] b) no []

(4) If your answer to question 3 is yes, does the young person still drink?

a) Yes [] b) no []

(5) What do you think are the causes of youth alcoholism?

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(6) What are the risks of youth alcoholism?

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(7) Do you think that parents are doing enough in ensuring that their children are cautioned or helped about alcohol abuse?

a) Yes [] b) no []

(8) What do you think needs to be done to help overcome this problem?

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(9) How does youth alcoholism affect society as a whole?

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(10) Where can they get this help?

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(11) What do you think is the role of families in helping the youths overcome alcoholism?

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(12) Do you think Media (TV, Radio, Newspapers, Social media) helps to disseminate information about the dangers of alcohol and drugs?

Yes [] b) no []

(13) Do you think Counselling helps young people to overcome their alcoholism?

Yes [] b) no []