

**PEER-GROUP PRESSURE AS A CONTRIBUTORY FACTOR
TO ALCOHOL ABUSE AMONG LEARNERS
IN SELECTED HIGH SCHOOLS IN QWAQWA (RSA)**

MOKETE CHRISTOPHER LEBITSO

2001

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by

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B.Ed, BA, STD**

**A thesis submitted in partial fulfillment for the degree of Master of Education (M.Ed) in
Psychology**

**University of the North:QwaQwa Campus
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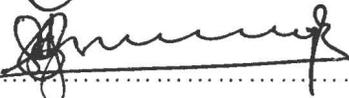
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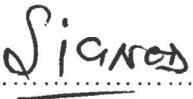
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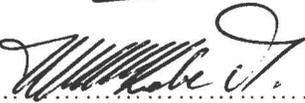
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DEDICATION

This work is dedicated to my late father, Maarohanye Phillip Lebitso for his quest to see me emerging from nothingness. This quest he has realized in his grave. For Mosa, Neo, Rehauhetswe, Bophelo, Thabo, Dintle, Popi, Katleho, Thandi and Thoko. You mean the world to me. This is just the beginning. The best is yet to come.

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all the odds were against me. I will forever be indebted to her. A job well done Ndindi.

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ABSTRACT

The main purpose of this study was to investigate whether peer-group pressure is a major contributory factor to alcohol abuse among learners in selected high schools in QwaQwa.

Five hundred (500) high school adolescents participated in the study. Participants were randomly selected from ten high schools (six public day schools, a private day school, and three boarding schools) all of which were co-educational. Questionnaires were used to collect data. The respondents were required to indicate by means of “Yes” or “No” responses whether they agreed with the statements on the questionnaire that peer-pressure among high school adolescents influence alcohol abuse. The data were then analyzed using chi-square.

The results of the study indicate/reveal that:

1. Peer-pressure was perceived as a major influence in alcohol abuse by adolescent high school learners in QwaQwa.
2. Male adolescents felt more influenced by peer-pressure to abuse alcohol than their female counterparts.
3. There was no statistically significant difference between day and boarding school learners with regard to their opinions on the influence of peer-pressure on alcohol abuse.
4. There was no statistically significant difference between urban and rural learners with regard to their opinions on the influence of peer-pressure on alcohol abuse.

In summary this study among others, recommends the following:

1. Schools and social agencies should establish intervention programmes for preadolescents with low social skills or aggressive tendencies. Addressing these problems before adolescence would decrease the chances of adolescents joining anti-social peer groups that would reinforce their problem behaviours.
2. A drastic overhaul of adolescent high school learners' mindset should be re-oriented. Peer-pressure can also be positive. Therefore, adolescents must be encouraged to make informed decisions about their lives.
3. Further research in adolescent peer-pressure and alcohol abuse especially in areas not covered in this study, is recommended.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Alcohol abuse in schools is escalating and this is a cause for concern. From reported cases in the news media (newspapers, television), police stations and magistrate offices, nationwide, QwaQwa is no exception (Noganta, 1999; Sempe, 1999). There are various reasons why people engage in the abuse of alcohol. Many people use alcohol to celebrate achievements and happy occasions. Unfortunately, some people use alcohol to drown their sorrows, which may only compound their problems. Whatever the purpose for the use of alcohol, alcohol consumption has nevertheless led to an increase in people who commit various crimes (rape, theft, burglary, and suicide). Alcohol abuse by adolescents and youth in schools has also resulted in continuous absenteeism, dropout by learners and a general deterioration in health and poor academic performance (Pillari, 1998).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM III-R, 1994), published by the American Psychiatric Association, the use of alcohol becomes abuse when it leads to damaging consequences. When people repeatedly miss school or work because they are drunk or sleeping it off, their behaviour may fit the definition of substance abuse. A single incident of excessive drinking at a friend's wedding would not qualify - nor would regular consumption of low to moderate amounts of alcohol be considered abusive, as long as it is not connected with any impairment in functioning. Neither the amount nor the type of drug ingested, nor whether or not the drug is illicit, is the key to defining substance abuse according to DSM III-R. Rather, the determining feature of substance abuse is whether a pattern of drug-using behaviour becomes repeatedly linked to damaging consequences (Nevid, Rathus & Greene, 1997).

Pillay(1993) postulate that adolescent alcohol abuse is a complicated, multifaceted problem with a distinct social history and unusual trends of use and behaviours. The negative impact alcohol practices may have on health, economic growth, social relationships, community life and emotional and spiritual well-being is widely acknowledged. Drinking and trends in a community are frequently used as a fairly reliable general indicator of the quality of life in that community.

According to Pillay (1993), alcohol abuse is primarily a group activity. With the exception of the rare pathological offences committed by individuals, most anti-social acts are committed by groups of adolescents. The group may not be larger than two or three but it is a sufficiently frequent feature of offending to warrant closer scrutiny. The influence of peer groups is crucial because like that of parents, it impinges on the child from his/her early childhood right through adolescence to adulthood. The child's experience of peers and exposure to their behaviour patterns is massively increased during the school years and in approaching adolescence. As the child grows older and his/her social horizons become wider, the peer group becomes an ever-larger element in his/her social development. Interaction with adolescent peers and the ability to adapt to their varying demands are necessary rehearsals for operating as an adult.

It is during the adolescent years that an adolescent begins to establish longer term, less transient attachments to other young people, encouraged by the increasing amounts of time spent with them. Slowly the adolescent begins to adopt the modes of dress, speech and preferences of his/her dominant age mates. He/She may begin to become aware of his/her preference for one type of age mate, which may deepen his/her association and attachment to that type. Groups fulfill a range of functions for members, which is why they are so influential (Hoghughi, 1983).

Unless the youngster is severely maladjusted or reclusive, there is little he/she can do to avoid encountering other adolescents and becoming a member of a group. Through this encounter he/she discovers the pleasures of fellowship, status, security and protection, identity and

stimulation. By being in the company of peers, adolescents feel valued and can in turn, bestow value on their fellows (Adams, 1973; Hoghughi, 1983; Manaster, 1989). Doing things together is more fun because the effort and the consequences of action can be shared. The fellowship confers status by affirming the adolescent's wish to be liked enough for people to want his/her company. It is against this background that this inquiry is set.

1.2 Statement of the problem

This study was designed to find out how adolescent high school learners perceive peer-group influence as a cause of alcohol abuse. The problem of the study therefore was to ascertain the perception of the influence of peer-pressure on alcohol abuse by high school learners in QwaQwa.

1.3 Purpose of the study

The research was aimed at finding out whether or not learners perceived alcohol abuse as being influenced by peer-pressure. Furthermore, this study was also designed to find out which other causes might be perceived as responsible for the abuse of alcohol by high school learners. The overall aim of this study was to find out whether or not learners perceive peer-pressure as a major contributing factor to alcohol abuse. It was also the intention of this study to find out the effect of factors of sex, types of school, etc. on the opinions of the learners in relation to alcohol abuse. This study addressed the following research questions:

- Do high school learners in QwaQwa perceive peer-pressure as a contributory factor to alcohol abuse?
- Are there differences between male and female learners with regard to their opinions on the influence of peer-pressure on alcohol abuse?
- Is the type of school a factor in the perceived influence of peer-pressure on alcohol abuse? Are boarders perceived to be more influenced by peers than day learners?

- Are learners living in rural areas perceived to be more influenced by peer-pressure to abuse alcohol than learners living in urban areas?

1.4 Hypotheses

Based on the above questions the following hypotheses were advanced:

- There is no statistically significant difference between male and female learners with regard to their opinions on the influence of peer-group pressure on alcohol abuse.
- There is no statistically significant difference between day and boarding learners with regard to their opinions on the influence of peer-pressure on alcohol abuse.
- There is no statistically significant difference between urban and rural learners with regard to their opinions on the influence of peer-pressure on alcohol abuse.

1.5 Significance of the study

The overall aim of this study was to find out the extent to which peer-pressure is perceived as influencing alcohol abuse among secondary school learners (or adolescents) in QwaQwa. It was also the aim of this study to find out the effect of variables such as type of school, sex, the learning environment and family background, on the individual during socialization.

The young people of today are the future of tomorrow, yet many of our children are being destroyed by alcohol abuse. Many of the alcohol problems in schools are not new. Too often, they are merely the latest versions of old scenarios (Gay, 1992; Mayer, 1988; Poyner, 1983).

Alcohol is a major health and social problem throughout the world. It is a problem that develops within a matrix of biopsychosocial determinants and consequences. There is a dialectical relationship between alcohol abuse and biological, social and behavioural factors including physical and sexual abuse (Brittain, 1968; Educational Review, 1996; Pillari, 1998;

South African Government Gazette, 1997). Affective, mental, biological, behavioural and interpersonal relationships change as alcohol abuse increases. Such an interactive cycle may continue to intensify unless new factors such as the justice system, education system, family or clinical interventions interrupt the cycle.

An article by Sempe which appeared in the newspaper, 'The light of QwaQwa' dated 27/04/1999 with the caption: 'Drugs taking a grip on the youth', indicates that our communities and schools are gripped with drug and alcohol abuse amongst the youth. The addiction is so prevalent that abusers no longer shy away from using them in the presence of both parents and teachers. There is a perception that people under the influence of alcohol think better and are more clever than their counterparts who do not use alcohol. It is an epidemic so rife in our society that if precautionary measures are not taken timeously, the youth of today are likely to become problems to their communities.

Living in an alcohol free society is difficult these days, especially when one takes into account the increasing number of alcohol outlets and taverns available in our communities and the easy access and entrance to these places by learners. Thus, this study is primarily concerned with the most crucial problem, which is causing the younger generation to deteriorate into a veritable miasma. The inevitable and quite obviously serious outcomes of alcohol abuse among learners have a concomitant negative effect on academic performance, health and other related socio-economic phenomena. Psychologically, also, the learners tend to descend to the very abyss of their existence and become victims of accidents and suicides.

Consequently, the researcher is optimistic that the literature review and empirical findings of this research will provide information which can lead to recommendations for the planning and implementation of programmes of intervention both in the school and community.

1.6 **Operational definition of terms**

1.6.1 Peer/Peer-group ✓

According to Gonet (1994), a social group is defined as two or more interdependent

individuals interacting to achieve particular objectives. It is a social allegiance, which can be based on similar age, support for a particular community or social group such as a soccer team, holding political views, etc. A group satisfies its members' social needs and affect their behaviour and performance. Members join groups for various reasons, including security, affiliation, status, power, self-esteem and goal-achievement.

For the purpose of this study, the term '*peer*' or '*peer-group*' connotes equivalence between individuals, equivalence of developmental level or behavioural complexity and also implies friends or people of more or less the same age bracket (difference in ages is accommodated in this study). Friendship and conformity, play important roles in determining the relationship. So, peer-group refers to individuals of the same age or in the same institution who associate with one another as friends, mates, club members, cliques, etc.

1.6.2 Peer-group pressure MB

Peer-group pressure should be understood as the influence one receives from his/her friends and vice-versa. Peer-pressure enhances the sense of belongingness, i.e. belonging to a certain clique, group of people or formation. Peer-pressure influences what one must do, how one must do it and when one should do it. It sets the pace in terms of the choice of one's friends, manner of dress, how one should spend his/her leisure time, shapes one's personality and identity and buffers one's otherwise poor self-image. Peer-pressure should be understood as when your friends encourage or urge you to do something or to keep from doing something else, no matter if you personally want to or not (Coggans & McKellar, 1995; Conger, 1973; Hurlock, 1955; Mayer, 1988; Pillari, 1998; Schinke, Botvin & Orlandi, 1991).

1.6.3 Alcohol abuse

In this study, alcohol abuse should be understood as referring to excessive use of alcohol, wrongful use of alcohol for bad purposes or practices that make the use of alcohol to have negative consequences on physical, mental or generally psychological functioning of individuals. These may include frequent bouts of intoxication, loss of control of the body, strained relations with family members, friends and/or neighbours, health and/or financial

problems, and trouble with school authorities and law enforcement agencies. In this study whenever drug abuse is used, it should be understood as meaning both alcohol and illegal substance abuse.

1.6.4 High school learners

High school learners are learners who have completed primary level education and are in secondary level education institutions (and are probably preparing for tertiary level education). Apart from the age of beneficiaries of secondary education, the other defining feature of secondary level education is that it is between primary and tertiary levels of education - i.e. it is more advanced than primary education but not as advanced as tertiary education. It is a transitional period - coincidentally, it comes during the adolescent period of development.

1.7 Organization of the remaining Chapters

Chapter 1

This chapter gives background to the study, i.e. why there was need for this study to be carried out. It also discusses the statement of the problem, purpose of the study, hypotheses advanced by the study, significance of the study and how definitions of terms have been operationalized. Furthermore, it includes the conceptual or theoretical framework on which the study is grounded.

Chapter 2

This chapter is on the literature viewed for this study. It is based on unearthing data about what work has been done in the area of alcohol abuse and peer-pressure.

Chapter 3

The chapter discusses methodology adopted for this study. It discusses the population, sample, instrumentation and procedures for data collection and data analysis.

Chapter 4

This chapter presents an interpretation and discussion of the results obtained from the study.

Chapter 5

- This chapter presents a summary of the study, draws conclusions from the findings and makes recommendations for further study.

CHAPTER TWO

REVIEW OF LITERATURE

2.1 Introduction

The locus of this chapter is on unearthing information about what work has been done in the area of alcohol abuse and peer-pressure during adolescence. This chapter therefore discusses various issues related to the research topic such as characteristics of adolescents, alcohol and adolescents, alcohol and its social function, alcohol and behaviour problems, alcohol and motor vehicle accidents, alcohol and health, as well as alcohol and family disintegration.

This chapter will adopt a positivistic theoretical framework on which this study is grounded. According to Mertens (1998), the underlying assumptions of positivism include the belief that the social world can be studied in the same way as the natural world, that there is a method for studying the social world that is value-free and that explanations of a causal nature can be provided.

2.2 Research studies on alcohol use and abuse

Alcohol intake among people of all colour, race, ethnic group, class and social backgrounds is very high (Neubeck, 1991; Noganta, 1999; Sempe, 1999; Pillari, 1998). The fact that alcohol intake is high indicates that there is a problem. It is therefore significant to investigate this problem and find out why people drink. Most people drink for entertainment. Others drink to drown their sorrows. Whatever reason people put forward for their drinking, when alcohol is used excessively it creates problems for individuals, ranging from aggressive behaviour, absenteeism from work, social disintegration, conflict with law enforcers, financial problems and health risks.

According to Neubeck (1991), an estimated 124 million Americans aged eighteen and older drink alcoholic beverages. Approximately 18 million adults are problem drinkers and alcoholics. Heavy use of alcohol - sometimes to the point of mental oblivion occurs among both men and women, young and old at all stations in life. Occasionally, we learn of important public figures (e.g. in politics, sports

or the entertainment world) whose lives have come to revolve around drinking. Such persons have a different economic standing and more prestige than ordinary people but they resemble the latter as they pursue the altered states of consciousness that alcohol can provide.

Probably one major reason why many people use alcohol is because alcohol is pushed quite openly by the alcoholic beverage industry. In its role as a drug pusher, this industry actively seeks to cut down on the percentage of abstainers in the adult and youth population and to increase annual per capita consumption among those who drink. It has been active in past efforts to lower the legal drinking age in locations where people must be twenty-one in order to buy alcoholic drinks (Neubeck, 1991).

Though industry advertisements sometimes advise consumers to engage in "responsible drinking", such advertisements are a recent phenomenon that emerged only after the full dimensions of problem drinking and alcoholism became a matter of public concern. The alcoholic beverage industry still does not publicly acknowledge the fact that it is merchandising a drug, nor does it advertise the fact that abuse of its product is the nation's number one health problem (Feldman & Elliott, 1990; Neubeck, 1991).

According to Neubeck (1991), Rocha-Silva, de Miranda and Erasmus (1996), the use of alcohol is not confined to any one-age category. Surveys reveal that a higher percentage of young people use alcohol than those over fifty years of age. Attention has been drawn to the drinking practices of school-age youth, particularly in conjunction with automobile accidents and deaths involving alcohol. Most of today's junior and senior high school students have tried alcohol. For example according to Irwin (1989); Neubeck (1991); Manaster (1989); Rocha-Silva, de Miranda and Erasmus (1996), among seventh graders, approximately two-thirds of all boys and half of all girls have used alcohol. These percentages shoot up by the twelfth grade to 93% for boys and 87% for girls. Frequency of drinking and increases in the amounts consumed per occasion also rise steadily by school grade level.

Irwin (1989); Neubeck (1991); Manaster (1989); Rocha-Silva, de Miranda and Erasmus (1996), further states that most experts believe that people who exhibit any one of the following symptoms are alcohol abusers:

- Frequent bouts of intoxication, involving heavy alcohol consumption on each occasion.
- Binge drinking; periodic episodes of intoxication that last for days at a time.
- Physical dependence on and loss of control over the use of alcohol.
- Psychological dependence on drinking in order to relieve depression or escape problems in living.
- Ruptured relations with family members, friends and/or neighbours due to drinking behaviour.
- Involvement in accidents and/or contact with law enforcement agencies in connection with alcohol use.
- Health and/or financial problems due to drinking.

2.3 Explanations for alcohol abuse

2.3.1 Physiological explanations

Some researchers have hypothesized, for example, that alcohol abuse is a hereditary condition, related to genetic makeup (Neubeck, 1991). Other studies have tried to determine whether nutritional deficiencies or hormone imbalances cause alcoholic abuse to develop (Feldman & Elliott, 1990). It has been suggested that alcohol abuse is a result of allergic reactions to alcohol and/or to the non-alcoholic components of alcoholic beverages. To date, none of the hypotheses has been fully validated and research (particularly on genetic factors influencing alcohol abuse) continues.

While the use of alcohol has physiological effects on people, physiological causes have not been definitely linked to alcohol abuse per se. The failure to find support for physiological explanations raises questions about the usefulness of viewing alcohol abuse as a “disease” in medical terms. The alcohol abuser may incur health problems in connection with drinking, but so far there is no reason to believe that people drink because they are “sick” (Neubeck, 1991).

2.3.2 Psychological explanations

According to Neubeck (1991), some psychological explanations attribute alcohol abuse to particular personality traits that only alcohol abusers presumably possess. Psychological explanations are also frequently framed in terms of the medical model with its underlying assumption that the alcohol abuser's mind is "sick" or "disordered". One influential theory, which incorporates both physiological and psychological causes was developed by Jellinek (1960). In his analysis of questionnaires filled out by a group of alcoholics, Jellinek concluded that alcohol abuse is a disease that proceeds in cycles. An individual first becomes psychologically dependent on the use of alcohol. As the user begins to lose control over drinking, biological dependency occurs. While this explanation certainly sounds logical, no one has been able to demonstrate that alcohol abuse occurs for such reasons. In particular, there is no evidence that all alcohol abusers are biologically dependent on or addicted to alcohol.

Other explanations have proceeded on the psychological level alone. It has been argued (Neubeck, 1991; Plant & Plant, 1992) that individuals who received insufficient mothering engage in heavy drinking in order to make up for the oral gratifications they were denied in infancy. Another theory holds that alcohol abusers are actually latent homosexuals who drink in order to repress feelings they know to be socially unacceptable (Neubeck, 1991). Still another explanation (Neubeck, 1991; Van der Burgh, Edwards, Anderson & Babor, 1994) suggests that alcohol abusers are suicide-prone individuals who drink in order to satisfy the urge for self-destruction. In each case, alcohol abuse is explained in terms of a personality or character disorder traceable to defective parent-child relations. None of these explanations has the support of sufficient evidence. Neubeck (1991) and Van der Burgh, Edwards, Anderson and Babor (1994) further postulate that alcohol abusers are presumably maladjusted, immature, dependent, negative in their views of themselves, suffering from guilt feelings, and incapable of tolerating tension and frustration.

However, experts cannot agree on the precise traits characterizing the alcohol abuser, nor have researchers been able to develop a list of personality traits that distinguish those who become abusers from those who do not. Finally, Neubeck (1991) suggested that alcohol abuse is the outcome of a learning process. Certain individuals who are afflicted with deep-seated fears and anxieties learn that drinking can

help reduce or eliminate such feelings. It is theorized that alcohol abuse springs from a basic human instinct to avoid pain and seek pleasure. However, the learning theory does not explain why individuals continue to drink when they begin to suffer from the unpleasant physical, mental and social effects of alcohol abuse.

2.3.3 Sociological explanations

The prevalence of alcohol abuse is believed to vary among different ethnic populations within South Africa, just as it varies among different societies (Neubeck, 1991; Van der Burgh, Edwards, Anderson & Babor, 1994). Researchers who believe that cultural factors are responsible for alcohol abuse hypothesize that the alcohol abuse rate will be low among groups with well-established, well-known and generally accepted drinking customs. In groups with ambivalence about drinking and the absence of group norms and controls pertaining to the use of alcohol, rates of alcohol abuse are expected to be high (Jellinek, 1960; Neubeck, 1991). This hypothesis does not address the question why particular individuals may come to focus their lives on drinking. Even among groups with well-established drinking customs, alcohol abuse occurs (Jellinek, 1960; Neubeck, 1991).

A second major sociological explanation involves the concept of labeling. From this school of thought, alcohol abuse is no more than a label attached to persons whose drinking habits are defined as deviant. A number of variables may be involved in determining whether someone will be labeled an alcoholic. These include the quantity, rate and frequency of drinking; the effects of alcohol consumption on the individual; the reactions of others to the observed effects; the visibility of the drinker to labeling agents (such as police, medical, personnel and employers); the social class position of the drinker and the effectiveness of formal and informal controls over the individual's drinking behaviour (Coleman & Cressey, 1993; Krasner, Madden & Walker, 1984; Neubeck, 1991; Plant & Plant, 1992).

The labeling approach thus implies that there is no identifiable alcohol abuser whose characteristics may be taken as representative of alcohol abusers in general. The labeling approach sidesteps the question of why an individual adopts the drinking behaviour that is at issue. Most researchers seem to agree that alcohol is used as a means of relieving boredom or emptiness, of getting away from authority and restrictions that are considered intolerable, or of overcoming feelings of inadequacy or inferiority (Bushman & Cooper,

1990; Jellinek, 1960; Wolfgang & Strohm, 1956). Thus, the abuse of consciousness - altering drugs - in this case, alcohol - may be viewed as a method by which unhappy people attempt to deal with problems in living.

Unfortunately, the use of alcohol for escape is a false haven. The negative effects often associated with heavy drinking may simply exacerbate the problems in living confronting troubled individuals. With nowhere else to turn and having no other ways to retreat from unendurable realities, alcohol becomes everything and individuals are destroyed (Jellinek, 1960; Neubeck, 1991).

The problem with conceptualizing alcohol abuse as a disease is that the medical model implicitly suggests that only the abuser needs to be changed. The medical model thereby draws attention away from consideration of societal conditions that may generate problems in living and thus lead the individual to seek escape through alcohol abuse. It is the conditions that must ultimately be changed if the phenomenon of alcohol abuse is to be eliminated or at least seriously reduced (Coleman & Cressey, 1993; Jellinek, 1960; Feldman & Elliott, 1990).

Ignorance of the effects of certain quantities and different kinds of alcohol may also contribute to misuse (Schinke, Botvin & Orlandi, 1991). In a country like South Africa, such ignorance is likely to be supported by the lack of educational materials on alcohol consumption in general and on the adverse consequences of misuse. It is only in the last few years that such materials have begun to be distributed to a larger audience through, for example, the "I am addicted to life", "Don't fool yourself", "Don't drink and drive", advertisements and "Soul City", a local television programme. Common myths such as that it is macho to drink and get drunk need to be debunked. Importantly though, the latter myth can only be successfully addressed within a context of a new national cultural education that addresses issues of gender imbalances and the effects of patriarchal society on the roles, choices and behaviours of South African men and women, young and old.

According to Plant and Plant (1992), environmental factors have a major impact on drinking practices in South Africa. Such factors include socio-economic status, poverty, urbanization, delinquency, family background, religion, ideology, truancy, peer pressure, availability, educational disturbance, price, unemployment, job opportunities, anomie and alienation, tradition, legal arrangements and the

enforcement of existing legislation (e.g. drinking and driving laws) and historical factors.

Poverty is one of the main precipitating factors contributing to alcohol use. Access to alcohol has increased substantially as a result of involvement of people outside the formal labour market in micro-enterprises involving home brewing (production) and in the resale (distribution) of industrially produced alcohol. The informal sale of alcohol provides many people with a living and plays a significant role in the economy (Mbobu, Parry & Dingani, 1994). Many people who do not have formal employment, particularly women in poorer communities, sell alcohol to raise money.

For some black South Africans the setting up of 'shebeens' (unlicensed drinking places) was historically an act of defiance and resistance against the apartheid government. In addition, from a socio-economic perspective, shebeens also became a means for many black people to make a meagre living. The establishment of shebeens was also an inevitable response to a political situation which resulted in there being fifteen times as many legal liquor outlets per unit population in former white suburbs as compared to suburbs within which persons of other races resided (South African Government Gazette, 1997). According to this gazette, where alcohol is sold through the informal sector, access to alcohol is virtually unlimited. Few constraints can be put on unlicensed premises regarding, for instance, opening hours and age restrictions. This unlimited access encourages alcohol intake and/or use making alcoholic beverages easily available at supermarkets and grocery stores. The easy access to alcohol has affected alcohol intake by youth especially adolescents and coupled with their nature, this has resulted in social problems within the community in QwaQwa (Sempe, 1999).

2.4 General characteristics of adolescence

The human developmental stage of adolescence lies between childhood and adulthood. During adolescence, far-reaching developments occur as compared to childhood. Adolescents experience rapid change in their physical size and form. Adolescence is also characterized by significant changes in cognitive skills, social involvements and perceptions of the self. Adolescence is often thought of as a period in which individuals experience great emotional turmoil and become rebellious. This is often attributed to the biological changes that occur in adolescence which are believed to give rise to increased emotionality, conflict and defiance (Hurlock, 1967; Lloyd, 1985; Manaster, 1989).

Most cultures recognize a phase of adolescence. This is a period in which a person is no longer a child but not yet an adult. In some cultures this can be a relatively short period, because individuals assume adult roles and marry and begin having a family while still teenagers. In industrialized societies years of training are needed to enable individuals to have full social and economic involvement. This means adolescence can be fairly extended. In many societies, adolescence can therefore extend from 11 years of age to the early twenties (Conger, 1973; Hurlock, 1955; Hurlock, 1967; Louw & Edwards, 1997; Ripple, Biehler & Jaquish, 1982; Stacey, 1991).

During this period individuals are able to think abstractly. They can investigate social, political and religious systems and value systems. Adolescents' logical thought also enables them to recognize inconsistencies and hypocrisy in others' reasoning and actions. This often leads to arguments with parents, for example, in situations where parents expect children to follow rules and standards, which they themselves do not keep to. As adolescents become capable of abstract reasoning, they are also more able to think about their own experiences. These introspective, or inward looking, skills are quite egocentric and self-focused, especially at the beginning of adolescence (Feldman & Elliott, 1990; Hurlock, 1967; Louw & Edwards, 1997).

Adolescents often believe their own experiences are unique. They think nobody will understand what it feels like, for example, to be in love. So adolescents often say things like, "My parents don't understand me". This egocentricity is associated with a sense of being unique and invulnerable. This egocentricity is also often the reason for adolescent high-risk behaviour (for example, drug, nicotine and alcohol abuse and unprotected sex). Adolescents are, however, more and more able to engage in role taking (Adams, 1973; Ausubel, 1954; Hoffman, 1980). This is the ability to imagine what someone else might think or feel.

This developing skill initially causes adolescents to be very sensitive about others opinions of them. They tend to create an imaginary audience and to think they are the focus of others' attention and concern. For example, an adolescent girl may be concerned what others might think if she does not drink or smoke or that her boyfriend may think she is "obsessed" with sex or "easy" if she raises the subject of birth control (Ausubel, 1954; Hoffman, 1980; Louw & Edwards, 1997; Nevid, Rathus & Greene, 1997).

During adolescence children also develop moral reasoning. This is the process by which children learn principles that enable them to judge whether particular behaviour patterns are “right” or “wrong”. They are then able to direct their own behaviour in terms of these principles. However, moral reasoning is not the only determinant of moral behaviour. There is often a discrepancy between a person’s attitudes and what they actually do (Jessor, Donovan & Costa, 1991; Louw & Edwards, 1997). For example, often the best indication of whether an adolescent will use drugs or not, is the number of his/her friends who take drugs.

There are often conflicts between people’s highest ideals and their response to the harsh realities they face in daily life. Some influences are powerful and can override an individual’s moral judgment. Some of these are conformity to the normative attitudes of the peer group or obedience to and identification with a group ideology (Berndt & Perry, 1990; Clasen, Brown & Eicher, 1986; Hoffman, 1980; Jessor, Donovan & Costa, 1991).

2.5 Social relationships

During adolescence, relationships with peers assume great importance. From peers, adolescents pick up attitudes, values and behaviour patterns that they can choose as their own. From peers, adolescents receive signs of belonging and being successful. During adolescence much more time is spent with peers and much less with parents. Although the relationship with parents is still quite significant, peers surpass parents in importance as sources of intimacy and support (Pillari, 1998).

Peers have the ability to make an adolescent feel on top of the world or at the bottom of the social ladder. Peers hold the key to adolescent popularity or rejection. Peers informally instruct the adolescent on how to talk, how to dress and how to eat. It is often the intensity of the way one *conforms* to peer-group norms that serves as a basis of parent-adolescent conflicts (Lerner & Hultsch, 1983). Adolescents’ greater attachment to peers is obvious in the increased amounts of time spent together and their common preferences for particular types of music, styles of clothes, hair- styles and language. The peer group provides an “interim culture” for the young person while status in the adult culture is unattainable (Hayes & Orell, 1987; Lerner & Hultsch, 1983).

In as far as conformity with regard to adolescent social relationships is concerned, Kelman (in Hayes & Orell 1987) identifies three main types of conformity. The first and most superficial form of conformity which Kelman identifies is *compliance*, which refers to going along with the majority in order to avoid rejection or to gain rewards such as social acceptance or approval. The distinguishing feature of compliance though, is that the conforming behaviour will only last as long as the situation does. Once the influencing “agents” are no longer present, the individual will stop conforming.

The second form of conformity is that of *identification*. The individual conforms at particular times and in particular ways because these are part of a general overall series of relationships that he/she is trying to maintain. In this type of conformity, the particular behaviour is not an important thing in itself but only as it forms part of a whole system of behaviour which establishes or maintains some kind of relationship (Hayes & Orell, 1987; Lerner & Hultsch, 1983; Pillari, 1998).

The third form of conformity is that of *internalization*. This form is concerned with an individual’s own understanding of the world and morality in both small and large matters. Someone may accept another person’s influence and conform to their demands or expectations because they whole-heartedly agree with the principles involved. With this kind of conformity, the particular behavior is likely to last for very much longer than the actual situation requires because the individuals have “adopted” it for their own and it has become part of their internal value system (Hayes & Orell, 1987).

Because adolescents grow tremendously in their ability to understand others, they develop deeper relationships with their friends. Friendships change in adolescence. For children, friendships are based on loyalty and common interests but as they grow older they become increasingly focused on intimacy and self-disclosure. Teenagers continue to form friendships with peers who are similar to them and express feelings of loyalty toward their friends. They begin to choose friends who have similar psychological qualities, including interests, values and personalities (Berndt & Perry, 1990; Brittain, 1968; Lerner & Hultsch, 1983; Strain, 1981).

Intimate friendships among girls develop earlier than those among boys. Teenage boys get to know their friends well by doing things with them; their friendships are less about their feelings than those of girls. Although young adolescents have mostly same-gender friendships, they slowly begin to enter cross-gender

friendships. Same-gender friendships develop in late childhood. Boys and girls become members of the same-gender cliques and have little to do with the opposite sex. As they get older, boys of one clique begin to socialize with girls who belong to another clique. Thus the socialization process begins. As more adolescents join the heterosexual cliques they form a crowd, defined as a collection of four or more heterosexual cliques who come together to plan and carry out organized social activities for the weekend such as parties, outings, and so forth (Berndt & Perry, 1990; Reis, Lim, Bennett & Nezek, 1993).

When the family is not investing in a child or does not provide the nurturing or the values necessary for appropriate development, it leads to chaos in some young people's lives. Lost, lonely and with an intense desire to belong, young people search for an identity. Adolescents join gangs because they receive the attention and the sense of belonging they lack at home. They join gangs for recognition, self-esteem and status, particularly if they are doing poorly in school or lack recreational choices. They also join gangs to feel successful (Jessor, 1987; Jessor, Donovan & Costa, 1991). Some join gangs to protect themselves. Often they are alienated from their own families, from the police and from other authorities, so they rely on gang members to help protect them. At times, adolescents join gangs because they are coerced by friends to do so. Lack of effective responses to peer pressure can create the climate that favours gang membership.

The most important and illegal gainful factors are the financial rewards of gang membership, such as shared profits from drug trafficking, extortion or other illegal activities. To such teenagers, money often means social status. So, if being a member offers that opportunity, adolescents will take it (Jessor, Collins & Jessor, 1972; Jessor, 1987; Jessor, Donovan & Costa, 1991).

2.6 Adolescents and alcohol abuse

According to Krasner, Madden and Walker (1984), frequently adolescent alcohol abuse is primarily a reaction to, and a reflection of, existing family dysfunction. Abusive drinking on the part of the adolescent may serve as a means of drawing attention to a family situation or crisis, so as to provoke the family or other parties to recognize the crisis and to resolve it. In many instances, the adolescent's motivation may be unconscious. Krasner, Madden and Walker, (1984), see the following as initiators of alcohol use and abuse:

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(a) Risk taking / experimentation – adolescent ‘drug’ usage may reflect a desire for adventure and flirtation with danger (Krasner, Madden & Walker, 1984; Lambert, Rothschild, Altland & Green, 1972; Nevid, Rathus & Greene, 1997; Schinke, Botvin & Orlandi, 1991). Young people often try out ‘drugs’ for the first time strictly as an experiment and to satisfy an urge for “kicks”. The reward is an altered state of consciousness ranging from “tipsy” to being “high”, or being “drunk”.

(b) Parental modeling / wanting to be like adult - aspiring to adulthood begins with taking on certain adult behaviours, such as consuming beverage alcohol (Krasner, Madden & Walker, 1984). Parents are direct models of drug use and abuse through their own medicinal or recreational use of alcohol and other drugs for dieting, sleeping and fun. The reward for the adolescent is identification with, and imitation of one’s parents or other adults. Another contributing factor is the frequent and overt use of alcohol by admired artists, writers, musicians and would-be messiahs.

(c) Peer pressure - feeling intimidated to drink by one’s peers in order to remain one of the crowd and to be invited to participate in a variety of activities. This pressure is sometimes real but also imaginary, i.e. within the mind of the adolescents who, without testing reality, anticipates rejection if he/she does not drink with others. The rewards of drinking are acceptance approval, acquiring the courage to accept a dare or take a risk, and feeling omnipotent and invulnerable. Another explanation can be found in the adolescent’s tendency to regard “drugs” as a means of improving communication with peers (Lambert, Rothschild, Altland & Green, 1972; Parry & Bennets, 1998; Pillay, 1993; Schinke, Botvin & Orlandi, 1991). An adolescent may optimistically believe that alcohol can lead to favourable personality changes and can provide him/her with a means of enhancing his/her self-esteem.

(d) Emotional upheaval - states of the organism that can range from mild anxiety to illusions and hallucinations; conflicts and frustration; excessive rage or withdrawal; desire to rebel against the family and other authority (Coleman & Cressy, 1993; Tibbs & Perry, 1994). This also includes the reward of drinking such as physical relief through tranquillization, forgetting about a problem for a period of time, coming up with a successful solution or strategy while under the influence, reduced worrying, emotional inhibition or expression, feelings of independence and the punishment of others by drinking (Krasner, Madden & Walker, 1984; Lambert, Rothschild, Altland & Green, 1972; Schinke, Botvin & Orlandi, 1991).

Additionally, with continued abuse, physiological and psychological symptoms (e.g. hallucinations, depression, sleeplessness, tremors, etc.) develop that are self-treated with more alcohol, thereby perpetuating the abuse and the symptoms.

Table 1, illustrate drug taking behaviour in adolescents among Afrikaans, English and Xhosa speaking high school pupils in the Cape Peninsula (Flisher, Ziervogel, Charton, Leger and Robertson, 1993a; 1993b).

Table 1(on the next page) illustrates that alcohol use is high among both Grade 12 boys and girls among Afrikaans, English and Xhosa speaking high school pupils. The highest rate of alcohol abuse occurs among standard ten learners (now known as Grade 12): 79,8 (boys) and 61,0 (girls). In relation to the results from the study by Flisher, Ziervogel, Charton, Leger & Robertson (1993), the study currently being undertaken intends investigating the problems of alcohol abuse among high school learners in QwaQwa which coincidentally falls within the same grade and developmental stage as the study by Flisher, Ziervogel, Charton, Leger & Robertson (1993a; 1993b).

TABLE 1: Drug taking behaviour in adolescents among Afrikaans, English & Xhosa speaking high school pupils in the Cape Peninsula.

High-risk behaviour	Standard	% Boys	% Girls
Tobacco smoking	6	11,7	9,0
	7	19,3	13,8
	8	27,0	13,2
	9	32,3	16,5
	10	27,6	20,7
Alcohol use	6	40,2	32,5
	7	56,2	43,8
	8	66,5	47,0
	9	70,4	57,5
	10	79,8	61,0

Source: Flisher, Ziervogel, Charton, Leger & Robertson (1993a, 1993b)

In 1980, surveys showed that 5 percent of seventh grade boys used alcohol to the extent that they reported being drunk at least four times a year, 40 percent of high school seniors reported the same level of use (Flisher, Ziervogel, Charton, Leger & Robertson, 1993a; 1993b). Over 75% of high school juniors said they had tried alcohol outside their homes and would drink occasionally. The media (movies, television, magazine advertising, and newspapers) consistently present alcoholic beverages as an important part of the daily routine of people who are physically attractive, popular and powerful. Professional athletes and soccer stars surrounded by comrades and admirers, appear regularly in beer commercials. Beautiful women look with favour on young men who choose the right brand of wine. The most competent and attractive characters in the shows sponsored by these commercials often have drinks in their hands. These images, repeated over and over, carry a powerful message of the relationship between drinking and being competent, attractive and popular adult, ideas that are developmentally compelling for many adolescents. This results in adolescents' identification with heroes or models.

According to Gonet (1994), besides the provocation from the larger culture for adolescents to be interested in alcohol, the majority of adolescents who drink regularly say they do so "because it makes me feel better" because "my friends are doing it". Pressure from friends is a powerful factor and many adolescents report a feeling of isolation and of being different. According to Gonet, Steinberg and Meyer (in Louw and Edwards, 1997), peer pressure, lowered self-esteem and often, but not always, trouble in the family leading to unhappiness and fighting have been linked to drug and alcohol abuse. Young people caught up in the use of drugs often bring the effects of their habits with them to school.

Alcohol abuse (with its attendant behavioural manifestations such as hooliganism, aggression and violence) seems to be both a perennial and a worsening problem. It appears that in today's world young people regularly get drunk, fight amongst themselves and harass or attack others. Received wisdom holds that alcohol and violence go together, that people are more likely to be aggressive when under the influence of alcohol (Atkin, 1990; Bushman & Cooper, 1990; Frankel & Whitehead, 1981; Irwin, 1989; Stacey, 1991; Voss & Hepburn, 1968; Wolfgang & Strohm, 1956). Much of the motivation for young people to drink is that it is seen as adult, sophisticated or even "manly" (Coggans & McKellar, 1995; Jessor, 1984).

Many studies over the years have drawn the conclusion that alcohol is related to aggression and violence, from assault to rape or even murder (Bushman & Cooper, 1990; Coggans & McKellar, 1995; Stacey,

1991). Some studies examining the effects of alcohol under scientifically controlled conditions have also supported the conclusion that alcohol does indeed make it more likely that people will behave aggressively towards others. In addition, there is also evidence reported in the literature that alcohol influences aggression more than it affects other types of behaviour (Bushman & Cooper, 1990).

The home background plays a very important part in the way in which young people learn their early drinking practices and it is often asserted that the best place for young people to experience alcohol is the home; the assumption being that if the first and early experience of alcohol is in the home, under the supervision of parents, then young people are more likely to develop moderate alcohol consumption habits. This will only hold true, in the main, for those children whose parents' alcohol-related behaviour is moderate and whose alcohol-related attitudes are consistent with the messages they want their children to adhere to. The home can therefore be the context for the transmission of alcohol-related behaviour that is broadly in line with that of the parents. Which means that on the one hand, the home can be an important influence on the establishment of sensible drinking and sensible attitudes to alcohol; on the other hand, the home can be an important influence in the development of harmful drinking patterns and attitudes towards alcohol that could be problematic (Gonet, 1994; Krasner, Madden & Walker, 1984; Pillay, 1993; Van der Burgh, 1983).

Once young people reach the age of about 15 years their involvement with and experience of alcohol tends to take place outside the home. Prior to reaching the stage of drinking alcohol in the public domain, i.e., drinking in pubs or elsewhere away from the scrutiny of adults, alcohol-related behaviour and attitudes tend to reflect the drinking behaviour and attitudes of their parents. After the move towards drinking with friends outside parental view, the amount and frequency of consumption, as well as attitudes to alcohol may change.

The extent to which young people start to misuse alcohol and behave in an unruly manner probably reflects the home background, the wider social context and the alcohol-related behaviour and attitudes of the friends with whom young people are mixing (Coggans & McKellar, 1995; Coleman & Cressey, 1993; Fagan, 1990; Krasner, Madden & Walker, 1984; Pillay, 1993; Plant & Plant, 1992). The following table (Table 2) on the next page will illustrate the involvement of college students in 'drug' abuse and see how it relates to the literature reviewed.

Table 2 shows some results from a continuing government survey of young people in the United States, including high school seniors, college students and young adults aged 18 – 30. Respondents were asked whether they have ever used a substance or used it during the past year, the past 30 days or on a daily basis. It is evident from the figures outlined in Table 2 that most high school seniors and college students use alcohol than any other drug available at their disposal. This high percentage (average % is 77.7) of alcohol use among adolescents reinforces the fact that alcohol can easily be obtained by learners and that measures of control in as far as the obtainability of alcohol is concerned, are lax.

TABLE 2: Percentage of college students who report drug use “during the last 30 days,” 1982 – 1992.

Drug	'82	'83	'84	'85	'86	'87	'88	'89	'90	'91	'92
Any illicit drug	31	29	27	26	25	22	18	18	15	15	16
Marijuana	27	26	23	24	22	20	17	16	14	14	15 ✓
Cocaine	8	7	8	7	7	5	4	3	1	1	1
Alcohol	83	80	79	80	80	79	77	76	75	75	71
Cigarettes	24	25	22	22	22	24	23	21	22	23	24

Source: Nevid, Rathus & Greene, 1997.

Despite declines in overall alcohol consumption (See, Table 2), problem drinking, especially binge drinking, remains widespread on college campuses. A recent national survey (Nevid, Rathus & Green, 1997) of college students found that 50% of the men, and 39% of the women, were binge drinkers, i.e. they consumed five or more drinks (for men) or four or more drinks (for women) on one occasion during the preceding 2-week period. More than one thirds of freshmen in colleges known for heavy drinking report binge drinking during their first week of school, which in many cases means they start binge drinking even before they have finished buying their books.

The United States Department of Health and Human Services, undertook a national household survey on drug abuse in 1988 and the following findings were reported (See, Tables 3(a) and (b) below).

TABLE 3(a): Frequency of use of alcohol within the past year (1988), by age groups for total U.S. population.

Males and Females	At least once (%)	12 or more times (%)	Once a week or more (%)
12 -17 years	44,6%	18,6%	5,7
18 - 25 years	81,7	56,6	7,7
26 -34 years	80,5	53,1	3,7
35 years or more	64,4	42,7	25,1
Total	68,1	44,3	23,9

Source: U.S. Department of Health & Human Services, National Household Survey on Drug Abuse: 1988 (Washington, D.C.: U.S. Government Printing Office, 1989, p.117).

TABLE 3(b): Frequency of use of alcohol within the past year(1988), by age groups for total U.S. population.

Population (in thousands)

Males and Females	At least once	12 or more times	Once a week or more
12 -17 years	9,021	3,773	1,156
18 -25 years	24,262	16,793	7,781
26 -34 years	31,051	20,478	10,854
35 years or more	70,736	46,854	27,538
Total	135,071	87,898	47,328

Table 3(a) above indicates that most people who use liquor fall within the age bracket 18 - 25 years. Coincidentally, this encapsulates both early and late adolescence stages, which informs the basis of this study.

2.7 The peer group

Adolescent social behaviour is characterized by increasing interest in, and involvement with, the peer group. Steinberg and Meyer (in Louw & Edwards, 1997) noted four aspects of the peer group:

- (i) there is a marked increase in the time adolescents spend in each other's company compared to the time spent with adults.
- (ii) peer groups function without adult supervision more often than during childhood.
- (iii) there is an increase in contact between peers of the opposite sex.
- (iv) whereas middle childhood is characterized by friendships in small groups, adolescents spend a lot of time in larger, less tightly-knit groups. Activities, rather than close friendships are shared. At the same time, cliques (more intimate contact with a special group of friends) are also formed.

Along with these goes an increase in conformity to the behaviour and values of the peer group, especially during early adolescence. Adolescents retain some of the fundamental values of their parents. However, they are strongly influenced by the peer group regarding such matters as hairstyle, clothing, taste in music and language idioms. In adolescence, conformity to the peer group plays an important role in identity formation. This allows them to develop an identity separate from the one they formed within the family. However, too much conformity can have the opposite effect. It can prevent the adolescent from forming an individual identity and developing independence.

2.7.1 Structural characteristics of adolescent peer groups

According to Ausubel, Montemayor and Svajian (1977), adolescent peer groups use most of the organizational principles of adult societies. These groups resemble adult formations more closely than childhood groupings in formality, stability, complexity and differentiation of roles and self-consciousness of hierarchical distinctions and interpersonal attitudes. Like adult groups, they have group purposes, standards or values and rules of behaviour. Such groups also have methods of securing conformity. Although the individuals in any such group may remain constant over a long period of time, many changes occur in its objectives, its values, and its relation to the adult society.

Ausubel, Montemayor and Svajian (1977) further asserts that despite the general similarity of the adolescent peer culture to adult groupings, the structural properties of the former are to a certain extent uniquely derived from the special needs of the youth group and are especially influenced through imitation of, and initiation by, members of the next older developmental level. Although various adolescent groups have many functions in common, a fact which makes for generality in such structural characteristics as differentiation into subgroups, conformity requirements and effectiveness of sanctions, it is clear that the structural properties of different groups will vary according to the specific aspirations of individual group members, their relative feelings of belongingness in the community as a whole, and the particular or specialized goals and functions of a given peer group. These factors are demonstrably related to social class values, ethnic and regional traditions, degree of social mobility and specific kinds of deprivations.

2.7.2 Functions of the adolescent peer group

According to Lambert, Rothschild, Altland and Green (1972), the peer group serves many functions, but probably none is more important than its provision of the kind of environment for growth and the acquisition of knowledge about the self that the family is generally unable to offer and that few individuals are capable of finding alone. The peer group also presents opportunities for its members to learn new roles and to revise old ones, thereby enabling them to discover more effective means of functioning in society. When an individual becomes capable in a given role, he/she may frequently transfer his/her newly discovered knowledge from one group to another. For example, a youth who becomes a leader in his/her own crowd may acquire skills that will enable him/her to become a leader in other groups, such as his/her high school student council.

Through his/her membership in a peer group, the young person also acquires a certain status. All peer groups become distinctive in their dress, their language, their loyalty and dependability and in their participation in extracurricular activities at school as well as in

other pursuits. In turn, individuals are generally classified according to the group in which they are members. It is through the adoption of such symbols of peer-group status that adolescents begin to acquire their own identity separate from that of a "child" in the family (Ausubel, 1954; Lambert, Rothschild, Altland & Green, 1972; Manaster, 1989).

The peer group further facilitates the adolescent's emancipation from his/her family by helping him/her to balance his/her ambivalent needs for independence and dependency. In a group of his/her contemporaries, where he/she is more likely to be treated as an equal, he/she can begin to move out of the subordinate position he/she is likely to hold in his/her relationships with adults (Adams, 1973; Ausubel, 1954; Conger, 1973; Epanchin & Paul, 1987; Hoffman & Saltzstein, 1967; Manaster, 1989).

Pillay (1993), in his research, outlines the reasons why adolescent take drugs:

TABLE 4: Reasons for the use of drugs among Indian high school pupils.

Reasons for taking drugs	Frequency	Percentage (%)
Friend(s) ✓	53	41,4
Rebellion	23	18,0
Rejection	26	20,3
To relieve depression	23	18,0
Curiosity	27	21,1
Boredom	18	14,1
To get "high"	48	37,5
Fun or "kicks"	38	29,7
To relax	19	14,8
To perform better at school	10	7,8
To express feelings	10	7,8
To help control anger	7	5,0
Other	4	3,1

The above table (Table 4) has the influence by friends at 41,4%, which is higher than all the reasons given why Indian high school pupils use drugs. "Other" reasons which may include parents, relatives and significant others stand at 3,1%. This serves to emphasize the fact that peer pressure plays a vital and significant role in as far as the use and abuse of "drugs" is concerned.

The most significant personality change during adolescence is a diminution in the importance of the status an individual derives from a dependent relationship with parents and a corresponding increase in the importance of the primary status, which he/she earns, in his/her own right. Since the modern urban community is unable to provide the adolescent with earned status, peer groups are constituted to meet this crucial need. The peer group is also the major source of derived status during adolescence. By achieving acceptance in the group, by subordinating himself/herself to group interests and by making himself/herself dependent on group approval, the adolescent gains a measure of intrinsic self-esteem that is independent of his/her achievements or relative status in the group. This “we-feeling” provides security and belongingness and is a powerful ego support and source of loyalty to group norms (Adams, 1973; Ausubel, 1954; Conger, 1973; Manaster, 1989; Papalia & Olds, 1995).

The peer group provides a new frame of reference to relieve the disorientation and loss of anchorage from the abandonment of the childhood frame of reference when the childhood biosocial status is surrendered. This disorientation is especially severe in early adolescence because of the adolescent’s marginal position in the society and his/her rejection by the adult community. The creation of peer group norms rescues him/her from the uncertainty, indecision, guilt and anxiety about the proper ways of thinking, feeling and behaving (Schoeman, Parry, Lombard & Klopper, 1994; Sullivan, Thompson, Wright, Gross & Spady, 1980).

In switching his/her primary allegiances to the peer group and in seeking a source of values outside the home, the adolescent makes great strides toward emancipation. He/She finds a new source of basic security to supplant the emotional anchorage to parents that had heretofore kept him/her confined within the dependent walls of childhood. By vesting his/her peers with the authority to set standards, he/she affirms his/her own right to self-determination, since he/she is patently no different from them. No longer need he implicitly subscribe to the belief that only parents and adults can determine what is right. As a result of the emotional support he/she derives from his/her peer group, he/she gains the courage to break the bonds of parental domination (Irwin, 1989; Lambert, Rothschild, Altland & Green, 1972; Schoeman, Parry, Lombard & Klopper, 1994).

The peer group serves as a “bulwark of strength in combating authority. By pooling their resistance in groups and throwing up barriers of one kind and another against adult authority and

interference”(Schoeman, Parry, Lombard & Klopper, 1994), adolescents manage to exclude adults and protect themselves from the coercions that the latter are prone to use. By creating precedents and operating as a pressure group, the peer group gains important privileges for its members and emancipates itself from adult and institutional controls. Adolescents also use the peer group as an organized means of rejecting completely the accepted standards of adult society and of repudiating the necessity for growing up. Apart from delinquency, practically all resistance to acculturation in our society comes not from individual adolescents but from peer groups (Frankel & Whitehead, 1981; Gonet, 1994; Jessor, 1987; Perry, 1990; Schoeman, Parry, Lombard & Klopper, 1994).

Ausubel (in Adams, 1974) lists the following basic functions that the peer group serves during adolescence:

(a) Family replacement - to some extent, the peer group takes the place of the family, which is to say that an adolescent can feel a certain status or lack of it quite independent of what or who his/her family is. This is invaluable preparation for adulthood because it gives one a chance for more objective feedback than parents can usually provide.

(b) Stabilizing influence - peer-group membership is a useful stabilizer during a period of rapid transition. In the light of the incredible endocrinal, developmental and social changes, which occur during the period of adolescence, it is comforting to know that others are going through the same thing. As one sixteen - year - old boy puts it, “ I hate these dumb pimples, but I’d hate them more if I was the only one who had them”.

(c) Self-esteem - the peer group can be an important source of self-esteem outside the primary family unit. Of course it can work the other way, too, particularly for the adolescent who is isolated or scapegoated.

(d) Standards - if parental warmth and a sense of “equal rights” within the home are at a minimum, the peer group may provide both the security and the models that adolescents need. The greater the wall between the adolescent and his/her family, the more elaborate the peer culture becomes and the more he/she will turn to it for support and identity. Not infrequently those teenage youth who are most involved and identified with their peer culture are those who have strained and difficult relationships with their parents.

(e) Protection - the peer group insulates and protects adolescents to some extent from the coercion that adults are likely to impose on young people. When the adolescent says something in the order of, “Well everyone else is going (or doing it, or wearing it or whatever), why can’t I?” he/she is raising what has become an almost universal wail of defensive protest designed to implore restricting adults to change their minds.

(f) Practice by doing - the peer group provides an opportunity to practice by doing. Dating, participation in extracurricular activities, sex, future goals and the world generally are all important rehearsal experiences for eventual adulthood. As one practices by doing, the peer group is a source of instant feedback; it is an audience of self-proclaimed critics watching for flaws in the performances of their own kind in themselves. Feedback from peers is necessary because it is objective (sometimes unmercifully so) and it provides cues and information, which can be used to modify and refine the adolescent’s emerging concept of who he/she is as a person.

(g) Modeling - particularly for disadvantaged adolescents, the peer group offers a psychological and moral support that many parents simply cannot provide. For example, research by Hoffman and Saltzstein (in Adams, 1973) relating parent discipline to a child’s moral development, found that, there was substantial moral and conscience development modeling of their parents among middle-class adolescents but almost none among lower socioeconomic status subjects. It may very well be that lower socioeconomic youth are more psychologically dependent on their peers and thus use them for models “to be like” more extensively.

2.7.3 Peer pressure

Conformity to peers is often considered one of the hallmarks of adolescent behaviour. Studies by Clasen, Brown and Eicher (1986), have shown that peer conformity dispositions (willingness to conform to peers) as well as conformity behaviour increase from childhood through adolescence. The early adolescent’s need for affiliation with a group of peers is manifested by conformity to group norms. The group itself is strengthened when members exert conformity pressures on each other.

Peer pressure is seen as a major causal factor in the onset of delinquency, including alcohol misuse, illicit drug use, and confrontational or aggressive behaviour amongst other forms of delinquent behaviour despite the fact that most data presented as evidence for this are associational. That is, the data are

correlated which simply means that their occurrence is associated not that one factor causes the other. The co-occurrence of two factors is frequently misinterpreted in terms of one being the cause and the other being the effect (Sullivan, Thompson, Wright, Gross & Spady, 1980).

There is some attraction in peer pressure explanations because such explanations divert blame away from parents (which is not to say that parents are always to blame - very often they are not). Instead, blame can be laid at the door of these influential others who are responsible for leading the young person astray. It also can serve the function of distracting attention from the role that the young person plays in his/her own development (Coggans & McKellar, 1995; Sullivan, Thompson, Wright, Gross & Spady, 1980).

Peer pressure explanations are often interpreted as the young person being passive in the face of pressure from others. That is, he/she is unable to refuse and is therefore in some way not primarily responsible for the acts he/she has committed. In this form peer pressure is a type of inadequacy theory, just as self-derogation theories for illicit drug use explain drug use as some sort of compensation for low self-esteem. While there is evidence to show that peer factors are associated with delinquent behaviour, this evidence has often been inappropriately interpreted as support for peer pressure when it should have been more appropriately interpreted as evidence for peer assortment or peer preference. If the active role of the individual is ignored then the role of peers and the nature of interactions between individuals and peers will not be properly understood (Bonner & Waterhouse, 1996; Coggans & McKellar, 1995; Ripple, Biehler & Jaquish, 1982; Virkhuen, 1974).

It is still common place to hear of "peer pressure" (coercion or persuasion to do something) or "peer influence" (a vague term indicating that the impact of peers is effectively to make others do something), when more appropriate terms would be "peer support" (toleration, approval or encouragement of an individual's delinquent attitudes or behaviour) or "peer assortment or preference" (favouring or choosing some friends or associates over others). The way that peer pressure or peer influence is defined in many research reports makes it clear that the researchers concerned viewed peer pressure as being only one (possibly causal) factor amongst others in a dynamic and reciprocal relationship between individuals and peers which means that factors other than peer pressure play a part; and any adequate explanation of drinking and aggression amongst young people will have to include individual factors such as beliefs, attitudes and aspirations, as well as other developmental and social factors such as family and culture

(Bonner & Waterhouse,1996; Coggans & McKellar,1995 Ripple , Biehler & Jaquish,1982).

While contending that the power of peer pressure is often overestimated it is also important to recognize that as in any dynamic and reciprocal relationship, it is the interaction between individual and social factors that defines preferred lifestyle and behaviour. It is important to recognize that just as it is often wrong to assert that people take drugs because of pressure from others, it is also wrong to assume that social factors have no influence. It is the nature of this dynamic relationship that requires to be elucidated (Bonner & Waterhouse, 1996; Hoghughi, 1993).

Evidence frequently cited as evidence for peer pressure is more properly evidence that supports a dynamic and reciprocal perspective on peer assortment, also known as hemophilic assortment, that is, the coming together of social groups which evolve and change over time to provide a more amenable social setting for the attitudes and behavioural preferences of the individual (Coggans & McKellar, 1995; Hoghughi, 1983, 1995; Louw & Edwards, 1997; Rocha-Silva 1988; Rocha-Silva, 1989).

2.7.4 Behavioural characteristics of adolescent alcohol abusers

According to research work by Rocha-Silva (1988) and Rocha-Silva (1989) learners who abuse alcohol usually live the night life (they spend most of their time drinking at night), suffer the loss of personal possessions (sold to buy alcohol), a drop in grades, increased illness (actually the person is not usually sick, as such, but may have a hangover), unusual borrowing or stealing of money, mood swings, change of friends (or sticking to friends who can provide him/her with what he/she needs), loss of interest in former goals, difficulty in concentrating, slurred speech and possible personality change.

Rocha-Silva (1988) and Rocha-Silva (1989) further asserts that short-term effects of alcohol abuse include euphoria, drowsiness, dizziness, slurred speech, staggering, stupor, headaches, nausea, shakiness and vomiting. Alcohol should not be taken with any other drugs as physical and/or mental damage may occur, i.e. if alcohol is taken with aspirin, it may increase internal bleeding. If a person abuses liquor (alcohol) this may result in serious long-term effects such as liver damage, brain damage, heart disease, cancer, loss of memory, impotence, ulcers and pancreatic disorders. Alcohol can irritate the mucous lining in a person's stomach and produce gastritis the (symptoms of which include loss of appetite, nausea, vomiting

and discomfort after eating), which will usually go away after the cause has been removed.

2.8 Summary

From the literature reviewed, it has become evident that peer pressure is a major factor in alcohol use and misuse. It has also been noted that peer pressure greatly influences adolescents because adolescents spend more time in each other's company than with parents, teachers, or relatives.

During adolescence peer groups function without adult supervision more often than during childhood and there is increase in contact between peers of the opposite sex as individuals reach puberty and adolescence. In comparison to girls, boys tend to do things in gangs or cliques in activities related to mischief and delinquency whereas girls tend to be involved in social-familial activities. It has been noted that while most young people are often "intellectually" aware of the dangers of alcohol abuse and even look down on heavy drinkers, they are paradoxically favourably inclined to alcohol. This is because most young people who drink do not perceive themselves as being at risk from alcohol and its associated problems. Such an attitude is most probably due to a lack of knowledge about the physiological effects of alcohol and the high possibility of addiction.

Alcohol is harmful to human beings if taken in excess. Alcohol is a tranquilliser that depresses physiological functioning, especially in the central nervous system. People who are intoxicated tend to become more talkative, aggressive and violent. Some may even feel a wide range of emotions ranging from euphoria to depression. Memory, sensation, perception and sensory-motor co-ordination may become impaired. Long-term alcohol abuse results in serious psychological and physical dependence. Withdrawal symptoms include trembling of the hands, sleeplessness, nausea or vomiting, headache, signs of anxiety such as excessive perspiration and accelerated heartbeat, hallucinations and epileptic seizures (Louw & Edwards, 1994; Nevid, Rathus & Greene, 1997).

Alcohol abuse plays a role in approximately 50 % of all crime and fatal car accidents in South Africa (Louw & Edwards, 1994). Alcohol abuse also causes physical damage. These health risks include cirrhosis of the liver, gastrointestinal problems, damage to the heart muscle, decreased immunity and impaired muscle functioning. Louw and Edwards (1994) further asserts that medical problems attributed to alcohol

abuse can shorten life expectancy by up to 15 years. Excessive alcohol use can cause a deficiency of vitamin B2, which results in brain damage. Too little vitamin B2 also causes a condition known as Korsakov's syndrome. People with this disorder find it difficult to recall the past and cannot learn new things. Other symptoms include confusion, disorientation, poor judgment, impaired abstract thought processes, diminished self-control and personality changes (Nevid, Rathus & Greene, 1997).

While they may be aware of the harmful effects of alcohol use, adolescents are inclined to take risks such as driving or swimming after drinking and participating in drinking competitions where large amounts of alcohol are consumed in as little time as possible. Generally, risk-taking is perceived as "a normal transitional behaviour during adolescence" (Ausubel, 1954; Hoffman, 1980; Hoghughi, 1983; Hurlock, 1955; Learner & Hultsch, 1983). Since alcohol consumption among adolescents is unlikely to be approved of, it is consumed quickly at short time, hence large quantity consumed results in abuse. Adolescents, like adults tend to use alcohol to alter their emotions.

Ziervogel, Morojele, van de Riet, Parry and Robertson (1994) used qualitative methods to investigate why male adolescents in the Cape Peninsula binge-drink. Reasons given included the view that alcohol increases self-confidence and confers adult status to young people. Other reasons included the alleviation of boredom and the need to experiment. Peer and parental influences were also stated as reasons precipitating drinking.

Alcohol advertising could also increase alcohol consumption in a number of ways. For example, advertising can influence people's intake quantities by increasing the number of drinking occasions and by encouraging non-drinkers to start consuming alcohol. Advertisements reflecting positive attitudes towards alcohol also work against those who wish to stop or cut down on drinking. Furthermore, it is possible that advertising also creates positive societal attitudes towards alcohol, which makes it difficult for those working towards alcohol policy reform to get across the messages of associated harm. The alcohol industry argues that alcohol advertising only encourages choice between different brand names rather than encouraging increased drinking or recruiting new drinkers. Alcohol is associated with success, prestige, popularity, sociability, etc. and enhances performance in most advertisements (Louw & Edwards, 1997; Neubeck, 1991).

According to Nevid, Rathus and Greene (1997), men are more than twice as likely (20 % versus 8 % respectively) to abuse alcohol and to develop an alcohol dependence disorder than women. One possible reason for this gender difference is sociocultural – perhaps tighter cultural constraints are placed on women. Researchers (Louw & Edwards, 1994; Nevid, Rathus and Greene, 1997) speculate that alcohol abuse and alcoholism may become prevalent among women in the future – in part because social drinking has become more acceptable for women and because the gap between men and women in the prevalence of alcoholism is the narrowest in the youngest age group.

During socialization, adolescent peer pressure is stronger in boys than in girls. Boys tend to interact with adolescent age mates who display the same antisocial behaviours while girls feel much comfortable in groups which share activities upheld by their society such as belonging to youth clubs, religious organizations, community-driven structures, etc. As a result, it is not surprising to find more adolescent males abusing alcohol than their female counterparts.

As a follow-up to the study in the Cape Peninsula (Flisher, Ziervogel, Charton, Leger and Robertson, 1993a; 1993b), this study was designed to investigate whether adolescent high school learners in QwaQwa consider peer-group pressure as a major influence to alcohol abuse.

During adolescence, parents and adolescents become more physically and psychologically distant from each other. This normal distancing is seen in decreases in emotional closeness and warmth, increases in parent-adolescent conflict and disagreement, and an increase in time adolescents spend with peers. Increases in family strains (divorce, economic constraints, etc.) have prompted adolescents to depend more on peers for emotional support. In many families, parents and adolescents are in distressed relationships characterized by emotional coldness and frequent outbursts of anger and conflict. Unresolved conflict produce discouragement and withdrawal from family life. Adolescents in these families are at risk for various psychological and behavioural problems (Clasen, Brown & Eicher, 1986; Hurlock, 1967). It is therefore no wonder why peer pressure is stronger in adolescence than in any other stage of human development.

The study was also designed to ascertain the differential influence of peer-pressure as a function of sex or location or place of abode of adolescents. This is to make possible the testing of the hypotheses as advanced in Chapter One of the study. The qualitative approach to investigation of this nature, which

appears to be dominant in the literature reviewed, was also adopted.

The next chapter (Chapter Three) is devoted to the methodology of this study.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the methodology adopted for this study. It describes the population, sample, instrumentation and also deals with procedures for data collection and analysis.

3.2 Research Design

A research design is the basic plan of the study. It refers to how the study is to be carried out.

This study adopted mainly quantitative approach in its design. The study used positivistic quantitative strategies both in terms of its underlying assumptions and its methods of data gathering and data analysis.

The research design adopted is descriptive survey of confirmatory nature. According to Imenda and Muyangwa (1999), confirmatory surveys involve structured interviews or questionnaires intended to verify information, perceptions, opinions or views. The purpose of confirmatory surveys is to assess the extent to which participants (or subjects) hold similar beliefs, share specific views and ways of looking at things, possess certain skills, or exhibit comparable behaviour. This research approach conforms to the verification as well as the enumerative dimensions of scientific research.

Because the research design is descriptive, it describes phenomena as they happen. The aim of the descriptive study is to describe “what exists” with respect to variables or conditions in a situation. According to Gay (1992), a descriptive method is useful for investigating a variety of educational problems. Typical descriptive studies are concerned with the assessment of attitudes, opinions, demographic information, conditions and procedures. Descriptive data are usually collected through a questionnaire survey, interviews or observation. Just as the historical researcher has no control over what was, the descriptive researcher has no control over what is, and can only measure what already exists (Ary, Jacobs & Razaviel, 1972; Huysamen, 1994; Merriam, 1998; Reaves, 1992; Walker, 1985).

To gather information from research respondents, the researcher used questionnaires. The questionnaire method was favoured over other research tools such as interviews because it could be administered to large numbers of respondents at once and for this reason, it is more economical and timesaving than interviews. The questionnaire (See Appendix B) was administered to groups of Grade 12 learners in the schools selected after permission was sought from the school authorities.

3.3 Population and sampling

The population of this study comprised of adolescent high school learners in QwaQwa. High school adolescents were chosen precisely because they were easily accessible as compared to other adolescents on the streets. All high schools in QwaQwa were examined (totaling 45) and a sample of 10 high schools was drawn. From the 10 schools, which comprised of 6 public day schools, a private school and 3 public boarding schools, 500 learners were randomly selected to participate in the study. That is, in each school 50 learners were proportionately selected to participate in the study. Proportionate/Stratified random sampling procedure assures the researcher that the sample will be representative of the population in terms of certain critical factors that have been used as a basis for stratification, and also assures him/her of adequate cases for sub-group analysis.

All research respondents came from co-educational schools, that is, schools catering for the tuition of both males and females. The respondents chosen were from Grade 12, because it was adjudged that this level of high school contains 'older' adolescents who are more likely to have experienced peer-pressure than their counterparts in the lower-grades and by virtue of their level of education were more likely to respond better to the research instrument.

According to Leedy (1974), randomization means selecting a part of the whole population in such a way that characteristics of each of the units of the sample approximate the broad characteristics inherent in the total population. It is in line with this definition that the above sample was drawn.

3.4 Instrumentation

The study used questionnaire-method to gather information from research respondents. The questionnaire consisted of three sections or parts (See Appendix B). One section contains instructions on how the

questionnaire should be answered, one section taps demographical information and another contains close-ended and open-ended questions, which taps information with regard to the opinions of respondents as to the influence of peer-pressure on alcohol abuse. The response format of this section is in the form of Yes/No and also contains multiple-choice options (structured items) for example, Very Often, Often, Never, Rarely, Very Rarely. The open-ended section allows learners free expression and taps other information related to factors such as sex, nature of friendship, hobbies and interests that may influence learners to abuse alcohol.

To be useful, data collection instruments must be consistent. The extent to which measurement instruments are free from error indicates their reliability (Mertens, 1998). The more reliable the measurement, the closer the researcher can arrive at a true estimate of the attribute addressed by the measure. The purpose of measurement is to get an accurate estimate of how much error remains. Researchers can use several approaches to determine the reliability of a particular data collection. Two of the most common approaches involve the use of repeated measure (e.g., test-retest and parallel forms and calculation of internal consistency, e.g., coefficient-alpha).

To establish the reliability indices of the instrument, a group of individuals were administered the instrument and the same individuals received a second administration of the same instrument. Scores from both administrations were compared to determine the consistency of response and the reliability coefficient (value of r) was found to be 0.7, which indicated a high reliability of the instrument.

3.5 Administration of the instrument/Data collection

The questionnaire was administered to adolescent high school learners in QwaQwa. The questionnaire was administered while learners were at school. Participants in Grade 12 were selected using stratified random sampling. The questionnaire was administered personally (but also with the assistance of teachers). Personal administration was for the purpose of creating rapport among respondents and to explain any difficult items on the questionnaire. This was also done to ensure high percentage returns of completed questionnaire forms.

3.6 Data analysis

Data collected was collated and analyzed to answer the research questions as to whether or not respondents agree that peer-pressure is a major contributory factor to adolescent alcohol abuse. The data collected was also subjected to chi-square analysis to determine the differences in the opinions of the different sub-groups of the respondents and to test the research hypotheses. Thus, for hypothesis one, a chi-square analysis was employed to determine the difference between male and female learners with regard to their opinions on the influence of peer-pressure on alcohol abuse.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents an interpretation and discussion of the results of the study. The study was designed to ascertain the perceptions of high school learners with regard to the influence of peer-pressure on alcohol abuse. Five hundred (500) adolescents from ten (10) randomly selected (using stratified sampling) high schools in QwaQwa (North Eastern Free State, South Africa) participated in the study. Three hundred (60%) of the learners were drawn from public day schools (PDS), one hundred and fifty (30%) from public boarding schools (PBS) while fifty (10%) were from a private school.

4.2 Descriptive statistics

Table 5 presents information with regard to the participants' age, gender, location and type of schools.

It will be noted in (Table 5) that most research respondents ranged between ages 17 – 19 years and came from urban areas as compared to rural areas (262/238) and are essentially males. The ages of respondents (subjects) show that they were all adolescents at the human developmental stage when peer-pressure is very important in identity formation. More often than not, adolescents seek approval of their peers to maintain almost all of their activities and are reportedly in trouble with school authorities or the law (Conger, 1973; Hurlock, 1967; Manaster, 1989).

TABLE 5: Participants by age, gender, location and type of schools

Schools	Age Group (in yrs)				Gender		Location		Type of School
	15-16	17-19	20-21	22-	M	F	R	U	
A	3	29	18	0	31	19	18	32	Public day school (PDS)
B	6	27	16	1	24	26	32	18	Public day school (PDS)
C	6	23	18	3	23	27	13	37	Public day school (PDS)
D	4	39	6	1	29	21	18	32	Public day school (PDS)
E	3	45	1	1	28	22	26	24	Public boarding school (PBS)
F	5	40	5	0	26	24	14	36	Public day school (PDS)
G	0	12	24	14	32	18	33	17	Public boarding school (PBS)
H	3	38	8	1	24	26	37	13	Public boarding school (PBS)
I	7	21	13	9	30	20	30	20	Private School (PS)
J	3	32	11	4	35	15	17	33	Public day school (PDS)
Total (n)	40	306	120	34	282	218	238	262	PDS = 6 PBS = 3 PS = 1

Table 6, displays descriptive statistics that are discussed on the next page.

TABLE 6: Distribution of respondents as to whether or not they abuse alcohol.

Respondents by group	Responses	
	Yes	No
A. All males	196	72
All females	126	106
Total	322	178
B. All boarders	95	55
All day scholars	228	119
Total	323	174
C. All males in urban schools	78	35
All females in urban schools	54	57
Total	132	92
D. All males in rural schools	101	37
All females in rural schools	93	49
Total	194	86

(Information based on the sum total of responses 3, 4, 8, 13 and 20 on the questionnaire, Appendix B). This indicates the sum total of subjects who responded “Yes” or “No” on these questions whether they use (abuse) alcohol as indicated in table above. These questionnaire items were used as indices of the subjects’ perceptions of the influence of peer-pressure on alcohol abuse.

Note: The total in B above, does not add up to 500. This is because 3 respondents did not indicate whether they were boarders or day scholars.

Table 5 indicates that more males than females indicated that they were influenced by peer-pressure to abuse alcohol. More day scholars (228/95) also indicated a high influence of peer-pressure to abuse alcohol than their counterparts in boarding schools. In rural and urban schools more females than males responded (No) to the question whether they drink alcohol. Conversely, more females in rural schools (93/54) as against their counterparts in urban schools tend to use alcohol.

4.3 Hypotheses testing

Hypothesis 1:

This hypothesis states that there is no statistically significant difference between boys and girls with regard to their opinions on the influence of peer-pressure on alcohol abuse.

To test this hypothesis, the observed and expected frequencies of subjects agreeing or disagreeing with the statements on the questionnaires were computed. Table 7 below displays this information.

TABLE 7: Observed and Expected Frequencies of male and female respondents indicating whether or not they use alcohol.

RESPONDENTS	RESPONSE		
	YES	NO	TOTAL
Boys	196 (172.6)*	72 (95.4)	268
Girls	126 (149.4)	106 (82.6)	232
Total	322	178	500

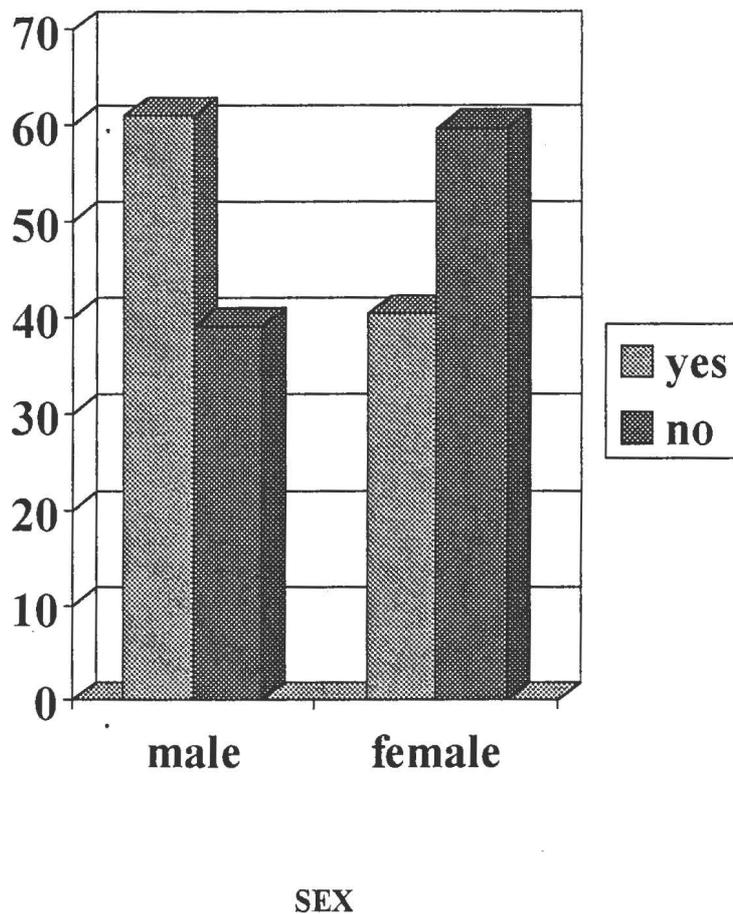
Calculated frequency.

*Expected frequency.

The respondents were to indicate whether or not they agree with the statements on the questionnaire (questionnaire items 3, 10, 13, 15, 19, 20) that peer-pressure among adolescents influence alcohol abuse by ticking “Yes” or “NO”. These items measured the extent of alcohol abuse by adolescents. The frequencies of responses (Yes or No) were collated and expected frequencies calculated from the observed /collated frequencies. Chi-square (X^2) analysis was then performed on the observed and expected frequencies and the Chi-Square value obtained is 19.212 (at $df = 1$; $p = 0.05$). However the Chi-Square table value is 3.84146 ($df = 1$; $p = 0.05$). That is, the calculated chi-square value is greater than the table value, which means that there are significant differences between male and female learners with regard to their opinions as to the influence of peer pressure on alcohol abuse.

The hypothesis that there is no statistically significant difference between boys and girls with regard to their opinions on the influence of peer-pressure on alcohol abuse therefore, is rejected. Inspection of the responses shows that 196 boys as against 126 girls agreed that peer-pressure has a significant influence on alcohol abuse. This may therefore suggest that male learners believed that they were more strongly influenced by peer-pressure in abusing alcohol than female learners indicated. The strength of this association is further displayed in Figure 1, below.

FIGURE 1: Consumption of alcohol according to sex.



Hypothesis 2:

This hypothesis states that there is no statistically significant difference between day and boarding school learners with regard to their opinion on the influence of peer-pressure on alcohol abuse.

To test this hypothesis, the observed and expected frequencies of subjects in day schools and boarding schools agreeing or disagreeing with the statements on the questionnaire (Items 2,7,8, 9,10, 11) were computed. These items measured whether peer-group pressure played a major contributory factor to alcohol abuse among learners in high schools. Table 8 below, displays this information.

TABLE 8: Observed and expected frequencies of learners' responses from boarding and day schools.

SCHOOL TYPE	RESPONSES		
	<u>Yes</u>	<u>No</u>	<u>Total</u>
Boarding	95 (96.9)	55 (52.2)	150
Day	228 (224.2)	119 (120.8)	347
Total	323	174	497*

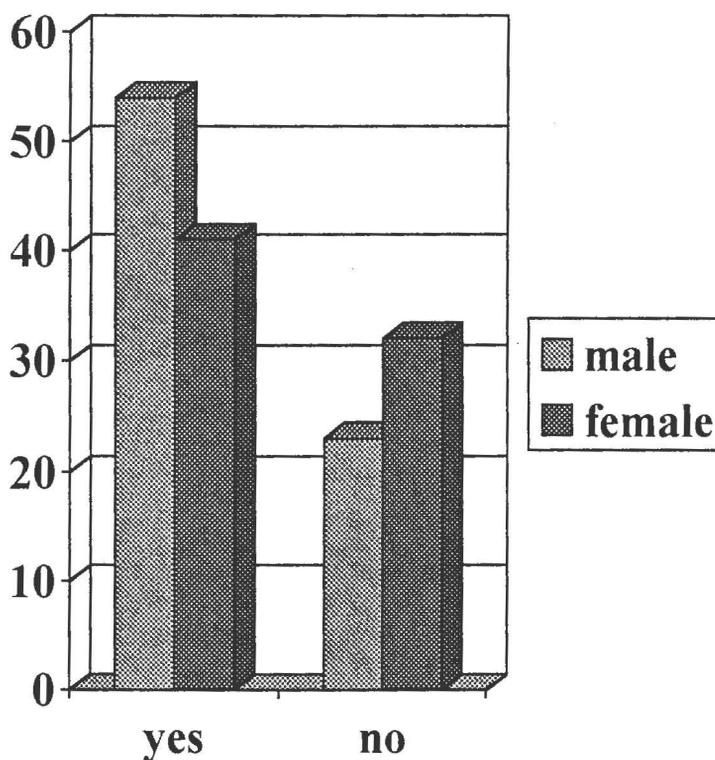
*There are 3 missing cases. The total does not add up to 500 because 3 respondents did not indicate whether they were day or boarding learners.

The respondents were to indicate whether they Agree or Disagree with the statements on the questionnaires that peer-pressure among adolescent high school learners influence alcohol abuse. On the observed and expected frequencies Chi-square analysis was then performed and the Chi-Square value obtained is - 0.032(at df = 1; p = 0.05). However, the Chi-Square table value is 3.84146 (at df = 1; p = 0.05). That is, the calculated Chi-Square value is less than the table value, which means that there were no significant differences between day and boarding learners with regard to their opinions on the influence of peer-pressure on alcohol abuse. Therefore, the hypothesis stated is supported.

Inspection of the responses shows that 95 boarding school learners (29.4%) as opposed to 228-day school learners (70.5%) agree that peer-pressure has significant influence on alcohol abuse. This may therefore

suggest that more boarding school learners believe that they are not influenced by peer-pressure in abusing alcohol than is the case with day scholars. Thus, in public boarding schools, the learners' sex and opinions on alcohol abuse or propensity to drinking alcohol are independent. Conversely, in public day schools, the learners' sex and opinions on alcohol abuse or propensity to drinking are dependent. More specifically, in boarding schools, boys and girls virtually do not drink and do not condone alcohol abuse. This, therefore, means that, there is a strong association between public day school learners' sex on one hand and their opinions on alcohol abuse and alcohol consumption on the other hand. Figure 2 below corroborates the above information.

FIGURE 2: Public boarding schools – who drinks most?



Hypothesis 3:

This hypothesis states that there is no statistically significant difference between urban and rural learners with regard to their views on the influence of peer-pressure on alcohol abuse.

To test this hypothesis, the observed and expected frequencies of subjects agreeing or disagreeing with the statements on the questionnaires were computed. Table 9 below, displays this information.

TABLE 9: Observed and expected frequencies of learners' responses from urban and rural high schools.

SCHOOL TYPE	RESPONSES		
	<u>Yes</u>	<u>No</u>	<u>Total</u>
Urban	132 (130.4)*	68 (69.4)	200
Rural	194 (195.6)	106 (104.4)	300
Total	326	174	500

The respondents were to indicate, “Yes” or “No whether” they agree with the statements on the questionnaire (Items 2, 6, 8, 9, 10 & 11) that peer-pressure among high school adolescents influence alcohol abuse. The sum totals of responses were then computed. Chi-square analysis was then performed on the observed and expected frequencies and the Chi-Square value obtained is 0.204 (at $df = 1$; $p = 0.05$). However, the Chi-square table value is 3.84146 (at $df = 1$; $p = 0.05$). That is, the calculated Chi-Square value is less than the table value, which means that there are no significant differences between urban and rural learners with regard to their opinions on the influence of peer-pressure on alcohol abuse. Therefore, the hypothesis stated is supported. Inspection of the responses show that 132 urban learners as against 194 rural learners agreed that peer-pressure has significant influence on alcohol abuse. This may therefore suggest that urban learners and rural learners are equally influenced by peer-pressure with regard to alcohol abuse.

4.4 Summary

Research findings in this study indicate the following:

- i. That male and female learner is differentially affected by peer-pressure. Male respondents of this study strongly believed that they were more affected by peer-pressure than their female counterparts.

- ii. Learners in both boarding and day schools were equally influenced by peer-pressure, that is, there is no difference in the influence of peer-pressure on adolescent learners from boarding and day schools to abuse alcohol.

- iii. The location of schools whether rural or urban plays no significant influence on the effect of peer-pressure on adolescent learners. That is, irrespective of the location of the schools adolescent learners are equally affected by peer-pressure. Irrespective of the types of school (that is, whether boarding or day school) adolescent learners are equally affected by peer-pressure.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the entire study, draws conclusions from the findings and makes recommendations for further study. The limitations of the study are also discussed.

5.2 Summary

The purpose of this study was to investigate whether peer-group pressure is a contributory factor to alcohol abuse among adolescent learners in some selected high schools in QwaQwa.

In conducting this study, a sample of 10 schools from 45 high schools in QwaQwa was drawn. Five hundred (500) learners were randomly selected from the 10 schools using proportionate sampling. Descriptive survey research was employed which made use of questionnaire method to collect relevant data. From each of the 10 schools selected, questionnaire forms were administered to 50 randomly selected grade 12 learners to complete. The data collected was analyzed with regard to the opinions of the respondents as to the influence of peer-pressure on alcohol abuse. Data analysis using chi-square was also used to test the hypotheses.

5.3 Conclusion

The results of this study revealed that:

1. Almost all adolescent learners agreed that peer-pressure influenced them to abuse alcohol.
2. Sex is a factor in the influence of peer-pressure on alcohol abuse. More male learners indicated that they were influenced by peer-pressure to abuse alcohol than was the case with their female counterparts.
3. Type of school, whether boarding or day school, is not a factor in the influence of peer-pressure on alcohol abuse by adolescents. That is, there was no significant difference in the number of learners from

boarding and day schools indicating that they were influenced by peer pressure to abuse alcohol.

4. Location of school, that is whether the school is located in rural or urban area is not a factor in the influence of peer-pressure on alcohol abuse by adolescent learners. That is, there was no significant difference in the number of learners from rural and urban areas indicating that they were influenced by peer pressure to abuse alcohol.

5.4 Discussion

More often than not boys spend most of their leisure time hanging around together. They belong to groups that serve to buffer their self-esteem. Boys also commit most anti-social behaviours in groups. In comparison to boys, girls tend to spend most of their time at home either doing domestic chores or looking after their siblings. This does not suggest that girls do not belong to groups. Most of the groups in which girls belong to uphold good social behaviour like youth clubs, religious societies, etc. Boys are also more adventurous, or their behaviours tend to reflect a desire for adventure and flirtation with danger. They often try out 'drugs' for the first time strictly as an experiment or as a means of communication with peers. Peers however, may influence adolescent to be involved in anti-social behaviour such as gangsterism, hooliganism, etc. which involve 'drugs' and drinking. It is therefore not surprising that more males than females in this study indicated that they are affected by peer-pressure to use and abuse alcohol.

Alcohol drinking if 'properly used' is no longer a taboo in many black communities in South Africa today. This is evident for example, in occasions such as birthday celebrations, academic achievements, matric farewells and fundraising campaigns where alcoholic beverages are easily obtainable without any sanctions on age. Unfortunately such occasions directly or indirectly promote alcohol drinking and misuse among adolescents.

There has been an increasing awareness of teen-age drinking, for most adolescents experiment with alcohol during high school (Noganta, 1999; Pillari, 1998; Rocha-Silva, de Miranda & Erasmus, 1996; Sempe, 1999). An adolescent drinks in an attempt to prove that he/she 'belongs' or can conform to the group. Drinking with peers serves as a partial substitute for the lack of close family relationship in the lives of many young people. The use of alcohol temporarily relieves overwhelming anxiety and depression, as manifested by feelings of worthlessness, fear of the future, insomnia and suicide attempts.

Peers influence adolescent behaviour because most teen-agers spend much more time in the company of peers than with their parents. In addition, by interacting with others of the same ages many types of social behaviour could be learned (Ripple, Biehler & Jaquish, 1992). Furthermore, the very fact that peers are experiencing similar physical and psychological changes tends to bring them together because they can identify with each others' problems and concerns. A visit to any high school will reveal that in terms of dress, hairstyles, interests and social relationships, the influence of peers is extremely potent. Brittain (1968) suggests that peers influence decisions that involve current status and identity needs.

According to Ausubel, Montemayor and Svajian (1977) in closely knit groups individuals will undergo much personal sacrifice to render each other mutual help or to execute group goals. For the sake of the group an adolescent may incur risks and face dangers that he/she would never dream of undertaking for his/her own benefit. If the implicit pressures of the group and the internalized restraints and endogeneously derived dispositions of the individual are insufficient to keep him/her in line, explicit sanctions are imposed. Shaming and ridicule are the most frequent and widespread forms of penalty used by peer groups. Allegiance to group norms may, under certain circumstances, be learned to the point of participation in delinquent activities of which an individual adolescent might personally disapprove of.

Learners in boarding schools are congregated together as compared to learners in day schools. There is a close networking among them because they spend most of their time together in the classrooms, the dormitories and even on the sport-fields. Conversely, however, day learners spend their time together only at school and perhaps converge after school at their various meeting places as cliques or groups, which may not necessarily be constituted of their schoolmates. This study has found that there is no significant difference in the influence of peer-pressure on adolescent learners from boarding and day schools to abuse alcohol. Day scholars and boarders seem to be affected the same way with regard to alcohol tolerance, alcohol drinking and alcohol abuse. Probably one major reason why many adolescents use alcohol is because alcohol is pushed quite openly by the alcoholic beverage industry.

Neubeck (1991), Tibbs and Perry (1994), indicate that common reasons given by adolescents for alcohol use and misuse include that it is traditional to drink, friends do it and expect it, parents do it and expect it, it makes one to sleep with ease, it enables one to cope with personal/social/inter-personal situations, and it helps one to be sociable.

The study revealed that the location of schools, whether rural or urban, has no significant influence on the effect of peer-pressure on adolescent learners. Because of information explosion e.g. television, newspapers, radio, computers and telephones, learners in rural areas are able to get as much information on drinking as learners in urban areas. Learners may use telephones to invite one another for a drink to spend their leisure time. The problem of adolescent drinking in both rural and urban areas is compounded by the existence of 'shebeens'.

Adolescents like to be associated with fame, honour and prestige and look up to people with these attributes. Unfortunately, they may sometimes imitate anti-social behaviours from rolemodels such as drinking and abusing alcohol, speeding while under the influence of alcohol, and other risky behaviours, which may cost them their lives. Factors such as poverty, delinquency, family background and migration can also affect both learners in rural and urban settlements to abuse alcohol because most adolescents find themselves alone at home without the support of the significant others.

The use of alcohol is an accepted part of our culture. Business people make deals over a three-martini lunch, college students escape the pressures of final exams with a keg of beer, restaurants offer champagne brunches and expensive wine lists and, of course, there are the neighbourhood bars that serve as social centers for many local residents (Tibbs & Perry, 1994). Alcohol is so widely accepted and it is widely used. It creates various problems ranging from motor vehicle accidents, academic failure, poor health, conflicts with authority figures and strained social relationships.

5.5 Recommendations

The following are some of the recommendations advanced by this study:

1. Parents and schools must nurture adolescents' abilities and self-esteem so they can forge positive peer relationships. Parents, schools and other agencies can be taught how to help develop adolescents' self-concept and self-worth so that they can perceive themselves as valued persons. Adolescents with a good self-image will almost always seek out membership in more socially acceptable groups.

2. Parents, the business sector and employment agencies must place sensible restraints on part-time employment. This could ease adolescent's compliance with peer-pressure to 'buy' acceptance into a peer group (i.e., through buying the "right" clothes, the "right" shoes, the "right" CDs, etc.).
3. Schools and social agencies must establish intervention programmes for preadolescents with low social skills or aggressive tendencies. Addressing these problems before adolescence will decrease the chances of these youth joining anti-social peer groups that will reinforce their problem behaviours.
4. A drastic overhaul of adolescent high school learners' mindset should be re-oriented. Peer-pressure can also be positive. Therefore, adolescents must be encouraged to make informed decisions about their lives.
5. Schools play an important role. Schools with strong governance, fair discipline policies, learner participation in decision making, and high investment in school outcomes by both learners and staff have a better chance of curbing adolescents alcohol abuse.
6. Further research in adolescent peer pressure and alcohol abuse, especially in areas not covered in this study, is recommended.
7. Future research in this area of alcohol abuse may want to explore the impact of socio-economic factors on the influence of peer-pressure on alcohol abuse.

5.6 Limitations of the study

1. The Questionnaire method has its limitations. There are some questionnaire items, which may not have clearly revealed to the respondents what they were intended for. It may therefore be necessary to supplement information gathered by questionnaire with interview.
2. The time available to complete this study was another limitation.

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APPENDIX A

University of the North:

QwaQwa Campus

P/Bag X 13

PHUTHADITJHABA

9866

04 March 2000

The Principal

Dear Sir/Madam

PERMISSION TO ADMINISTER QUESTIONNAIRE

A research study is currently being conducted on “Peer-group pressure as a contributory factor to alcohol abuse among learners in selected high schools in Qwa-Qwa” for M.Ed studies in Educational Psychology.

This research is conducted with permission from the University of the North: QwaQwa Campus and the School of Educational Research and Psychology. The results obtained will be utilized for academic purposes and participants will remain anonymous.

Please be so kind as to allow Mr M.C. Lebitso to conduct the research at your school.

For more information kindly contact the following supervisors:

Prof. O. Bojuwoye

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OR

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Thank you for your co-operation.

T.V.Lebeta (Executive Dean: Faculty of Education)

APPENDIX B (QUESTIONNAIRE)

PEER-GROUP PRESSURE AS A CONTRIBUTORY FACTOR TO ALCOHOL ABUSE AMONG LEARNERS IN SELECTED HIGH SCHOOLS IN QWAQWA (RSA).

SECTION A

INSTRUCTIONS

This research is conducted with permission from the University of the North: QwaQwa Campus and the School of Educational Research and Psychology.

This questionnaire is administered to find out whether or not peer-pressure is a major factor to alcohol abuse among learners in some high schools in QwaQwa. The results of this study will be used for academic purposes only. Information supplied will be kept confidential.

In this questionnaire the term 'peer' refers to friends or people of more or less the same ages. 'Alcohol abuse' should be understood as meaning excessive intake or other practices that make the use of alcohol to have a negative influence on psychological and physical states of individuals (e.g. speech impairment, loss of memory, etc).

Please feel free to complete the questionnaire anonymously (that is, **do not** write your name and address on it).

Complete the questionnaire by putting a cross (X) in the block/space provided. Please answer the questions as honestly as possible.

SECTION B

BACKGROUND & BIOGRAPHICAL INFORMATION

Name of School.....

1. **AGE**

15 -16	17 - 19	20 - 21	22 and above
--------	---------	---------	--------------

2. **GENDER**

MALE	FEMALE
------	--------

3. **GRADE**

10	11	12
----	----	----

4. **AREA WHERE THE SCHOOL IS SITUATED.**

URBAN	RURAL
-------	-------

5. **AREA WHERE YOU COME FROM.**

URBAN	RURAL
-------	-------

6. **ARE YOU A DAY OR BOARDING LEARNER?**

DAY	BOARDING
-----	----------

SECTION C

1. How do you spend your leisure / free time?

STUDYING	AT HOME	RELAXING	Other (specify)
----------	---------	----------	-----------------

2. With whom do you normally spend your leisure / free time?

PARENTS	NEIGHBOURS	TEACHERS	PEERS	Other (specify)
---------	------------	----------	-------	-----------------

3. Do you drink alcohol?

YES	NO
-----	----

4. How often do you drink it?

Very often	Often	Never	Rarely	Very rarely
------------	-------	-------	--------	-------------

5. When did you first drink alcohol?

This year	Last year	More than 2 years ago	Not applicable
-----------	-----------	-----------------------	----------------

6. Under which circumstances did you first get exposed to drinking alcohol?

Alone at home in the absence of parents	I bought alcohol myself and wanted to experiment with it	I do not drink at all	At a friend's party	Other (specify)
---	--	-----------------------	---------------------	-----------------

7. Would you spend your leisure/free time with friends who do not drink?

YES	NO
-----	----

8. Would you spend your leisure/free time with friends who drink?

YES	NO
-----	----

9. How often would you spend your leisure/free time with friends who drink?

Very often	Often	Never	Rarely	Very rarely
------------	-------	-------	--------	-------------

10. If a friend offers you an alcoholic beverage would you drink it?

YES	NO
-----	----

11. Who among the following person(s) has/have the biggest influence on social issues like choosing a partner, dressing the way you dress, partying, etc?

Parents and teachers	Parents and relatives	Parents and friends	Parents only	Teachers only	Friends only	Other (specify)
----------------------------	-----------------------------	---------------------------	-----------------	------------------	-----------------	--------------------

12. At which place did you mostly use alcohol in the last 6 weeks?

Home	School	Some hiding place alone	Some hiding place with friends	At parties with peers	At a pub / shebeen	Not applicable
------	--------	----------------------------	--	--------------------------	-----------------------	-------------------

13. How do you judge a groovy / vibing party?

A party with music	A party without music	A party with alcohol	A party without alcohol	A party with music and alcohol	Other (specify)
--------------------	-----------------------	----------------------	-------------------------	--------------------------------	-----------------

14. Would you really be close to someone who does not drink?

Yes	No	Other (specify)
-----	----	-----------------

15. If your friends disapprove of your drinking would you:

Stop	Continue	Change	Other (specify)
------	----------	--------	-----------------

16. Do you think learners who abuse alcohol do so to please their friends?

Agree	Disagree	Strongly Agree	Strongly Disagree	Not sure
-------	----------	----------------	-------------------	----------

17. To be accepted by your group/clique would you do something that you normally do not believe in?

Very often	Often	Never	Seldom	Very Seldom
------------	-------	-------	--------	-------------

18. Would you and your friends accept someone who does not share your leisure activities?

Agree	Disagree	Strongly Agree	Strongly Disagree	Not sure
-------	----------	----------------	-------------------	----------

19. Which of these agree with the reason why learners experiment with alcohol?

To identify with friends	To gain approval of friends	To be like adults	To be bold and be able to speak publicly
--------------------------	-----------------------------	-------------------	--

20. If you are at a celebration/party and your friends do not drink would you drink?

YES	NO
-----	----

21. If you are at celebration/party and your friends drink would you drink?

YES	NO
-----	----

22. If your parents show displeasure/reprimand you for your drinking even though your friends are okay with it), would you:

Stop	Continue	Hide yourself and continue	It would not matter	Not hide and continue
------	----------	----------------------------	---------------------	-----------------------

23. When your school authorities (e.g. teachers, school counsellor or principal) reprimand you and your friends on your use of alcohol, does this affect you in anyway?

YES	NO
-----	----

24. What other information on alcohol drinking would you like to share with the researcher?

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.....

.....

.....

.....

Thank you very much for your co-operation.