

**AN INVESTIGATION OF DIFFERENT APPROACHES TO THE
PREVENTION OF ALCOHOL ABUSE AMONG BLACK
ADOLESCENTS - A COMMUNITY BASED
PARTNERSHIP APPROACH**

COMMUNITY CASE STUDY

BY

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**A THESIS SUBMITTED TO THE FACULTY OF SOCIAL
SCIENCE, UNIVERSITY OF NATAL, DURBAN
IN FULFILMENT OF THE DEGREE OF
DOCTOR OF PHILOSOPHY**

PROFESSOR LEANA R. UYS DISSERTATION SUPERVISOR

DECEMBER 1994

DEDICATION

TO MY TWO DAUGHTERS NOTHUKELA AND LITHALETHU

AND MY MOTHER NOKHAYA

THANK YOU FOR YOUR SUPPORT

DECLARATION

I DECLARE THAT THIS THESIS IS MY OWN, UNAIDED WORK. IT IS BEING SUBMITTED FOR THE DEGREE OF DOCTORATE SOCIAL SCIENCE (PSYCHIATRIC NURSING) AT THE UNIVERSITY OF NATAL, DURBAN. IT HAS NOT BEEN SUBMITTED BEFORE FOR ANY OTHER DEGREE OF EXAMINATION AT ANY OTHER UNIVERSITY.

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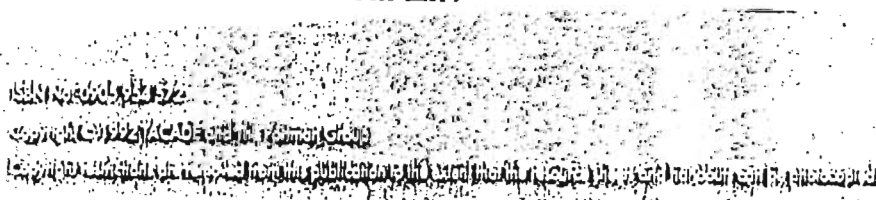
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SUPERVISOR : PROFESSOR LEANA R. UYS

ABSTRACT

According to Amos (1989) the use of, and the attitudes towards alcohol amongst young people in Africa is an area about which little is known but which has potentially major health implications. Neither has much been done about primary prevention in this field. The case studies which included a participatory research was conducted among three groups of people in the Clermont Township near Durban in the Natal Region.

The aim of the research was to describe alcohol abuse as a social problem among the black adolescents and to compare and contrast the implementation of alcohol abuse prevention strategies that were and are used by the different groups of people in their community. The case study approach documented the work of each community.

All the three groups of people who participated in the research agreed that alcohol abuse was a problem in their community. They described factors in their township which were contributory to the alcohol problems in their community and described the various cycles of negative effects and consequences to the individual, family and to the community. They agreed that in the past alcohol was not a problem in the

traditional African society because of cultural and economic factors. Most interesting was the serious effects all groups described alcohol abuse amongst both teachers and the pupils in the Black education system.

Each group planned, implemented and evaluated a unique alcohol preventive strategy. While the youth group maintained a strong alcohol focus with an educational programme, both the adult groups moved into the more general issues of economic empowerment. All three groups also used the participation and capacity building. The willingness to get involved, and to address the problems of the groups were remarkable. The following were the research conclusions:

- * Material resources were relatively available in this community.
- * Health professionals were available in this community, but they did not follow the Comprehensive Primary Health Care approach and were not involved in community development.
- * Integrated drinking seemed to be in harmony with the values of these groups and could be used in the alcohol abuse prevention.

An integrative, multi-faceted and comprehensive community based partnership approach was used to the multi-causal alcohol abuse prevention programmes and strategies. This strategy was successful in involving community partners and leading to the solving of the actual problems and the development of positive health behaviours. The research revealed that the development projects needed "seed money" to initiate and to maintain. Alcohol abuse prevention can be used as a vehicle to enter a community and to engage it in a health directed partnership.

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CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND TO THE PROBLEM:

According to Amos (1989), the use of and attitudes towards alcohol among young people in Africa, is an area about which little is known. This is confirmed by Dale (1993) who cites Rocha-Silva as saying that in spite of the need to prevent alcohol abuse, there is a paucity of information on alcohol use and abuse across the main South African race groups. This omission has serious health implications, especially when one considers that the roots of most adult drinking problems lie in adolescence drinking. It is of vital importance that research into these drinking patterns is conducted and alcohol preventive programmes be formulated and implemented.

This is especially true in the light of Perry, Florenzano and Myeni et al.'s (1989) contention that the promotion and the consumption of beer, wine and spirits are increasing in virtually all the regions in the world.

According to different authors (Dale, 1993; Rocha-Silva, 1985) most South African blacks drink beer. No black youth in the study by Dale (1993) reported using iJuba, which is a commercial brew simulating traditional brewing. The majority of youths in the study reported drinking an apple cider beer (alcohol 5%). The major reason given for drinking cider was its pleasant taste.

According to Perry et al. (1989) the health consequences of acute alcohol intoxication for young people are accidents, violence and suicide. Over 60% of acute psychiatric hospital admissions involving black patients are alcohol related, and in many black hospitals 30% of the medical beds are occupied by patients with alcohol related diseases (de Miranda, 1988). Alcohol is also regarded as a "gate way" to other drug uses. The studies have shown that students do not use illicit drugs unless they use alcohol (Kandel in Dale, 1993). In view of the serious consequences of alcohol abuse, prevention is clearly important.

According to literature reviewed, many alcohol primary prevention projects have been developed and implemented in different developed countries. The aim of these educational primary prevention projects are usually based on the premise that educational intervention about alcohol would result in less positive attitudes to alcohol among adolescents. Unfortunately, none of these alcohol projects clearly demonstrates a link between knowledge or attitude change and subsequent drinking behaviour (The World Health Organisation (WHO), 1985). On the contrary, some evaluations have concluded that educational interventions have actually increased experimentation with psycho-active substances including alcohol (Bagnall, 1990).

On the positive side, however, Rootman as quoted by the WHO (1985), said that the team that examined the results of the effects of educational intervention on alcohol behaviour, concluded that people are receptive to prevention activities, that attitudes and knowledge about alcohol are subject to change, and that the prevention efforts often complement services and strengthen the total efforts to reduce the problem of alcohol misuse and alcoholism. According to the WHO (1985), it is said that, nevertheless, the literature does suggest a

number of possibilities for the control of alcohol consumption and the reduction of alcohol problems using a health promotion perspective, however, more research is needed about what works and what does not work.

1.2. PROBLEM STATEMENT:

This study is as a result of the findings of an unpublished Master's Degree research by Mtembu (1989), which revealed the following findings:-

- * Black adolescents have positive attitudes towards alcohol drinking.
- * Black adolescents give a series of reasons or excuses for alcohol drinking behaviour.
- * Black adolescents have the misconception that they will outgrow alcohol use or abuse.
- * Peer group is seen by black adolescents as a natural environment for drinking.
- * Black adolescents claim that they have easy access to alcohol in the Townships.

This study focuses on describing the patterns of the alcohol problem among the black adolescents, and the prevention of alcohol use and abuse amongst them, in terms of community based strategies.

1.3. THE PURPOSE OF THE RESEARCH STUDY:

The purpose of this study is to describe a community based approach that may be used in the prevention of alcohol abuse in the Clermont Township for blacks near Durban, in the Natal region. The researcher together with community members, who in this study will be termed the local participants, will examine all the factors that contribute to alcohol use or abuse among black adolescents. The investigator with local participants, will examine if and how alcohol abuse exists as a social problem in their community. Together in partnership, they will develop and implement alcohol prevention strategies that will suit the specific group and the Township.

1.4. RESEARCH OBJECTIVES:

- * To describe alcohol abuse amongst black adolescents as a social problem in black urban communities as exemplified by the Clermont Township.
- * To compare and contrast the implementation of the different community based prevention strategies in the Clermont Township.
- * To do an analytical generalisation in order to build the theoretical understanding of alcohol use or abuse among black adolescents (Yin, 1988).

1.5. THEORETICAL ASSUMPTIONS:

- * The earlier the evidence of the alcohol involvement signals in the adolescent's behaviour, the greater the potential for alcohol use or abuse and alcohol related problems; and the greater the potential for success of interventive strategies.
- * The more positive the attitudes of the adolescents towards alcohol use, the greater the alcohol consumption by the adolescent.

1.6. THEORETICAL FRAMEWORK:

A general psycho-social theory of adolescent behaviour will be used. The reason for using this theory is because the programmes based on these theories, do not merely seek to persuade adolescents not to drink alcoholic beverages, but also aim to provide health-enhancing ways of meeting the tasks of adolescence. The life-skills training approach based on this theory have appeared to be effective in deterring alcohol use with adolescents in the United States of America (Perry et al, 1989).

According to Grant as quoted by the WHO (1985), the framework will be combined with a Primary Health Care Approach, which includes the following important principles and preventive approaches:

- a) High Risk Prevention.
- b) Environment Design Prevention.

- c) Health Education Promotive and Prevention.
- d) Competence Development Prevention.
- e) Community Development and Empowerment.
- f) Community Partnership and Involvement Prevention.
- g) Legal Control Prevention.

According to Rocha-Silva (1992), the concern in the general psycho-social conceptualisations of adolescent behaviour is at the following three levels of analysis:

- a) Environment : Home and School.
- b) Personality.
- c) Behaviour.

The efforts to change alcohol use behaviour will be aimed at all these levels. The elements within these three levels which are predictive of alcohol use will be considered as psycho-social risk factors and will be the targets for intervention.

1.7. VALUE OF THE RESEARCH:

According to the African National Congress's (1994) policy framework for the Government of the National Unity of South Africa which is called the Reconstruction and Development Programme Framework (RDP), millions of South Africans abuse alcohol, tobacco, cannabis (dagga) and solvents like petrol and glue. Unless action is taken, substance abuse is likely to increase

enormously. Abuse of these substances causes immense physical, mental and social damage and costs the country millions of rands each year. The RDP policy framework indicates that this programme must aim to reduce, the present levels of substance abuse and to prevent any increase. The information gathered from the investigation of the comprehensive alcohol abuse prevention programme that would be planned, implemented and evaluated by the three case study groups in Clermont Township will contribute and facilitate the development of a National Health Policy to address and prevent the alcohol problem in South Africa.

1.8. THESIS OUTLINE:

- * Chapter One - Problem Statement.
- * Chapter Two - Literature Survey.

The literature shall survey the following aspects:

1.8.1. THE NEED FOR ALCOHOL PREVENTION

Alcohol abuse playing a major role in development of health problems.

1.8.2. ALCOHOL ABUSE - CONTRIBUTORY FACTORS

A survey of the following abuse contributory factors:

* **Social Factors:**

Social approval / pressure to alcohol use, access to alcohol beverages, exposure to people engaging in alcohol use. Peer group drinking, parental influence on adolescent's alcoholic beverages drinking.

* **Personal / Psychological Factors:**

Gender, sociability, self-expression and reduction of anxiety.

* **Adolescent's Experimentation With Alcoholic Beverages**

Life stage.

1.8.3. REASONS FOR USING ALCOHOLIC BEVERAGES

Mood changing factors and coping with life.

1.8.4. SHEBEENS AND ALCOHOL USE IN BLACK TOWNSHIPS

The functions and the types of shebeens in Black Townships.

1.8.5. DRINKING PATTERNS

Drinking patterns among males and females in South Africa.

1.8.6. **ALCOHOLIC ABUSE AND ITS CONSEQUENCES**

Alcohol abuse and its role in the development of health problems.

1.8.7. **DRINKING STATUS**

Drinking patterns among males and females and among races.

1.8.8. **PRIMARY PREVENTION OF ALCOHOL ABUSE**

A survey of the following alcohol abuse preventive approaches: High risk prevention approach, environmental design preventive approach, competence development preventive approach, health education and promotion preventive approach, community involvement and partnership preventive approaches, legal control preventive strategy and the legal restrictive approaches for alcohol use.

Primary prevention of alcohol abuse: Utilising Rocha-Silva's (1992) model of public health approach to alcohol abuse prevention - a South African perspective.

- * **Education** : Identifying risk behaviours or attitudes and environments.
Persuasion towards value or normative change towards healthy lifestyles.
- * **Reduction of Alcohol Accessibility**: Community involvement, partnership and empowerment principles.

- * The legal or informal restrictions on alcohol production, trading, distribution, pricing and promotion of alcohol, especially among adolescents.
- * A community based alcohol preventive approach and utilising a case study research with emphasis on people-centred-development approach.
- * The investigator together with local participants will investigate the knowledge, attitudes, belief values about alcohol use or abuse.
- * The investigator together with the local participants will review the historical and current patterns of alcohol use or abuse.
- * The review of the benefits, bad effects and consequences of alcohol use or abuse according to the community members' perspective.
- * A review of the strategies that are currently and were historically used to control alcohol use or abuse among black adolescents.
- * Chapter Three - Research Methodology.
- * Chapter Four - Reports: Three case studies conducted in the Clermont Township.
- * Chapter Five - Analysis of the three case studies.

- * Chapter Six - Conclusions and recommendations based on the three case studies.

1.9. DEFINITION OF TERMS:

The Basis of Primary Health Care

Primary Health Care is essential health care based on practical, scientific and socially acceptable methods and technology. It should be made universally accessible to individuals and families in the community through their full participation. This health care should be available at a cost that the community and the country can afford to maintain at every stage of their development in self-reliance and self-determination. It is the first level of contact of the individual, the family and the community with national health, it strives to bring health care as close as possible to where the people live and work, constituting the first element of a continuing health care process (WHO, 1988).

Adolescence

Refers to the period of transition from childhood to adulthood. Its age limits are not clearly specified, but roughly from the age of twelve years to the late teens when physical growth is nearly complete (Longman, et al, 1978).

Alcohol Abuser or Alcoholic

According to WHO (1985), alcoholics are "those drinkers whose dependence on

alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their interpersonal relations and their smooth social and economic functioning, or who shows the warning signs of such development." This definition is also applicable to adolescents.

Alcohol Abuse

According to the World Health Organisation, alcohol abuse is a "persistent or sporadic excessive use of alcohol, inconsistent with or unrelated to acceptable medical practice" (Willis, 1973:4) also (Josephson and Carrol, 1974:30).

Community Participation

This is the process whereby individuals and families assume responsibility for their own health and welfare and for the community, and the capacity to contribute to the community's development (WHO, 1990).

Empowerment

This implies a process from personal understanding to group action. People are powerless because they lack knowledge, self-confidence, awareness, and sometimes competence to take action for change.

A community based alcohol preventive approach and a case study research design will be used in this research which will be combined with a participatory action research with emphasis on people centred development approach. This

participatory action research and problem solving approach will enable the researcher together with the local participants, to get close to the problems of real life and provide answers that are useful to the people who have to grapple with the problems (Brown and Tandon, 1985).

Dale (1993) cited Durojaje (1982) who said that Africans were not interested in psychological research per se, but in what the results would do to solve the problems they have.

Involvement Signals

These are signs, behaviour and symptoms that indicate the use or misuse of alcohol by the adolescent (Perry et al. 1989).

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION:

According to the Declaration of the Alma Ata in 1978 the World Health Organisation accepted that primary health care was the way in which the world could ensure health for all by the year 2000. In defining health the Declaration of the Alma Ata stated that it was a state of complete physical, mental and social well-being of a person. The Declaration, by including mental well-being as an essential component of health, provides the rationale for the existence of "primary mental health care" as an important area of study and research. Also documented in the Declaration was the fact that health is influenced by factors beyond the control of the health sector and the centralised specialist facilities. Health is influenced by factors like social, economical and political considerations. A need for a holistic, community based approach to health care, which will include social, economical, educational and political domains is therefore advocated (Pillay and Subedar, 1992).

Primary health care including mental health care is care that is based on the needs of the population; it is decentralised; requires active participation of the community and family; and is undertaken by non-specialised general health care workers, collaborating with personnel in other governmental and non-governmental sectors (WHO, 1990).

Research findings suggest that general health personnel are capable of managing many mental disorders, but the aspect of prevention of mental disorders, for example, prevention of alcohol abuse, requires special consideration (WHO, 1990).

Mental problems that are alcohol-related, for example, substance abuse problems, stress, suicidal behaviour, and psycho-sexual disturbances are already present but are either unnoticed or ignored (Tseng and Hsu as quoted by Triandis, 1981). This leads to patient chronicity and dissatisfaction. By making health care workers sensitive to the presence of mental health problems and by equipping them with more skills to deal with the problems, much wastage of efforts in general health work can be avoided and health care can be more effective (WHO, 1990).

2.2. THE NEED FOR PREVENTION:

Many chronic and disabling disorders follow from certain forms of behaviour, for instance the use and abuse of nicotine, tranquilisers and alcohol have been identified as playing a major role in the development of health problems such as lung cancer, gastro-enteritis, liver diseases as well as in the development of common health problems such as hypertension which may lead to more serious diseases. Alcohol abuse can lead to a variety of health hazards (Perry et al. 1989).

2.3. ALCOHOL ABUSE AND ITS CONSEQUENCES

Many authors, namely, Rocha-Silva (1992); Grant and Ritson (1983); Perry et al. (1989) agree that alcohol abuse plays a major role in the development of the following health problems:

- * Alcohol dependence syndrome.
- * Alcohol related liver cirrhosis.
- * Alcohol related motor vehicle accidents.
- * Alcohol related admission to rehabilitation centres.
- * Alcohol related admission to hospital (General / Psychiatric hospitals).
- * Hazardous levels of alcohol intake.
- * Driving whilst under the influence of liquor.
- * Other alcohol related deaths, namely, suffocation, assault, murder, poisoning and suicide.

According to Rocha-Silva (1992) statistics indicate that alcohol related consequences are increasing in South Africa.

2.4. ALCOHOL ABUSE - CONTRIBUTORY FACTORS:

Many authors, namely, Rocha-Silva (1992) and Dale (1993) from a South African perspective, agree there are factors in South Africa that are contributory to the occurrence of alcohol problems among adolescents namely: social and personal / psychological factors, as well as adolescent experimentation with alcohol beverages.

2.4.1. SOCIAL FACTORS

Social Approval / Pressure to Alcohol Use

Kwakman, Zuiker, Schippers and de Wuffel (1988) say that the drinking attitudes, taken as a set of beliefs about drinking and the effects of drinking are direct determinants of drinking behaviour in adolescents.

Mtembu (1989) concluded in her study that South African black adolescents have positive attitudes towards drinking alcohol. Black adolescents in this study agreed that it is fashionable for adolescents to drink in black townships. Adolescents in the same study, said that they feel comfortable to drink among people of the same sex.

In Dale's (1993) study, adolescents gave the following attitudes or motivational factors for their drinking: they drink as a habit, that is, drink when others drink, or drink when they feel like it. They drink to facilitate contact, that is, drink to overcome shyness or to socialise easily. They also drink for personal effects, that is, to reduce restlessness and the feeling of inadequacy.

Rocha-Silva (1992) and confirmed by Dale (1992), Mtembu (1989) and Hansen, Graham, Wolkenstein and Rohrbach (1991), said that normative beliefs about alcohol use may be

highly related to the individual's positive attitudes, perceptions, beliefs, misconceptions and ready acceptability of alcohol use/misuse. Individuals in this type of social environment will lack discrimination about the use or the misuse of alcohol, and negative attitudes against misuse.

Access to Alcoholic Beverages in the Communities

According to Möller (1978) and Mtembu (1989) black adolescents claimed it was not a problem for them to get alcohol in the townships because the liquor stores and shebeens are open until very late at night. Schall, Kemeney and Maltzan (1992) and Rocha-Silva (1992) confirmed that social pressures to drink, the availability of alcohol, and the sanctioning of heavy drinking have been found to be important variables related to alcohol consumption.

Exposure to People Engaging in Alcohol Use

Rocha-Silva (1992), Möller (1978) and Mtembu (1989) agree that the following places are places where the focus is on drinking in the black communities in South Africa: bars or liquor stores, hotel lounges, shebeens and taverns. Black adolescents have confirmed in the study by Mtembu (1989) and Möller (1978) that they have access to places where drinking is the focus of activity because most of these drinking places are not licensed and drinking age restrictions to the youths is not enforced.

Peer Group Drinking

According to Wiggins and Wiggins (1992) college drinking is usually a social activity, that is, it is done with others. Students reported that their motive for drinking was to be sociable. This is in agreement with Burda and Vaux (1988) who says that drinking in social situations is a popular activity amongst college men. This is in agreement with the drinking behaviour of the black young people or adolescents in the townships of South Africa (Dale, 1993). Rank and Martin (1980) as cited by Cindio, Floyd, Wilcox and Seveney (1983), say that peers are more likely to influence each other, by modelling parental influences.

Parental Influence on Adolescents Alcoholic Beverages Drinking

Parental dependence is another determinant of alcohol abuse among adolescents. According to Kwakman et al.(1988) the anxiously clinging person is understood to become more socially isolated. He or she develops an excessive drinking style, which is an understandable but risky way of coping. Kwakman et al. (1988) say drinking attitudes taken as a set of beliefs about drinking and the effects of drinking, are direct determinants of drinking behaviour of adolescents.

According to Kwakman et al. (1988) positive drinking attitudes and excessive drinking by adolescents result from the youths feeling rejected and lack of discipline of their parents, as well

as where the adolescent perceives psychological tension and experiences a high degree of being deprived of affection. These drinking habits and drinking attitudes develop within the family. Most adolescents are introduced to alcohol within their families. The way alcohol is used by the parent has a strong and lasting impact on the drinking behaviour of their children. Roosa, Beals, Sandler and Pillow (1990) say that the development of psychological problems in children of alcoholics stems from parental chronic alcoholism, a condition that affects the ongoing care-taking environment of the child. An alcohol related environment provides a less than optimal environment for their offspring. The normal development processes are jeopardised by the environment that is characterised by inconsistent physical and emotional care (Jones and Houts, 1992). This results in stress to the child. The impact of parental alcoholism is transmitted to the child through the amount of negative events experienced by the child.

According to Cindio et al. (1983) blacks tend to be more parent-orientated than whites. They agreed that the locus of control was found to be a good predictor of parent-peer orientation. Adolescents who felt parental sense of control and love, have a high self-esteem. According to Cindio et al. (1983), self-esteem was also a strong predictor of parent-peer orientation. Cindio et al, (1983) say in their study, adolescents who had an internal locus of control tended to be more peer orientated than those who had an external locus of control.

According to Cindio et al. (1983) adolescents with a high self-esteem were found to be more parent orientated than those with low self-esteem.

According to Cindio et al, (1983) the family socialisation process may contribute to the development of alcohol problems and other problem behaviours. Parent socialisation behaviours, specifically parental nurturance and support, are negated by alcohol abuse.

Children of alcoholics have decreased levels of emotional expression, augmented emotional sensitivity, "mask" emotional control, as well as problems in communication and in certain survival skills, especially verbal skills (Jones and Houts, 1992).

According to Avery (1989), children of alcohol families are a risk population. They are at risk for the development of alcoholism, depression, behavioural and criminal problems and may become marriage alcohol abusing spouses. Children of alcoholic families develop survival mechanisms which may be ineffective and potentially problematic in their adult lives, for example, inability to trust. These children learn to mistrust others or to not support them, due to parental messages that taught them mistrust.

Adolescent problem drinking is not to be treated as an isolated or a unitary phenomenon. A targeted programme specifically

for alcohol abuse prevention among adolescents has to be developed, since behaviour syndrome findings imply that those young people have a full range of problem behaviours (Barnes, 1984).

2.4.2. PERSONAL / PSYCHOLOGICAL FACTORS:

Gender

Adolescent respondents claimed as documentation in the Dale (1993) study, that it is acceptable for men to drink, a finding that is in keeping with the research findings of Rocha-Silva (1992), and Schall et al. (1992). This is also in keeping with the findings of Neff, Prihoda and Hoppe (1991) in their study of maximum drinking among Anglo, Black and Mexican male drinkers; as well as in Lang, Winiarski and Curtin (1992) as cited by Dale (1993).

Dale (1993) cites Rocha-Silva (1992) as saying that drinking is more acceptable in the western world for males than it is for females, this is in keeping with the Mtembu (1989) and Downs (1985). Dale (1993) and Bailly, Carman and Forlund, (1991) say that the position of the male as the dominant gender in South African societies across the four race groups, namely: white, indian, black and coloured groups, could explain this similarity in attitudes.

Dale (1993) said that female adolescents in her study expressed the view that they did not see that it was harmful to drink alcohol and are quoted as saying: "I can stop whenever I want". This is in keeping with the black adolescents in the Mtembu (1989) study, who expressed the misconception that they will "outgrow alcohol use/abuse". This means that adolescents do not understand the possible negative consequences like addiction to alcohol. According to Dale (1993) who cites the studies carried out by Maddox and McCall as cited by Smart, (1976). They indicated that adolescents drink for the following personal reasons:


- * Sociability (the desire to be one of the group).
- * Self expression (the need to have pleasurable relaxation and to create a self concept of being smart and grown-up).
- * Reduction of anxiety (seeking relief from family, financial and personal problems).

According to Conger (1991) as cited by Dale (1993) people who have been using alcohol steadily since pre-adolescence, acknowledge that they have never known another way to cope with anxiety, boredom, depression and fear of failure or lack of pressure.

2.4.3. ADOLESCENTS' EXPERIMENTATION WITH ALCOHOL BEVERAGES

Life Stage

Dacey (1986) together with Baer, Stacey and Larimer (1991) agree that during adolescence, experimentation with alcohol is natural. According to Kwakman et al (1988), becoming a drinker is an integral aspect of the process of adolescent development in western society.

According to Jessor and Jessor (1975) in Kwakman et al (1988), adolescence is a time of trying out behaviours normally reserved for adults. Youths are encouraged to do this in the moratorium period so that they can safely learn what behaviours they are capable of and which behaviours are dangerous. When parents and others place restrictions on drinking, it is often seen by adolescents as a lack of trust. Most teenagers feel forced to engage in drinking so that they can prove their normality. 

According to Kovach and Glickman (1986), forty-one percent of the respondents expressed the reasons for drug use among adolescents as "curiosity", for "fun" and for "kicks." Kovach and Glickman (1986) say although alcohol and drugs are used to deal with stress with everyday problems for three out of four respondents, alcohol/drug abuse was not motivated by a desire for total escape from reality or to facilitate expression or controlling anger.

According to the study, drug or alcohol users showed greater tendency than non-users, to have personal or interpersonal problems and conflicts. The study showed that eighteen percent of users had run away from home at some time in their life as compared to non-users. Almost a quarter of the users stated that they suffered from emotional disturbance, and related problems.

Kandel (1985) says alcohol experimentation in an adolescent is a necessary stage in the sequence of drug use.

Keyes and Block (1984) found out that ninety percent of the adolescents in his research had experimented with alcohol. He says that the adolescent search for significance as an individual often involves confrontation with himself, with his family, his peers, his society and all those elements that constitute his environment. The outcome of this search should ideally result in the adolescent knowing himself better, understanding and accepting himself. When his experimentation with alcohol hinders and complicates this searching process, it disrupts, or prevents him from arriving at realistic solutions to the problems he encounters during the course of his search. This impedes maturation by rendering himself dependent on something other than himself, because the initial frequent drinking pattern can develop into a more "adult" form with greater frequency. Kwakman et al.(1988) and Rocha-Silva (1992) agree that with the increase in age the number of drinking adolescents

increases. The quantity and frequency of alcohol use increases and problem drinking increases.

2.5. REASONS FOR USING ALCOHOLIC BEVERAGES:

Dale (1993), Mtembu (1989) and Rocha-Silva (1992) agree that black adolescents have justified reasons for alcohol abuse. Reasons for alcohol use given by black adolescents in the Mtembu (1989) study were to be friendly; to be clever; to relax; to conform to peer pressure; to model parents; for insight; liquor is available; everyone drinks alcohol; and to help feel comfortable. They drink when feeling lonely, for taste and to have pleasure. Rocha-Silva (1991a, 1991b) says the following were the findings in respect of blacks in the Republic of South Africa (study done in 1990).

- * Mood changing is a particular factor mentioned by male users as the reason for using alcohol.
- * Coping with life was another fairly popular reason for using alcohol.

When alcohol is used for coping with life and as a mood-changer, a degree of risk is involved in terms of development of alcohol related problems (Glynn et al. (1983); and Crawford (1988)), as cited by Rocha-Silva (1991a, 1991b).

2.6. ALCOHOL USE IN BLACK TOWNSHIPS:

The Shebeens

According to Rocha-Silva (1992) the frequenting of drinking places such as bars, bottle stores and hotel lounges is especially popular among the male drinkers in both the self-governing states and the metropolitan and surrounding areas in the Republic of South Africa, as well as in squatter camps. Shebeens are generally most popular among male drinkers, and to a lesser extent, among female drinkers in the self-governing states. De Kock (1977) in Rocha-Silva (1992) cites the following socio-economic and cultural functions that are fulfilled by a shebeen:

- * The shebeen offers credit to its patrons.
- * It is to the financial advantage of the community in which it operates.
- * It assists in integrating the immigrant in a community.
- * It alleviates social deprivation conditions among, for example, westernised high class community members.
- * It fulfils a socialisation function in respect of the more traditional urban black with regard to urban culture.

Shebeens, according to Rocha-Silva (1992), can be divided into various social strata or classes with each serving a clientele from a particular socio-economic stratum in the community, although some cater for a combination of strata.

The following types of shebeens exist:

- * "Open-space" shebeens which represent a few square metres on a vacant piece of land occupied by a woman (and sometimes a man) equipped with cans of beer and ready-to-do business" (Ndabandaba and Schurnik in Rocha-Silva, 1992).
- * "A1, white collar neighbourhood club" shebeens usually cater in a rather exclusive manner for the higher social-economic spectrum, offering a wide variety of alcoholic beverages.
- * Shebeen catering for the lower socio-economic and middle class groups usually serve a more restricted range of alcoholic beverages.
- * The shebeen is frequently associated with socially unacceptable phenomenon such as prostitution, gambling, alcohol drug-related problems, child neglect, family disruption, etc., according to Rocha-Silva (1992).

If shebeens are registered and legalised their businesses will have to comply with the statutory restrictions, thereby preventing them from selling liquor after hours (Sundays and Public Holidays) which is one of the most important functions of shebeens. If on the other hand, they do not register their businesses, they have constant police raids and fines which may cost them more than their profits. It is also argued that the process of obtaining a licence may be time consuming and expensive. Shebeen owners may also be subjected

to a number of health and other restrictions which may also incur expenses which shebeen owners may not be able to meet (Rocha-Silva, 1992).

2.6.1. DRINKING PATTERNS

A study into this topic was done in 1990 among blacks in the self-governing areas, metropolitan areas as well as the neighbouring squatter camps and town by Rocha-Silva (1991a, 1991b). Substantial portions, that is, between 15.8% and 23.5% drinkers take their first drink before twelve midday, especially female and male drinkers.

Fair portions, that is, between 7.3% and 13.3%, especially among the male drinkers, usually drink alone. Between 22.9% and 44.4% drinkers drink with strangers or acquaintances, but not alone or with friends. According to many authors, drinking before twelve midday, drinking alcohol alone and drinking among strangers or acquaintances are regarded as potentially risky in terms of the development of alcoholism related problems.

2.6.2. DRINKING STATUS

Rocha-Silva (1992) agrees with Bailly et al. (1991) and Neff et al. (1991) who say that drinking has been particularly common

among males. The difference in numbers between male and female drinkers is beginning to narrow, particularly among South African whites and to a lesser extent, black drinkers with the proportion of females drinking progressively increasing (Rocha-Silva, 1992).

In the 1990 study by Rocha-Silva (1992), the self-governing states in South Africa showed that drinkers were particularly males in the comparatively high income category, not affiliated to a church and employed as labourers. "Machismo" emphasises masculinity, male dominance, sexual prowess, physical strength and humour as explained by Stevens (as cited by Neff et al. 1991). "Macho" males and hispanic males are expected to drink heavily, keep up with one's peers, hold one's liquor and maintain control. "Machismo" is associated with heavy drinking and problem drinking. It is common in lower class black males, who are seen to be responding to dependency, powerlessness, feeling of inferiority and low self-esteem. Lang et al. (1992) say that women who drink and especially those who get drunk, are perceived more negatively than men who engage in the same behaviour. Female drinkers are stigmatised to a greater extent than male drinkers.

2.6.3. TYPE OF ALCOHOL BEVERAGE CONSUMED

According to Rocha-Silva (1992), in South Africa, European

beer is the most popular among male drinkers. Sorghum based home brew or wine is the preference of female drinkers in towns and squatter camps. European beer and cider beer is the popular alcoholic beverage among high school goers (Dale, 1993). The reason given by adolescents as to why they prefer Cider beer is because of its sweet taste. No high school goers in her study were reported to be drinking sorghum based home brew or traditional beer. Prevention of alcohol abuse could be done by promoting the use of traditional home brew which ought to have no alcohol content in it as against the use of the European beer which has a high content of alcohol.

2.7. PRIMARY PREVENTION OF ALCOHOL ABUSE:

According to Miller and Nirenberg (1984), primary prevention refers to removing the causes of a disorder like alcohol abuse.

2.7.1. HIGH RISK PREVENTION APPROACH

According to Florenzano (1990) primary prevention should focus on the causes of alcoholism, such as the genes that predispose some people to develop familial or inherited alcoholism, and the modification of some of the environmental risk factors, namely family problems, drinking parents and peers, drug or alcohol using adolescents, pregnant adolescents

and media pressure. According to Florenzano (1990), these are the characteristics of adolescent alcohol users; and which should be used to identify high risk groups to target with prevention programmes. These high risk groups include:

- * Below average academic performance.
- * Lack of participation in sports.
- * Police record.
- * Nutritional deficiency.
- * Frequent playing with electronic games.
- * When one or both parents are working or are away from home and this absence results in a feeling of neglect and desertion in the other family members. This can also result in the misuse of alcohol to escape the situation.
- * Large families that do not have enough material resources, where there is inadequate emotional and economical support. Members may misuse alcohol to escape their miserable family situations.

- * Emotionally, sexually and physically abused children in the family may misuse alcohol to suppress their anger or guilt feelings.
- * Parents who frequently abuse alcohol become role models for alcohol abuse for their offspring.

2.7.2. ENVIRONMENTAL DESIGN PREVENTIVE APPROACH

Grant as quoted by the WHO (1985), says that the environment design alcohol abuse preventive approach attempts to reduce stress from within and to improve the cultural and socio-economic environment of the community. As an example of using cultural factors to prevent alcoholism, Grant and Ritson (1983) say that most developing countries have long established home-produced sources of alcoholic traditional beverages. These have been relatively weak in strength and prepared partly in sufficient quantities for immediate village and family use. The promotion of the use of this kind of drink may prevent alcoholism. According to the study done by Dale (1993), no youth reported to use iJuba, a South African commercialised homebrew.

2.7.3. COMPETENCE DEVELOPMENT PREVENTIVE APPROACH

Grant as quoted by the WHO (1985), says the competence development alcohol abuse prevention approach attempts to improve the youth's skills in order to enhance their self-esteem and to improve their ability to deal with every-day life and to be effective in the alcohol related situations the youths find themselves in.

Perry et al. (1989) advocates that adolescents should be taught the following skills:

- * General problem solving and decision making skills.
- * Cognitive skills to identify and counter argue social negative influences.
- * Self management skills to improve efficiency and behaviour change.
- * Adaptive coping skills to deal with personal and social stress and anxiety.
- * General interpersonal skills.

- * Assertive skills to be able to reduce social pressure to drink.

2.7.4. HEALTH EDUCATION AND PROMOTION PREVENTIVE APPROACH

Rootman, as quoted by the WHO (1985), says although research has not supported a strong relationship between knowledge regarding alcohol and significant attitudes and behaviour change, there is a great need for alcohol education, especially primary health education and prevention. The aim of alcohol education is to delay the early age onset of alcohol use, to persuade adolescents not to use alcohol and to improve or enhance the health status of the community. According to the WHO (1985), and Miller and Nirenberg (1984) health education and promotion can be used to reduce or prevent alcohol abuse among the youths, to change the youth's health misconceptions and positive attitudes about alcohol use. Alcohol education can be targeted to a well defined risk group, namely the youth of a community. Health education can be individual or group orientated, formal or informal.

Rocha-Silva (1992) says that the black population group seemed to prefer the control of alcohol abuse by the law, while indian and white population groups seemed to single out education measures. Indians stressed the need for teaching people to drink

moderately, and the whites emphasized, a matter of teaching people to adopt a healthy lifestyle.

2.7.5. COMMUNITY INVOLVEMENT AND PARTNERSHIP PREVENTIVE APPROACH

According to Grant as quoted by the WHO (1985), the family, community members and external agents can be involved and participate in the community alcohol abuse-prevention programmes. The alcohol abuse prevention programme must be group-orientated, multi-component and integrative. According to Mtembu (1989) adolescents indicated that they preferred to drink among peers of the same age. Both males and females indicated that they were comfortable when drinking among people of their own sex. Peer group activity was highly recommended in this study.

✓ 2.7.6. LEGAL CONTROL PREVENTIVE STRATEGY ✓

Advertising Alcohol

According to Rocha-Silva (1992) mass media messages develop a communication environment through which communities cultivate common public notions about facts, values and contingencies. Since television and radio is a part of this and a dominant mode of public communication in South Africa, it is

fair to assume that the portrayal of alcohol or drug use in television programmes could have an effect on the viewers' lifestyles and attitudes. The television, it can be assumed, acts as a socialising agent like the family, school and peer group.

According to Amos (1989) the determinants of consumption, availability and demand are being manipulated in Lesotho by indigenous and external commercial alcohol industries. Specific groups such as the young and women are targeted. The demand for alcohol as suggested by commercial alcohol industries is being fostered through what they describe as "widespread and aggressive advertising."

Grant as quoted by the WHO (1985), says alcohol advertising that can be seen as promoting consumption patterns that are potentially harmful to the public health, is a phenomenon in which state intervention may be legitimate.

The argument of the alcohol industry has always been that advertisements merely shift market shares and do not raise the total consumption of alcoholic drinks (WHO, 1985). On the other hand, the WHO (1985) says that these are the following relationships between alcohol advertising and alcohol consumption:

- * Advertising is necessary though not a sufficient strategy for a successful sales campaign (market shares).

- * The existence and especially the direction of a causal link between the total amount of alcohol advertising and per capita consumption remains not proven.
- * There was a reciprocal relationship between alcohol consumption per drinker and mass media advertising expenditures for Dutch figures during the period 1968 - 1982.
- * Consumers scarcely react to a rise in the aggregate advertising budget, while the drink trade reacts very elastically to a shift in per capita alcohol consumption.
- * Alcohol advertising in general tends to confirm and strengthen people in their current behaviour rather than shaping new patterns of consumption. Alcohol advertising portrays current drinking behaviour in combination with certain attractive lifestyles that appear normal or within reach of normal aspirations, for example, beer brands are presented as thirst quenchers and as inducing fun, spirits are portrayed as stimulating appetites and as relaxants, while wines are promoted as the sophisticated concomitant of a good dinner.

If a particular commercial firm succeeds in associating one brand with particular desirable lifestyles then this brand achieves some kind of status in specific consumer groups.

Brand advertisements in such a situation only has to uphold and strengthen that symbolic function to attract new buyers.

Legal Restrictions of Alcohol Use

According to the WHO (1985), it has not been clearly demonstrated that restrictive measures on alcohol advertising have a significant moderating effect on the overall level of alcohol consumption. Equally there is no evidence that a ban on television and radio commercials will lead to the prevention on certain understandable drinking patterns.

Although legislative restrictions on alcohol cannot be scientifically justified, it may be agreed that a socio-political point of view in government initiatives can be seen as rational. Restrictions on alcohol advertising on radio, television and in magazines for the young and women should be implemented. This banning of alcohol advertisements should not be done in isolation. Public opinion may make this a necessary condition, since raising taxes on alcoholic drinks, limiting the number of off-premise outlets, stricter drinking age limitation, restrictions on drinking in public places, prohibiting drunken driving and the setting up of alcohol information campaigns may be unacceptable to the population and lack credibility unless restrictions on advertising are implemented at the same time (WHO, 1985).

The abovementioned alcohol abuse preventive strategies are in accordance with the South African Reconstruction and Development Programme (RDP) which is cited by the African National Congress (1994), and which states that a comprehensive alcohol abuse prevention strategy must include alcohol education programmes, reduction of alcohol advertising, increase in the price of tobacco and alcohol, and strong penalties for major drug traffickers.

All the abovementioned policy initiatives can stem this tide, and such policy initiatives will be impossible without sustained co-operation, co-ordination and implementation by individuals and public support (Grant as quoted by WHO, 1985).

2.8. COMMUNITY PARTICIPATION IN HEALTH

According to the International Conference on Primary Health Care held in Alma Ata in the U.S.S.R. in September 1978 as cited by Tumwine (1989), primary health care is essential to health care based on the practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and their families in the community through their full participation, and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

Rifkin (in press) says it is not possible or even useful to have a universally acceptable definition for community participation. She says it is not possible to build a broad, self sustaining community participation through health service activities and that it is not possible to consider community participation outside a political context. She also says it is not realistic to propose a model for managing community participation in health programmes.

According to Tumwine (1989), the attitudes of most health workers to the cause of ill health and health problems is influenced by their class aspirations which are often different from those of the poor and unhealthy. He also says that the community participation involves discussing political issues and to be in alignment with the oppressed and to use community beliefs to promote participation. Community participation is an essential and pivotal concept in delivery of health services. Working in partnership with communities needs a lot of patience, time and tact from the health care providers (Tumwine, 1989).

Tollman (1991, p. 639) describes community participation by saying that "ordinary members of the community, with adequate facilitation, can collect, analyze and interpret data for evaluation purposes as well as monitoring..."

Keseje (1991) sees it as an essential part of one of the three approaches to Primary Health Care: The Institutional Approach (Primary Medical Care), Community Health Care / Technology Approach and Community-Based Approach (Empowerment).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. RESEARCH DESIGN:

The study was a descriptive research. A case study design was used with three community groups as the case unit. Within each case study the group was involved in participatory research about dealing with the use and abuse of alcohol. Each group planned and implemented a prevention strategy and this was evaluated by the researcher.

According to Yin (1988) a case study is an empirical enquiry that investigates a contemporary phenomenon within its real-life context in which multiple sources of evidence are used.

Case studies focus on contemporary phenomena as opposed to historical phenomena. According to Feuerstein (1986) a case study is a detailed description and analysis of a single event, situation, person, group, institution or programme within its own context.

One of the reasons why this method was chosen, was that it allows the values, attitudes and morals of individuals to be seen earlier than if other more traditional quantitative methods were used (Feuerstein, 1986). A good case study method is flexible and able to re-direct its attention to new and important information as it emerges. As highlighted by Yin (1988) case studies are useful

when an in-depth analysis of a previously unstudied subject is required. The prevention of alcohol abuse in a community participatory mode seemed to require this kind of approach.

Case studies utilising workshops as data collecting methods were ideal for exploring the interaction of the important elements such as community-based empowerment, education, participation, partnership, interaction and participatory research in different groups. Case studies were considered the ideal research strategy because the researcher examined the contemporary community events, but was not able to manipulate the alcohol use / misuse behaviours of the community as it happens in experimentation.

This does not mean that there are no problems with the chosen research strategy. The following are the limitations of the case study research method:-

- The research study was capturing analytically the social reality as it was unfolding to the researcher this could have allowed equivocal evidence or biased views of the researcher to influence the direction of the findings and the conclusions of the research (Yin, 1988).

This problem was limited by the researcher in the following ways:-

- * The opinions of the researcher were validated with the local participants during the workshops. The researcher discussed her observations with the participants to increase the opportunity for others to point out possible biases and distortions that were not noted by the

researcher because of personal sensitivities and / or bias (Chenitz and Swanson, 1986).

The researcher discussed the research process with her research supervisor and two interested colleagues on a regular basis, to limit subjectivity.

- * The researcher tried to make the participants of the workshops comfortable and to make her presence as unobstructive as possible so as to limit her influence on the data from the participants, for example, during the workshops the researcher preferred sitting on the floor while doing group activity instead of using the one table that was offered to her during the workshop. The researcher consciously used the participants' home language during the workshops even though it was agreed in some groups that both English and Zulu could be used during the discussions of the workshops.

The researcher also tried to diminish the effects on the participants of being observed during the workshops, by refraining to record her field notes in the immediate presence of the participants except when the participants were also taking notes during the workshop. The researcher wrote her field notes in privacy, away from the participants when she was alone in a separate room or in the office provided in the community. However, on most occasions, the field notes were written after she had left the field. Field notes were written daily in order to establish distance / objectivity from the data as well as providing an opportunity for the researcher to become increasingly reflective and

aware of one's own feelings and biases which may have been aroused (Chenitz and Swanson, 1986).

- * The researcher used the opportunity provided during the process of field work to check the discrepancies between the verbal, written and observational. It is recognised that people can hold a view of their behaviour that is not borne out in the empirical data (Chenitz and Swanson, 1986). These discrepancies come to light through the triangulation of field work data.
- Other limitations of participatory case research were that the method lacked rigor because the research depended on willingness, attitude and motivation of the participants to participate in the workshops. The progress, implementation, results and evaluation strategies of the research depended not only the researcher, but on the various policies of the institutions or groups included, availability of resources, the motivation and the attitudes towards change of the participants.
- According to Yin (1988) case studies are not like experiments, which use a representative "sample". One cannot say that the cases sample the population. What it does, is to open a window or a lens through which the researcher can explore the phenomenon to develop an initial hypotheses. These hypotheses can then be tested in an experimental way. The investigator in case study research does not enumerate frequencies like in statistical generalisation.

- Case studies take very long and result in massive, amounts of data being collected. In this case much of the information was in Zulu, since the participants communicated in this language. This resulted in a lot of time being used to collate the data collected and to translate the documents into English.

3.2. POPULATIONS AND SAMPLING:

3.2.1. CLERMONT TOWNSHIP

The investigator selected the Clermont Township where Black Africans live. The township was chosen because the township is conveniently situated near to Durban in the KwaZulu / Natal region. From the work of the undergraduate nursing students in this area, there were strong indications that alcohol was a problem in the community, which further strengthened the choice.

Furthermore, the openness of the community members to accept the researcher, was taken into account. After making initial contact, three community members voluntarily formed a committee to assist the researcher in the community.

3.2.2. GROUPS

The researcher went through a six months process of meeting different leaders and groups in the Clermont Community.

During the initial entry into the Clermont Community, the researcher was accompanied by a colleague who lived in Clermont. She took the researcher to the health unit / clinic in Clermont and introduced her to the Nursing Service Manager, as well as to co-ordinators and representatives of the following community-based projects: community health centres, community welfare organisation, non-governmental organisation (N.G.O.'s), community womens' organisations, community health developers (Unompilo), priests from formal and informal churches, community choir groups, civic associations, youth groups (high school goers and non-school goers), parents' groups, professional and non-professional groups of people, business people, key / influential and non-influential people in the community.

The researcher explained to all of these individuals and groups her interest in alcohol as a social problem and the prevention of alcohol abuse, and offered to get involved with any group that was willing to take up this problem. From these contacts three emerged, which went through the workshop series.

Group A: A youth group of high school students who are all members of the Gugulethu Youth Centre Club.

Group B: An adult group of unemployed people, who are members of the Ziphembeleni Sewing Club.

Group C: Adult members of Salima Apostolic Zionist Church, of whom some were employed and others unemployed.

Each group consisted of between 17 and 20 members.

One group which was organised with an informal church was not successful, because the church authorities expressed that it did not want an "outsider" to be involved in a working relationship with its members. Another group consisting of professionals namely, teachers, nurses and social workers was not successful, because the professionals could not afford the two weeks time-off from work to attend the workshop. The professionals wanted to be provided with the agenda of the workshop before coming to the workshop so as to be able to choose the important topics that they wanted to attend. However, the researcher emphasized continuity in attendance to enable the participants to achieve empowerment in terms of both skills and knowledge. The agenda in the workshop was going to be developed by the workshop participants together with the researcher.

3.3. CASE STUDY PROTOCOL:

The following protocol was developed to describe each case:-

3.3.1. GROUP DESCRIPTION

3.3.1.1. Age

3.3.1.2. Gender

3.3.1.3. Educational Status

3.3.2. ACCESS PROCESS

3.3.2.1. Gaining access to the group

This involves the description of steps taken by the researcher to gain access to the key organisations, interviewees and / or groups.

- * Explanation of the process of groups identification in the community.
- * Description of the initial contacts / meetings with key figures.
- * Explanation of gaining permission from the relevant authorities.

3.3.2.2. Resources while in the field for this group

- * Material resources available while in the field included pen, paper, paper clips, quiet place / office to write notes.
- * Human resources in the field, namely, co-facilitators of the workshops, committee members from the community.

3.3.2.3. Developing a contract

- * A schedule of the data collection activities that are expected to be completed within a specific amount of time, as agreed to by the group.

3.3.2.4. Workshop adaptation

- * Adaptation of the workshop plan / programme to suit the needs of each unique group.

3.3.3. GROUP PERSPECTIVE

3.3.3.1. Alcohol abuse as a social problem as seen by the group.

3.3.3.2. The uses and benefits of alcohol in the African society in the past and present.

3.3.3.3. The reasons that cause the young people to drink.

3.3.3.4. The contributory factors for alcohol abuse among the youths in the townships.

3.3.3.5. The consequences of alcohol misuse / abuse to the following: body, mind, home / family, work /

school, community and the law.

- 3.3.3.6. Methods and strategies that were used in the past to prevent alcohol misuse, especially among the youth.**
- 3.3.3.7. The early signs and symptoms that indicate that the youth is abusing alcohol.**
- 3.3.3.8. Attitudes of participants towards alcohol use are assessed.**
- 3.3.3.9. Alcohol related situations, strategies and solutions are studies.**
- 3.3.3.10. Participants' knowledge about alcohol and research and helping skills.**
- 3.3.3.11. Media promotion of alcohol.**
- 3.3.3.12. Definition of terms.**
- 3.3.3.13. Community assessment / profiling in relation to alcohol misuse by the youth.**

3.3.4. INTERVENTION

- 3.3.4.1. Prevention plan and implementation.**
- 3.3.4.2. Feasibility in terms of attitudes, barriers, constraints and limitations.**
- 3.3.4.3. Process of implementation.**
- 3.3.4.4. Effort evaluation (level of implementation).**
- 3.3.4.5. Results in terms of attitudes, alcohol involvement signals, knowledge and skill development.**

3.4. DATA COLLECTION METHODS AND TECHNIQUES:

3.4.1. WORKSHOPS

The main data collection arena was the workshops. The participatory research approach formed part of a series of workshops which the researcher conducted with each group.

According to Feuerstein (1986) a workshop is a small or large group of people who meet to discuss, plan and/or produce specific outputs, which may be written, recorded or illustrated. The outputs may also be the production of materials or skills training. Smaller groups give better opportunity for individual participation in group discussions.

3.4.1.1. Aim

The workshops in this research were highly structured. They aimed at a specific purpose of describing alcohol use / misuse as a social problem among the Black youths of Clermont. Another aim of the workshop was to plan, develop, implement and evaluate prevention and solution strategies for the problem. The workshop strategy provided the participants with an opportunity to meet with other interested parties in the community, and to discuss and brainstorm about issues related to alcohol use / abuse.

3.4.1.2. Content

The focus during the data collection during the workshops was according to the workshop plan that was adopted by the researcher and the workshop participants. The data collection focus was on describing the following aspects:-

- * Alcohol use and misuse as a social problem among the Black youths of Clermont.
- * The communities' values, beliefs, attitudes and commitments in the use and misuse of alcohol.
- * The historical and current patterns of the use of alcohol.

- * The benefits and negative effects of alcohol, the communities' perspective and attitudes towards alcohol use / misuse (see Appendix 1 : Workshop Plan).

The workshop plan that had been developed by the researcher aimeded at directing the workshop activities. The researcher and the participants agreed to the use of the workshop plan. The development of agenda of the workshops was discussed and agreed to between the researcher and the workshop participants. The workshops were organised by the researcher together with the interested community members who formed the organising committees for the community-based participatory research. The key concepts of the workshop were: **Participation, Education and Action.**

3.4.1.3. Workshop Process

Co-facilitators were nominated by the participants to facilitate the workshop. The task of co-facilitating and other responsibilities were given to the participants, thus enabling the researcher to observe the process during the workshops. The participants nominated recorders during the workshops. These recorders helped to facilitate the workshop as the recorders wrote down the answers during the group discussions. These activities and involvement of the participants during the

workshop gave the researcher a chance to observe the process during and after the workshops.

The workshop strategy proved to be the ideal technique for collecting the unrestricted amounts of information from large groups of people. The discussions enabled the participants to draw specific conclusions in relation to the problem. Specific lines of actions were planned and implemented. Training in specific skills and knowledge for both the researcher and the participants was provide, for example, research skills and knowledge about alcohol use and abuse.

3.4.2. PARTICIPATORY OBSERVATION

Participatory observation was an ideal technique to use when studying the lifestyle and behaviour of alcohol use / misuse of people in their community. The researcher / observer participated in what was happening in the workshop sessions and in the community activities that were alcohol use / misuse related. This process of participatory observation occurred during one year of community entry and data collection in Clermont. The long stay in Clermont enabled the researcher through participatory observation, to obtain a deeper understanding of the behaviour of the community members, in relation to alcohol use / misuse.

To prevent the researcher from being subjective and biased, many workshop participants were involved in the process of observing the phenomenon of alcohol use / misuse among the community members of Clermont.

This participatory observation was done by the workshop participants together with the researcher during the process of community profiling. In this kind of participatory research process, the people being observed for ethical reasons, were knowledgeable about the fact that the researcher was observing the community members' behaviour, attitudes and values about alcohol use / misuse in the various groups during the workshops. The fact that the researcher was known to the participants gave the researcher a better opportunity to make an in-depth enquiry and to use a variety of data collecting technology like an audiotape recorder and videotape recorder, especially with the youth group. The youths were eager to operate the equipment themselves. Using this technical equipment would have been impossible if the observing researcher was unknown to the participants or if the researcher did not obtain the permission and trust from the participants to use the equipment.

The researcher was well integrated with the people she was observing in Clermont to such an extent that the researcher felt morally bound to respond positively to invitations from community members by attending the family ceremonies, namely, the funeral in March 1994 during the sudden and tragic death of the son of Mr Luthu, one of the motivated participants as well as the funeral of Ms Grena Mchu an

enthusiastic participant in the workshop who died suddenly at her home. Grena was buried on 14 May 1994 in Clermont. The researcher was invited by the workshop participants to a wedding celebration on 25 June 1994, where the bride was a fellow member of the Salima Zion Church.

3.4.3. PARTICIPATORY RESEARCH

A participatory research project was done with each group focusing on alcohol abuse and the prevention thereof. A participatory research approach was used because it is a people centred learning process that was able to transform local patterns of awareness of alcohol use / misuse, the distribution of power and resources and to increase participant development and activity during the research (Brown and Tandon, 1985).

Participatory research is a process of social inquiry and learning for both the researcher and the researched, which results in action being taken on the need(s) identified during the course of the research (Martin, 1993).

The community needs approach formed the focus of the research. The researcher initiated the research process, but the community needs assessment and intervention originated from within the community that was studied. The community members (research participants) were subjects as opposed to objects of the research because the community

members were directly involved in the identification of their problem, in the prevention and solution to alcohol misuse among the youths in Clermont. The "problem" of alcohol abuse among the young people was identified as a social problem during the initial stages of the research, data was collected through direct - participatory research processes and through the workshop techniques. The analysis was done and the community needs / problems were "met" through the implementation of the interventions strategies. These strategies were implemented primarily through the community's control of these processes.

The local participants were to interpret this social phenomenon to the researcher. The researcher on the other hand was committed to teach the local participants scientific skills and knowledge including research skills. The researcher imparted to the local participants knowledge about alcohol and skills training namely, the research and the use of data collecting instruments like video, audio tape and using video camera to record the groups activities in the alcohol prevention/intervention strategies.

3.4.3.1. Questionnaires/Self-reporting Data Collecting Methods

A questionnaire is a group of written or printed questions used to gather information from the respondents who would provide answers to questions. In this way information can be obtained on what individuals or groups do, think, feel, need, want, plan

or have experienced (Feuerstein, 1986). The questions used were fixed-choice or fixed-response questions where the respondents is asked to choose one or more answers from those provided.

The advantages of using questionnaires are that this method is cheaper in the sense that there is no need to pay interviewers to see every respondent, and it saves time since many questionnaires could be distributed to a large number of people within a short space of time. The disadvantages are that it cannot be used with illiterate people, and in-depth data cannot be obtained. The training of the illiterate adult group to explain the purpose of the data collection using a questionnaire, and to explain the questionnaire instructions was easy to conduct and not time consuming. The answers were easily recorded and analyzed and the report of the results from data collected were easily obtained and utilised/shared with funders by the participants.

3.4.3.2. Interviews

These are a set of open-ended or free-response questions that the respondents are requested to answer in their own words and at whatever length they choose. The answers are recorded in writing or audio taped by the interviewer. This method may be more expensive than the questionnaire method, as the

interviewer might need a tape recorder to collect the data. It is also time-consuming. The researcher used the tape recorder freely to collect data during the discussion with the youth group. The community members did not allow the youth researcher to record their responses in the township. The adult workshop participants expressed anxiety in using the tape recorder.

3.4.3.3. Participation in Writing Community Profile

According to Feuerstein (1986), a profile is a brief description or outline of something, it helps one to understand it quickly. Participation in making a community profile was an important educational experience for the workshop participants. According to the objectives of the research, both parties at the workshop were committed to dual learning between the researcher and the local participants. During community profiling both the researcher and the local participants learnt about Clermont in relation to alcohol use/misuse. The researcher taught the local participants the scientific method of conducting a community profile while they interpreted the alcohol abuse among the youths as a social reality/phenomenon (see Appendix 2 for the guidelines for the profile). The youth group/participants were enthusiastic about being involved in describing and analyzing the alcohol use/misuse patterns and the lifestyle and development of their community. They expressed their

amazement that the researcher considered these patterns to be interesting. The participants decided jointly at what was to be observed by the participants (see Appendix 2).

The main technique for collecting the data using a community profile was the observation technique, with emphasis on the so-called Look, Listen and Learn Techniques. Observation methods provide an opportunity to check the validity or truth of many verbal statements which people make.

The final profile of the Clermont community was shared with the participants verbally during the workshops by discussions and recorded after the field trip. Because the adult group (whose ages ranged between 38-68 years) expressed that short breath was a common health problem among the participants, especially after long walks, the researcher utilised visual aids like local newspaper cuttings, photographs and pictures to depict the social environment of Clermont. These visual aids were used as an indoor activity to trigger discussions about the participants' geographical in relation to alcohol use/misuse among the youths. The conclusions of the community profile were recorded.

3.5. ETHICAL CONSIDERATIONS:

The idea to carry out participatory research with a community-partnership

approach, originated from the case study investigator, who was an "outsider" to the local participants. The purpose and the value of the research was explained in basic terms that met the level of the participants.

The investigator and the local participants agreed jointly on defining alcohol abuse as a problem among African youths. Both parties agreed to conduct an "enquiry, education and action" into the problem of alcohol. After several discussions and meetings between the two parties during which the local participants' interests were discussed and consent was gained. Permission to conduct the research was sought from the relevant authorities. The Gugulethu Youth Health Centre is a part of the KwaDabeka Health Unit which is under the Natal Provincial Administration, and permission was sought from the Nursing Service Administrator to conduct the research with the youth. After consent and participation of the group were obtained, the interest of the community was safe-guarded in the following ways:

- a) All basic research procedures were explained to the participants who were assured of confidentiality and neutrality of the researcher.
- b) The research aims, individual and group-activities responsibilities/tasks, and shared learning principles were negotiated.
- c) The power and control were fairly balanced and distributed between the researcher and the local participants at different points of the research process. For instance, the local participants accepted the researcher as the locus of power to select the suitable research design, methods of data collection, analysis of the initial report setting out the findings,

mainly because the local participants assumed that the case investigator possessed "the expertise as a researcher". However, their knowledge of the community gave them expert power during the analysis of the data. The decisions concerning the outcomes of the knowledge generated and the dissemination of this was also shared by the case study investigator and the participants.

The researcher shared her own values and beliefs freely with the group as she participated in group activities as a full member.

- d) The gain from the research was shared by the researcher and the local participants in the following ways:
 - * The local participants learnt how they might usefully build relationships and how to relate with one another, with interested health and social institutions, community members and professionals. They also gained knowledge, skills and scientific methods of analyzing data and processes.
 - * The researcher learnt how to capture analytically the social phenomenon directly as it unfolded in its reality context and as it was thought and explained by its inhabitants to the investigator.
 - * The first draft report was discussed at a meeting to which all the members of the case study groups were invited. At this meeting detailed discussions of the research report and research

outcomes and the evaluation processes took place. The modifications to the report were done accordingly and the final copy was typed and made available to all the local participants.

The discussion took place because anonymity of the groups could not be maintained in the final research report.

- e) The exit process was planned, and the researcher remained involved in an advisory capacity.

CHAPTER FOUR

CASE STUDIES

CASE STUDY 1 : GUGLETHU YOUTH CLUB

4.1. ACCESS PROCESS:

4.1.1. GAINING PERMISSION FROM RELEVANT AUTHORITIES

Because the Gugulethu Youth Club is part of the health services under the administration of the KwaDabeka health unit / clinic, permission was obtained from the Head : Nursing Services of the KwaDabeka Clinic to conduct the workshop with the youths who are registered members of the Gugulethu Youth Centre.

4.1.2. RESOURCES WHILE IN THE FIELD FOR THE YOUTH GROUP

*** Material Resources**

In the field I was allocated an office to myself where I prepared for the workshop, wrote notes during and after the workshop in quietness and privacy. I also used it to store valuable equipment for the workshop: stationery, an audio tape recorder and video cameras. I had access to the telephone to call local institutions such as the Nursing Department

at the University of Natal, Durban, to consult my supervisor when the need arose or to phone home or other key figures to organise the workshop. I was invited to share morning and afternoon tea and snacks with the staff and youths. I supplied a light lunch for the youths for the period of the workshop. The youths who were nominated for the catering task prepared meals from what I brought.

*** Human Resources in the Field**

I was in contact with my colleagues and the supervisor of my research project even when I was physically in the field because I had access to the telephone and was able to report back daily. The professional and non-professional staff of the clinic also assisted as committee members for the workshop. I also had access to the young people of the community. They knew their community's needs and limitations. These people formed the various committees before, during and after the workshop. They voluntarily taught me much about the community. I was a resource to them as well, as I shared with them my knowledge of the research process, health promotion and health protection as well as a variety of skills.

*** Gaining Access to the Groups**

At the beginning of August 1993 an invitation was extended to me by Milly the senior professional nurse who attended some of the initial

meetings, with the community members at large. She informed me that she was in-charge of the Gugulethu Youth Health Centre in Clermont. The centre provides counselling, health promotion and protection services for the youths, and also runs a club for them. She informed me that the club constitutes of about sixty registered members. There were many youths who were not registered members, but attended the centre to seek counselling on health and life skills. I was further informed that the youths attend the health centre every day of the week for individual counselling on health or personal issues. Club meetings were held every Thursday at 14:30 after school. Since she shared my research and health promotion concerns and goals, she invited me to the centre to meet the rest of the staff and the co-ordinator of the youth club section of the health centre. After several meetings and discussions with the staff members of the centre, I was invited to be part of the organising committee for the planning of the end of the year holiday programme for the youths who were members of the centre during the last term of 1993. After organising the end of the year programme for the youths at the centre, the staff agreed that they would in turn assist me to organise the alcohol prevention workshops with the youths. I agreed with enthusiasm, because I believed that it was an ideal opportunity for me to gain entry into the youth group. The proposal could mean that I would have enough time to get acquainted with them during the planning of their end of the year programme, without presenting my own research as a priority.

*** The Initial Contacts with the Youths**

I was introduced to a group of the youth members of the centre and to the non-professional staff members by the person in-charge of the youth centre. I explained my research and health promotion and protection goals, and the staff and the youths agreed that I would be part of the organising committee for planning their end of the year programme. The organising committee consisted of ten youth representatives and six staff members of the centre, three of whom were professional nurses, three were health advisors and myself. I utilised the opportunity of being part of the organising committee to include topics, skills and films that empowered the youths with life skills and knowledge. These topics were part of my planned workshops, but they also fitted the objectives of the comprehensive programme.

I was satisfied with this arrangement because it meant that the youths would experience and relate to these skills as life skills and not only associate them with alcohol related situations. The youths on the organising committee were the voice of the youth groups in relation to the topics the youths felt a need to discuss and they suggested the names of speakers of their choice, dates, venues and the drafting of the daily programme and the writing of letters for donations. It was decided by the organising committee that I would meet them once a month from August to November 1993. The youths expressed that the second half of the year was a hectic period, as they were busy studying and preparing for their end of the year examinations. All workshops

and seminars would be done after the end of their school year examinations. Their holiday programme was finally scheduled for 22 to 25 November 1993. The alcohol abuse prevention workshops were scheduled from 6 to 17 December 1993.

I was also given the opportunity to be part of the committee who would be planning activities and programmes for the youths for the year 1994. I agreed because the planning, formulating, implementing and evaluating of the community-based health (especially alcohol prevention) strategies were in fact part of the participatory research process I was planning. I felt that the invitation to be involved in their health promotion and protection committees showed a very positive response to my work.

During the holiday programme, I conducted on a daily basis, thirty minute workshops to practice and rehearse the following life skills: leadership skills, stress and aggression management, assertiveness skills and peer helping skills. On the 25 November 1993, I was also included in the youths' holiday programme as a speaker on alcohol prevention. There were approximately forty participants who were the youths who were registered members of the centre, and some non-members. During this session we did a fact finding workshop about alcohol as a social problem among the youths of Clermont. After the youths agreed that alcohol abuse is a health and social problem amongst the youths in Clermont, I shared my research interests with them. I offered my skills to help in the forming of a workshop to help the youths identify the causes and contributory factors of alcohol abuse in their

community. I offered to teach, assist the youths with scientific skills, conduct their own research project about alcohol abuse in their community, analyze scientific data, to use, to share the research findings with other community members, to develop, to implement and to evaluate the preventive alcohol abuse and health promotive and protective strategies for their community. They seemed interested and promised to come to the workshop. On the day of the evaluation of the end of the year programme the following were some of the comments made by the participants: "I learnt a lot of new things", "I wish we could have many more of these learning and fun activities", "I enjoyed the films and role plays", "I am looking forward to the alcohol prevention workshops". The session ended with a "braai and fun", and preparing for the alcohol prevention workshop the following week. By this time I felt that I was already a part of the Gugulethu Health Youth Centre. I had brought my camera and allowed the youths to use it to take photographs and pictures of the learning and fun activities during the braai session. I had mastered the names of some of the youths and staff, especially the names of those who were in the organising committee. They were also calling me by my first name. I felt that I was accepted by the members of the centre. We all parted that day on a high emotional and friendly note, and reminded each other to attend the alcohol prevention workshop the following week.

On the date of the workshop I arrived at the Gugulethu Youth Centre as arranged at our last meeting, on the last day of the end of the year programme. I was shocked and disappointed to find only one participant - Abie, out of the approximate forty participants who had

promised enthusiastically to attend the alcohol abuse workshop. Abie reassured me that his peers would come even if it was later in the morning. He told me that he was sure that his friends forgot that it was a Monday as on that particular day as it was a school holiday. Abie told me to relax and wait at the centre while he went around the streets to look for his friends who he was sure were idling in the streets with nothing to do. I offered to go along with Abie to get a better understanding of what youths do in the Clermont streets when they were not at school. It was within short walking distances where we met some of the youths standing in groups, some coming in our direction towards the centre. They were excited to see me. When Abie asked about the delay, the reply was that they had forgotten that it was a Monday - just as Abie had guessed. This response surprised me but the youths were friendly and were laughing at their forgetfulness.

I was fascinated at the workings of their minds which were so relaxed and with no intention of undermining the programme. We all happily went to the centre. The youths agreed that we should wait for others to arrive. I tried to relax as much as I could, and not show them how concerned I was about the waste of time.

I occupied the youths with the alcohol card playing game which has questions on alcohol facts and research and also gave the answers to the questions. The youths were studying about alcohol issues whilst playing the card game. By 14:00 the conference room was filled with 13 youths both males and females, and their ages ranged between 14 and 24 years. The youths agreed that it was too late to start the

workshop and it was agreed that the first day of the workshop would be the following day at 10:00. On 7 December 1993 at 10:00 I was happy to find 5 youths in the conference room. They asked for the alcohol playing cards to play with whilst waiting for their peers. At 11:00 thirteen participants had arrived.

The workshop started with a detailed self introduction to the group. Each participant told the participants his / her name, surname, educational standard, likes, dislikes and hobbies and any other peculiarities to share with the group. I explained to the participants why it was important for each participant to know each other's names, at least.

I taught the youths the name association game to help remember each other's name (see Appendix 2). This activity brought fun and facilitated the process of knowing each other. The participants were involved in the game of describing one's life events as a process of forming groups. It was noted with amazement that the youths gave similar accounts as they gave in the detailed introductions. Their life histories revolved around school, home and their friends. This was unlike the life histories that were given by adults. The adults life histories and events centred around marriage / relationships, career and work, illness, unemployment, poverty and affluence and travelling.

To develop group identity, the participants were involved in a game of choosing a picture of an animal (see Appendix 2). This activity brought fun, group formation, group identify, self confidence and trust among

members who shared the same characteristics and among members who chose individual animal characteristics. The participants were requested to represent their life histories in graph form. No youth presented a graph. The youths wrote essays to describe their life histories. One youth represented her life as the sun, rain and star at dawn. She said she was the firstborn in her family and therefore she felt that she must give light, life, hope and success to her younger sisters and family. The participants filled in a form that I had prepared to obtain the participants' socio-demographic particulars which would be discussed in the following chapter.

* **Developing a Contract**

The participants elected the following participants for the following tasks and responsibilities during the workshop. I had a "given" task of being the facilitator of the workshop. Andy, the co-ordinator of the Gugulethu Youth Club, was elected as the co-facilitator of the workshop. Amos, the Chairman of the youth club, was elected as the president of the workshop. All the elected role players with different tasks had to consult with the workshop president if they had a problem with their tasks. If the president was unable to solve the problem, the matter would be referred to the facilitator or the co-facilitator. Alma was to organise the prayer conductor for the beginning and closure of the workshop sessions. Addis and myself were the secretariat, scribes and stationery providers. Alex and Amy were the nutritional caterers. Alma and Andy were health care givers. Amin was responsible for

control, law and order. Amish was the time-keeper for the workshop. Abie and Ambros were the information disseminators and communication officers. Ayob was responsible for entertainment and recreation facilitation and planning. Andy was nominated for management of the finance for the workshop. Alma and Angie were responsible for the facilitation of the daily workshop evaluations.

The participants decided that the group would meet daily at the Gugulethu Youth Health Centre conference room in Clermont, from 7 to 17 December 1993, from 09:30 to 15:30. The following daily time schedule was agreed to:

09:00 Prayers	First Session
09:30 - 10:30	Activity
10:30 - 10:45	Tea Break
10:45 - 13:00	Second Session
13:30 - 14:30	Lunch Break
14:30 - 15:30	Fourth Session

The nature, content and style of learning were discussed on the first day of the meeting. It was in this meeting that it was explained that the meeting would be in the form of workshops. The participants were encouraged to take responsibility for their learning. The participants were encouraged to work in groups, experience leadership, exercise informed choices, develop self judgement and confidence, offer, respond, argue a case, defend sensible views or decisions and share outcomes with the larger group members.

On the 8 December 1993 the number of participants increased from 13 to 25. Some participants were not members of the Gugulethu Youth Centre. The following were the rules that were set by the participants:-

- a) Be punctual.
- b) No talking when someone else is talking.
- c) Be free and confident.
- d) Do not criticize each other.
- e) Listen to other people.
- f) Work towards gaining knowledge and skills.
- g) Concentrate and pay attention.
- h) Speak loudly and clearly.
- i) Accept or respond to each others questions and statements.
- j) Be supportive to each other.
- k) Answer and discuss the official languages known to participants.
- l) Be kind and respectful to each other.
- m) Ask any questions.
- n) Say anything.
- o) Be friendly and pleasant to each other.
- p) Inform the group members in good time if one is going to be absent from the workshop.
- q) Participants to know each others physical address and telephone number to facilitate communication.
- r) Cause minimal disturbance during the workshop process.

The participants discussed the following things to do when the workshop rules were not adhered to:-

- a) Talk and warn the offender.
- b) If the offender persisted with the offence, report the matter to the participant whose responsibility is law, discipline and order.
- c) Report to the president of the workshop if the problem is not resolved.
- d) Report to the co-facilitator or to the facilitator of the workshop if the problem is unresolved.

*** Workshop Adaptation**

The workshop programme was implemented as it was planned. The planned time schedule was adapted to accommodate for the loss of the first day of the workshop. The workshop programme was discussed, accepted and implemented by the participants.

*** Establish Workshop Objectives**

The participants shared their fears and hopes about the workshop. The following emotions were shared by the group:-

Hopes:

The participants expressed that they hoped to:

- a) Learn more about research, life and alcohol use.
- b) Understand other people.
- c) Gain positively from the discussions.
- d) Analyze the social problems of the community / people of Clermont.
- e) Develop strategies to solve the social problems.
- f) Learn strategies to fight poverty.
- g) Make more friends.

Expectations:

The participants expressed that they expected to:-

- a) Meet large groups of people.
- b) Meet people with different characters and personalities.
- c) Share views with other people.
- d) Start the workshop early and finish early.
- e) Have fun and learn.

Fears:

The participants expressed fears of the following:-

- a) Fear of the unknown.
- b) People not turning up for the workshop.
- c) Lack of participation by members.
- d) Research and questions might be too difficult, complicated, senseless and boring.
- e) People might dislike them.

Joys:

Participants expressed that they were happy because they would:-

- a) Have something to do during the school holidays.
- b) Meet other people.
- c) Have lunch and tea snacks.
- d) Do something new.

*** Sharing the Learning Experience**

The following were the learning experiences expressed by the participants on the first day of the workshop:-

- a) Mastered peoples' names within a short space of time.
- b) Learnt to talk about their own and other people's different likes, dislikes and hobbies.
- c) Enjoyed the alcohol card playing game, it was informative and interesting.
- d) Learnt how to introduce one self to a group of people.
- e) Learnt how to socialise with people they did not know.
- f) Learnt that people are the same and yet different.
- g) Learnt how to be confident and proud of one self and not to be shy.

*** Prioritizing the Aims of Alcohol Education**

The aims for an alcohol education workshop were discussed, established and prioritized according to their order of importance to the participants' needs (see Appendix 2 for the list of aims of the alcohol education workshop). The following order of priority was established for the aims of the workshop:-

- Aim 1:** To enable young people to make decisions about their alcohol use or non-use.
- Aim 2:** To develop knowledge and understanding about alcohol as a drug.
- Aim 3:** To examine personal attitudes and values that influence decisions about alcohol use and non-use.
- Aim 4:** To delay the onset of alcohol use.
- Aim 5:** To place alcohol in the political, social and economical environment in which it exists.

4.2. GROUP PERSPECTIVE OF ALCOHOL ABUSE AS A SOCIAL PROBLEM:

4.2.1. THE USES AND BENEFITS OF ALCOHOL IN THE AFRICAN SOCIETY IN THE PAST AND PRESENT

There were sixteen participants on this day. They agreed that in the African culture all celebrations, namely weddings, funerals, traditions and rituals in the African culture are celebrated by drinking the traditional home brewed beer. The amount of home brewed beer was limited as the beer was poured into barrels and could not be stored or preserved for long periods of time. There were no industries that brewed beer, no beer halls, bottle stores or shebeens in the rural homestead areas. The amount of home beer brewed was enough for the consumption of the people for the specific celebration and not for commercial use. The consumption of the traditional beer was an activity that was preserved for adult men and older women. Beer brewing was an activity done with pride by women for their menfolk. Women served the home brew to the men with pride. Men would compliment the women for the good taste of the beer. Men would give a small amount of the beer to the women folk only to taste. This amount of beer would not be enough to make anyone drunk.

Participants agreed that alcohol beverages have an analgesic effect. If one is suffering from the common cold or fever, gin can be added to boiling water and the mixture acts as a pain killer.

The group agreed that alcoholic beverages have a medicinal effect of tranquilisers and sedatives because when one drinks an overdose of the alcohol beverages, one feels drowsy and one can go into an alcohol coma and stupor. Alcohol beverages are relaxants and have nerve tonic effects because for a while a drunk person is calm, emotionally relaxed and even forgets his/her problems until he/she is sober.

The participants agreed that alcohol is a cooking and baking ingredient because alcohol is added when cooking meat stews, roasts, grills, baking cakes and desserts.

Participants agreed that alcohol lessens the individuals' inhibitions because drunk people develop the courage to talk, become jocular, become more approachable, communicate better and become less shy than he / she would be in sober senses.

The youths agreed that alcohol in the present time is a source of income to the government and to private business people, because in the townships the government used to subsidise the liquor industries which were liquor manufacturers, distillers and distributors to shebeen owners, who in turn sell to the public.

4.2.2. METHODS AND STRATEGIES THAT WERE USED IN THE PAST TO PREVENT ALCOHOL ABUSE ESPECIALLY AMONG YOUTHS

According to African culture the fact that drinking alcohol beverages

was an adult prerogative prevented alcohol abuse among the youth. This meant that alcohol use was prohibited to young people. It was culturally unacceptable for young men and women to use alcohol or to be drunk. Liquor was not readily available in the rural areas in the past. The restrictive liquor selling and admission laws to youths under the drinking age were enforced in liquor shops. The youths in the old days were not exposed to the mass media that encouraged alcohol use, especially the television advertisements and magazines. Parents had more control over their children. Nowadays the peer group is more influential with the youths as compared to the parents. In the past the child had the company of the relatives in the extended family but with today's nuclear family unit, the child is alone when the biological parent(s) are absent.

4.2.3. THE REASONS WHY YOUNG PEOPLE DRINK

The participants said that young people drink for a variety of reasons, namely: it is fashionable to drink, they are forced by peer pressure and influence, liquor makes one clever, just to be drunk, drunkenness is socially acceptable, to show off, to find solutions to problems, to get "dutch courage", liquor is available at home or in the shebeen, to have pleasure, to escape the lack of love or care at home or school, to escape the lack of communication between parents and youths, to escape family poverty and destitution, to escape homelessness, to model drinking parents and social personalities, youth are encouraged by the lack of the enforcement of restrictive alcohol selling laws to

youths who are under the drinking age, encouraged by the lack of alcohol knowledge, encouraged by advertisements in magazines and television, influenced by the company of drinking people in night clubs and alcohol drinking parties, loneliness and to belong to a group of friends.

4.2.4. THE CONTRIBUTORY FACTORS FOR ALCOHOL ABUSE AMONG THE YOUTHS IN THE TOWNSHIP

The information flowed from the discussion on pictures from the local newspaper, magazines and articles that depicted the everyday life in the townships. These included positive and negative scenes.

- * **A poverty stricken environment :** The photo of African street children who were smoking dagga, fighting among each other and eating discarded food from the street rubbish bins. The participants agreed that the street children live in miserable life situations. They expressed the opinion that it was possible that these street children used or abused alcohol to cope with or forget their misery. The street children were exposed to violence, crime, imprisonment, disease and death.

A white woman carrying water in a plastic container on her head. The same woman in the same environment was engaging the youths in a physical exercise game and reading the Bible to the adults. The participants agreed that poverty knows no

colour. The white woman was as poor as the Africans in the picture. The difference in the picture is that the youths abused alcohol to escape their misery and the woman was involved in physical and keep fit activities such as working, physical play and reading.

- * **Street Children:** The picture showed street children playing in a cemetery yard. The participants expressed the feeling that street children were a social phenomenon that needed to be discussed on its own. The participants expressed that this phenomenon was a common sight in the cities. The participants expressed the view that these children left their homes in the rural areas because the violence had rendered them homeless and orphans. The street children go to the cities to seek shelter, work and food. The group felt that street children were a major contributory factor to alcohol abuse. The participants said that these children lived on the streets and had no home and no parental care, love, control or supervision of their activities. These children do as they please. They abused alcohol to escape their misery or because they are forced to do so by their peers.

- * **Lack of recreational facilities in the townships:** The picture showed members of a soccer team who undress in public to change into their playing uniforms. Some were shielding and standing in front of those who were naked. The group expressed that undressing in public was a common sight in the townships. There is a lack of community recreational facilities

like cloakrooms, showers, bathrooms, football pitches, football stadiums and community centres or in-door games and activities. The group expressed that the absence of these community facilities are a contributory factor to lack of creativity in the youths who then resort to alcohol abuse to escape their misery in the townships.

- * **Arson - A bus on fire:** The participants described a photo of a bus on fire. People fleeing from the burning bus. The participants expressed that in most occasions, the fire is started by the people. The people who start the fire most of the time, abuse alcohol to give them "dutch courage" to do the evil deed.

The owner of the bus would suffer economical loss and psychological depression. The criminal offenders can be arrested. They in turn can be arrested and suffer loss of employment, social esteem and suffer from psychological depression. The victim and the offender of the loss of property can end up abusing alcohol to escape their misery.

The participants agreed that the perpetrators of crime are people who are angry and frustrated. People must be taught that anger is a natural emotion that needs to be expressed. People must be taught the positive ways to channel their anger or energies like work, physical play, verbal negotiations and mediation. The destruction of property is not the positive way to express anger.

- * **A picture of four men being handcuffed and driven from the back by policemen:** The participants expressed that violence in the townships was the order of the day. They expressed that violence begets violence. That is to say, the youths are brought up in a violent environment and they in turn will learn to be violent adults. Violence leads to physical assault, handicap and death.

The participants expressed the view that the South African Police are supposed to intervene when there is violence in the townships. Participants expressed that the police exacerbate the violence because of their application of inhuman interventive strategies like detention, imprisonment without trial, physical assault, shooting, use of force, handcuffs, tear gassing and killing. This in turn results in emotional depression and abuse of alcohol by the police, offenders and the community members.

The participants agreed that there should be consultation, mediation, negotiations and reconciliation, as well as trust and peace talks between the community members and the police.

- * **Summary of the Socio-economic Contributory Factors of Alcohol Abuse**

The participants agreed that the following negative socio-economic factors in the townships contribute to the misery of

the people: poverty, street children, lack of recreational facilities, arson / destruction of immovable property, violence /killing, crime, jail detention and imprisonment. The following factors were described as contributory factors to alcohol abuse among the youths:-

- a) Positive attitudes of youths towards alcohol use.
- b) Peer pressure or conformity.
- c) Availability of alcohol in the townships.
- d) "Dutch Courage" from alcohol to transgress social norms.
- e) Parental pressure.
- f) Media advertisements.

4.2.5. EXPLAINING THE CONCEPT "ALCOHOLISM":

- * **Consensus Definition of Alcoholism:** The participants formulated the following definition for alcoholism:-

"Alcoholism is a physiological and psychological disease that is caused by habitual or chronic misuse or abuse of alcohol. The condition is caused by the inability to meet the following socio-economical basic human needs: shelter, employment, money and food. This disequilibrium in meeting the basic

human needs results in disorganisation of personal, family and community life and health."

4.2.6. THE CONSEQUENCES OF ALCOHOL MISUSE:

The participants agreed that alcohol misuse has adverse effects on the mind, body, home/school and in the community as a whole, economically and politically. The participants agreed that youths who misuse alcohol suffer the following adverse effects: they face a bleak future, misuse their money, suffer from decreased mental functioning, lose their dignity, lose their self respect and respect for adults, lose friends and employment, suffer from poor mental judgement, become prone or susceptible to injury, suffer injury while driving at home / work, suffer from poor mental and social stimulation and social isolation as his / her life becomes alcohol orientated, obtain low school grades, fail at school, drop out of school, join the street children, become unskilled labourers, earn low wages, lead miserable lives, become uncaring parents, suffer from family disorganisation, suffer from lack of parent and child communication, suffer from poverty, abuse alcohol, abuse physically and / or sexually the spouse and children, develop dutch courage which leads them to commit criminal offences like rape, stealing, violence, accidents, end in life and long term imprisonment and detention, suffer from physical ill health like puffiness of the face which the youths call "phuza face", practice unsafe sex, indulge in prostitution and promiscuity, suffer from

unplanned pregnancies, become exposed to sexually transmitted diseases and terminal diseases, aids and death.

4.2.7. EXPLORATION OF ALCOHOL USE, PERSONAL ATTITUDES AND VALUES - GUGULETHU YOUTH CLUB

The personal attitudes and values of the youths are represented in Table

1.

TABLE 1: ALCOHOL USE PERSONAL ATTITUDE STATEMENTS - GUGULETHU YOUTH GROUP

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
	1	2	3	4
IT IS ALRIGHT TO GET DRUNK SOMETIMES.			1	4
A PARTY IS NO PARTY WITHOUT ALCOHOL.			1	4
IT'S NOT "LADY-LIKE" TO DRINK TOO MUCH?	2	3		
LICENCE LAWS IN S.A. ARE RESTRICTIVE?		3	2	
DRINKING ALCOHOL IS NOT THE SAME KIND OF DRUG TAKING AS THE TAKING DRUGS AND SMOKING DAGGA?		3	2	


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
PEOPLE SHOULD NEVER DRINK AND DRIVE.		5		
YOU SHOULD NEVER DRINK IN FRONT OF CHILDREN?		5		
LUNCH TIME DRINKING AT WORK IS NOT ON.		5		
ADVERTISING AND SPONSORSHIP HAVE LITTLE EFFECT ON PEOPLE'S BEHAVIOUR.	3	2		
PEOPLE WHO DRINK ON THEIR OWN ARE A CAUSE FOR CONCERN.		5		

4.2.8. ALCOHOL RELATED SITUATIONS AND FORMULATION OF PREVENTIVE AND SOLUTION STRATEGIES:

The participants were exposed to fifteen photos of college youths in alcohol related situations. The participants were instructed to analyze the photos under the following headings:

- Describe the picture in the photograph?
- What are the educational implications among the young people?
- What can one do to solve or intervene in such a situation?

The youths chose the following photos of alcohol related situations for analysis:-

- 
- a) **Photo 1: Youth drinking in public parks.**
- b) **Health and educational implications:** Drinking in public places is legally not permissible. They expressed the opinion that they doubted if the youths in the photo were above the age of eighteen years which is the South African drinking age. The youths said the drinking youths in the photo were a negative role model to the younger youths who could be watching them drink in public. The lady who is drinking mineral drink is a positive example of one being able to have fun without the use of alcohol but she runs the risk of being tempted to drink alcohol beverages. Violence and fighting can result after laughter and teasing among each other. Loss of sexual control can result. This can result in unplanned and unprotected sexual acts among the drinking friends. The youths can be exposed to terminal sexually transmitted diseases like Aids, unplanned pregnancy and drop out from school.
- c) **Intervention and preventive strategies:** Teach youths about the legal implications of alcohol use, namely, that eighteen years is the alcohol drinking age in South Africa. Drinking should be done in licensed drinking places. To drink in public places like parks is not legally permitted and teach the rationale for this act. Teach the youths about the negative effects of alcohol use. Teach youths that one is able to enjoy him/herself without using alcoholic drinks.

- a) **Photo 2:** Drunk unconscious youth lying in the public park with an amused friend.
 - b) The laughing female friends might not be able to identify the seriousness of the health and life threatening dangers that the collapsed drunk male might be experiencing, namely: suffocation, and choking as the unconscious male is lying on his back or dorsal position or suffer or die from pneumonia from exposure to the cold. The unconscious youth is exposed to injury, assault and robbery by passersby if left on his own.
 - c) Position the unconscious male friend on his side / Simm's position with his head facing downwards and tongue out not to fall at the back of mouth. This position allows pleural fluids to drain out of the mouth to prevent choking. Allow the friend to sleep for an hour to sober up. If the youth has not recovered consciousness after an hour, summon for help from ambulance, police or his home. The participants expressed that the drunk youth needs counselling on alcohol misuse and its dangers when he is sober. If the behaviour continues, he needs referral to professional counselling.
-
- a) **Photo 3:** Drunk female on her knees vomiting into the toilet.
 - b) The youths agreed that vomiting is an involuntary reflex response to the irritation of the gastro-intestinal tract. The

vomiting process in the photo could have been initiated in public. Vomiting in public is socially unacceptable. The youths agreed that acute and chronic alcohol misuse can result in gastritis. The youths suspect that the cause of vomiting in the

photo is excessive alcohol consumption as the vomiting girl is holding the can of beer.

- c) To intervene, position the vomiting youth in such a way that the pharynx is unobstructed to avoid suffocation. After vomiting, allow the female to rest or sleep for an hour to sober up. When sober teach the youth about the negative effects of alcohol misuse. Counsel the youth about sensible drinking. If condition persists, refer the youth for professional counselling about alcohol misuse.

- a) **Photo 4:** Male and female fighting on a bed.

- b) Violence can result because the unwilling partner will resist the sexual harassment. If the sexually harassed partner gives in, unplanned and unprotected sexual activity can result. Pregnancy, sexually transmitted and terminal diseases can result.

- c) Avoid being alone in a private place like a bedroom with a person whose sexual behaviour is unpredictable. Females easily

become the prey of rape and sexual harassment. Females to take extra caution to maintain their personal safety. Females to learn and practice physical self defence strategies. Fight, flee, scream and call for help when rape and sexual harassment is attempted. If the perpetrator succeeds in committing the rape, report the matter to the police, seek medical and psychological assessment and care.

- a) **Photo 5:** Youth forcing entry into an alcohol drinking adult party or bar. Adult male is refusing them entry.
- b) The South African law stipulates that only youths who are eighteen years and above can enter and drink in a public licensed drinking place. The rationale for this restrictive regulation is to prevent the youths from misusing alcohol at a young age. Alcohol has negative physical effects and if misused at an early age, can do serious bodily harm to the youth. Youths get drunk quicker than adults because of their physical constitution.
- c) Adults should refrain from abusing alcohol in the presence of young children. Adults should be role models of sensible and safe drinking for their children. Adults to teach the youths about alcohol use. Adults should advocate to the youth safe, sensible, legal and socially acceptable drinking behaviour. Parents should teach the youths about the legal drinking age

which is eighteen years, as well as the legal admission of youths to public drinking places.

- a) **Photo 6:** Drinking during working hours, two men involved in a talk.
- b) The health and educational implications are that the drunk man has improper judgement in his work activities. He is prone to make mistakes and physical accidents if he works with machinery. He might lose his job. He might lose his earnings. His family might become impoverished. Illness might set in the family. The family may become disorganised. His children might drop out from school. The marriage might end in a divorce.
- c) The drunk man should be sent home as he is a hazard at work. When sober the employee needs psychosocial counselling, sent for rehabilitative intervention at the alcohol anonymous services and given a minimum of three written warnings. If the behaviour persists, the employee can be dismissed.

4.2.9. IMPARTING KNOWLEDGE AND RESEARCH ABOUT ALCOHOL:

All activities were aimed at imparting knowledge and skills but this

session was specifically aimed at providing material which dealt with knowledge and skills for the participant’s reference (see Appendix 2).

4.2.10 MEDIA PROMOTION:

To assess influence of advertising on the promotion of alcohol use and misuse the following comments and results were recorded under visual appearance of alcohol advertisement. The following comments and results were recorded under visual appearance of alcohol advertisements (see Table 2). An audio-tape recorder was used. The following heading was used under visual appearance :

**TABLE 2 : VISUAL APPEARANCE OF ALCOHOL
ADVERTISEMENT MATERIAL - GUGULETHU YOUTH GROUP**

	NON-ALCOHOLIC ADVERTISEMENT.	ALCOHOLIC DRINK ADVERTISEMENTS.
COLOUR	PICTURE ON BLACK, BLUE AND WHITE CHEAP AND UNATTRACTIVE NEWSPAPER.	GLOSSY PAPER THAT CATCHES THE EYE, BRIGHT COLOURS OF YELLOW, RED, GOLD AND MAROON. ATTRACTIVE, VERY EXPENSIVE, ARTISTIC AND COMMUNICATIVE.
SYMBOLS	NO SYMBOLS USED, ONLY PICTURE OF ITEM.	ROSES, LOVE SYMBOLS AND RED HEART-SHAPED CHOCOLATE SLABS AND CUSHIONS.
SPACING	LIMITED SPACES IN BETWEEN WORDS.	BIG, BOLD, ATTRACTIVE, COLOURFUL PRINTS. USED CITATIONS LIKE "THE TIME IS ALWAYS RIGHT FOR A TASTE OF SPARKLING WINE".

IMAGES	NO IMAGES USED.	ATTRACTIVE, BEAUTIFUL PEOPLE, ENVIRONMENT WITH FLOWERS, ROSES, GOLD, JEWELLERY AND HEART-SHAPED CHOCOLATES. FAMOUS MEDIA PERSONALITIES DRINKING AT A PUBLIC BAR.
PAPER	ONLY THE ITEM ADVERTISED. WRITING WITH SMALL PRINT.	EXPENSIVE PAPER AND MAGAZINES ARE USED TO ADVERTISE ALCOHOL.
SEX APPEAL	NIL.	SEX APPEAL PRESENT WITH USE OF LOVE SYMBOLS, ROSES, PEARLS AND GOLD TARGET IS FOR WOMEN AND THE YOUNG.
WEALTH	NIL - CHEAP NEWSPAPER.	RICHNESS IS COMFORTING IN THE ALCOHOL ADVERTISEMENTS. GOLD EXPENSIVE CIGARETTE LIGHT WITH GOLDEN DECORATIONS AND PEARLS.
ATTRACTIVE-NESS	DULL, BLACK, BLUE & WHITE.	VERY ATTRACTIVE ADVERTISEMENTS.
STRENGTH WARMTH	NIL NIL	ALCOHOL AND CIGARETTES ASSOCIATED WITH CIVILIZATION OF THE DEVELOPED COUNTRIES LIKE NEW YORK, LONDON AND PARIS.
NORMALITY	NIL	ROYAL AND MAROON COLOURS ARE FOR ROYALTY, RICHNESS AND RELAXATION. NORMALITY IS EXAGGERATED.
USE OF MEDIA PERSONALITIES HUMOUR	NIL NIL.	TELEVISION AND MEDIA MODELS ARE USED. THE CITATION "JOKES AND LAUGHTER COMES EASY WITH ALCOHOL." ADVERTISEMENTS DO NOT MENTION THE COSTS OF LIQUOR. THE ALCOHOL AMOUNT IS IN SMALL PRINT.
COSTS	NIL.	NO PRICE WRITTEN.
RISKS	NIL.	NO RISKS OR NEGATIVE CONSEQUENCES LISTED.
DANGERS	NIL.	NO DANGERS ARE MENTIONED, ONLY THE GOOD EFFECTS ARE MENTIONED.

The participants agreed that alcohol advertisements do not mention the damage to the human body and its negative effects to the family and to the community at large.

The participants agreed that the liquor industry pays a lot of money to advertise alcohol. The advertisements attracted the attention of the buyers and encouraged them to buy the liquor. The advertisements do not mention that liquor is expensive. The participants compared the following prices of one litre of mineral cooldrink at R2-70 and the small 350 millilitres of brandy that costs R21-00. The participants agreed that the consumer has the human right and choice to buy or not to buy liquor. The participants said the consumers must not be pressurised and intimidated to buy and consume alcohol. The participants agreed that the traditional or commercialised IJuba or the Sorghum beer was nutritious compared to the western beer. The participants said "isiqatha" is a concoction of traditionally brewed beer that is mixed with brandy, sour pineapple, stale bread and brandy. They said this mixture causes brain damage. This type of beer they said was available in their township. The participants expressed that the aggressive approach to alcohol use advertisements in the media should stop. They advocated an aggressive approach to advertise healthy and non-alcohol drinks. They gave the following advertisements: "you can party with just juice" and "party with pure orange juice and have fun".

4.2.11. COMMUNITY ASSESSMENT / PROFILING IN RELATION TO ALCOHOL MISUSE BY YOUTH

On the 16 December 1993 the participants and myself enthusiastically went on a field trip in one section of Clermont township. The youths expressed that they were looking forward to this activity because they knew the youths in the streets would be curious to know what they were doing and where they were going to. Indeed some youths along the street identified the participants as members of the Gugulethu Youths Centre. We were walking in groups of fours and fives and observed the guidelines for the community profile, especially the look, listen and learn guidelines (see attached Appendix 2 and Summary sheet).

Some of the youths that were idling along the streets joined us during the field trip and back to the centre. Our objective was to compile a community profile of the section of Clermont in relation to alcohol misuse by youth. The following data was collected:-

*** General Description of the District**

Clermont township is in the KwaZulu Natal region and is approximately 16 kilometres from Durban city.

*** Population**

The district is densely populated. The accurate statistics for the

population are obtainable from the local magistrate's office. The population estimation is calculated by counting the average household number of people which is seven to nine (two adult parents, one or two grandparents and five children) multiplied by the number of houses in a given area and multiply the number with the number of houses in Clermont.

*** Season and Climate**

Clermont has summer rains and mild temperatures. The lowest temperature is $\pm 17^{\circ}\text{C}$ and the highest temperature is $\pm 31^{\circ}\text{C}$. The vegetation is evergreen.

*** Agriculture**

People grow vegetables like maize, cabbages, turnips, pumpkins and spinach. Fruits like bananas, avocados, peaches, paw-paws, guavas and grapes are grown.

*** Keeping Livestock**

Keeping of goats, sheep, fowls, cows, donkeys, horses, as well as the keeping of domestic animals like dogs and cats is practised.

*** House Structures**

Expensive and in-expensive houses have been built. The modern town houses are built of cement. The informal house structures are built of zinc, sand and plastic and with only corrugated iron. The houses are secured by cement walls and security fences. The informal structured houses are dilapidated and unhealthy. They have small or no window panes. Some of the houses are built of wood. The township infrastructure is planned by the municipality. This implementation of the township plan is disorganised by the squatters who put the informal structures on any available site.

*** Facilities Seen**

2 Creches

2 Community Centres

4 Formal Churches

3 Bottle stores in the same area

1 Cemetery

2 Schools (lower and higher primary)

1 Private home baby-sitting facility

1 Home barber

1 Home car workshop

1 Home shoe repair facility

1 Home electrician workshop

1 Home hair salon

Several fruit and vegetable hawkers

- Several taxis (no buses or trains). People normally use taxis

to go to the city to do their shopping as they are seen alighting from the taxis with shopping bags full of groceries.

*** Water Facilities**

Modern houses have water taps and waterborne toilets, but the shacks do not have these water facilities in the house. The people use outside communal taps that are left dripping. Water stagnates around the taps which encourage flies. The taps block and many people queue for water from one tap.

*** Sanitation**

People urinate next to the building of the house if there is not toilet inside. Children urinate and pass faeces in open spaces.

*** Refuse**

Refuse is not removed regularly by the municipality. Refuse is left littering the houses and streets. The water taps leak and water streams into the streets. The refuse is loaded with empty tins and liquor bottles. Every tin shop or "spaza" sells liquor without the licence to sell. The selling licence is not enforced by law. Under age youths (below eighteen years) enter and buy liquor from the shebeens.

* **Educational Status**

Clermont community members range from highly educated to people with no education. The common professions followed are teachers, doctors, lawyers, business people, traditional healers, mechanics, builders that are semi-skilled, policemen, domestic workers and labourers. There are also people who work in industry in the local factories. The youths described women as being liberated and empowered since they work and are professionals. They also drive their own cars.

* **Language Spoken**

Zulu, Xhosa and a little Sesotho were spoken. Conversation overheard "No two days must pass me without me drinking alcohol / beer or I feel lousy (depressed)." Approximately 15 children were observed all under the age of 10 years, in front of a dirty dilapidated block of flats, who were fighting, screaming and shouting. An \pm 18 year old women was seen screaming hysterically in front of a house for no apparent reason. A young child was pacifying her. Participants expressed the idea that she could have been beaten by an adult in the house.

* **Culture**

People were walking along in family units of husband and wife

and child, or as lovers or friends. The people seemed happy as they were talking to each other when they passed by. The people appeared to be in excellent health and they wore clean clothes, were well nourished and the girls were exceptionally well groomed with different hair styles. Youths strolled up and down the streets aimlessly in small groups of five and six. Five young men were on one verandah watching the passersby. It appeared as if they were drinking alcoholic drinks even though it was only eleven in the morning. They were not doing anything constructive, just talking and laughing and playing loud music and passing negative remarks to people passing by. The youths expressed the view that the young men would drink until the early hours of the next morning.

4.2.12. PARTICIPATING IN COLLECTING MORE ALCOHOL ABUSE INFORMATION BY RESEARCH

On the 14 December 1993 the participants were introduced to research principles according to the guidelines in Appendix 2. The participants were guided in setting objectives for the research. The participants were guided towards what questions to ask when designing a research project, namely, the following questions:-

- a) What needs to be known?
- b) How, where and when can it be measured?
- c) What can interfere with good measurement?

d) What do the results mean?

To answer the question **what needs to be known** the following research problems and questions were identified by the participants before community assessment / profile was done:

- * Does poor education cause the youths to drink?
- * Does alcohol make young people clever?
- * Does unemployment cause people to drink?
- * Do boys drink alcoholic drinks more than girls do?
- * Does peer pressure cause youths to drink?
- * Is a party boring without alcohol?
- * Does alcohol drinking make one confident?
- * Does depression cause youngsters to drink?
- * What negative effects does alcohol have on the youths?
- * Do drunk people become violent?
- * Does alcohol affect females more negatively than males?

It was decided that a consensus decision on the research problem should be made only after the community assessment or profiles were done to obtain more information about the Clermont community. This would help to understand the factors that contribute to alcohol abuse and peer pressure among the Clermont youths. The following were the research questions that were identified after the community profile:-

Research Questions after Community Profile Field Trip

- * Does the lack of recreational facilities result in alcohol abuse among the youths?
- * Is it the availability of shebeens / bottle stores in Clermont that cause misuse of alcohol among the youths?
- * Does lack of parental / child relationships result in alcohol abuse among the young?
- * Does peer pressure contribute to alcohol misuse among the youths in Clermont?
- * Does the lack of awareness of youth centres result in alcohol abuse among the young?
- * Does the underdeveloped community of Clermont cause the youths to abuse alcohol?
- * Are the bottle stores / shebeens an easy way to make money in the townships?

After prioritizing the research problems by discussion, the importance of each in the prevention of alcohol misuse prevention, the group reached consensus about the problem to be researched. The title was worded as follows: **Does peer pressure contribute to alcohol abuse among the Clermont youths?** The participants discussed the criteria to assess the measurability of their research problem. After this exercise the youths agreed that the research problem was measurable.

The discussion on the factors that can interfere with a good measurement flowed. To avoid and limit these factors, the following issues were discussed: the language to be used in the questionnaire for the research project would be English because the youths expressed that they would administer the questionnaire to the youths who understood English and who attended the secondary or high schools. We agreed that questions would be few, that is, about ten questions. The questions would be kept short and clear to avoid ambiguity. The questions would be specific, that is, aim at asking what they intended asking.


The participants decided that for convenience they would investigate the attitudes of the youths who attended the Gugulethu Youth Centre and who attended the secondary or high school as the population group. Approximately 200 Clermont youths attend the centre each month. The youths were taught how to calculate a ten percent sample (see sample calculation guide in Appendix 2). We agreed that 20 youths would be the ideal sample for reasons of convenience, acceptability, willingness and availability of respondents, and to avoid time wastage. The participants agreed that both sexes would be included in the sample. The age group would range between 14 and 30 years of age. The prevention of bias in sampling was discussed and avoided.

The participants discussed what the research results would mean to them and they agreed that if the hypothesis that peer pressure contributes to alcohol abuse among the Clermont youths was accepted, the participants would formulate alcohol abuse programmes to plan,

implement and evaluate strategies that will promote healthy life styles and activities among the youths like dances, majorettes, keep-fit, fun runs, competitions done by the youths to influence other youths to prevent alcohol abuse among themselves.

The participants were referred and provided with relevant literature so as to have more insight into the topic they wanted to research. The sources of literature were done according to the guidelines in Appendix 2.

The youths participated in the discussion of the following data collecting methods and their advantages and disadvantages:-

- 
- a) Interview short and in-depth.
 - b) Questionnaire.
 - c) Observation.

The participants finally chose the questionnaire as the ideal data collecting method for their research for the following reasons:

- a) The questionnaires were to be delivered directly to the respondents by the participants.
- b) The respondents were to respond by placing a tick (✓) on the correct answer of the closed-ended questions at the spaces provided in the questionnaire.
- c) Instructions for the questionnaire were easy to follow by the respondents and by the interviewer.

- d) This method was less time consuming as the participants would deliver and collect the responses to and from the respondents immediately.

The youths participated in formulating the questionnaire. To prevent confusion during data collection and data analysis, the participants agreed that ten closed-ended questions and statements would be formulated in the questionnaire. The data was collected by the participants from their fellow youth centre members.

In-depth open-ended questions for an interview using an audio tape recorder were prepared and implemented for one enthusiastic participant who expressed his desire to use it to collect in-depth information about the same research topic.

The participants agreed to use an agreement scale with a set of opinion statements. Closed-ended or fixed response questions were asked. The respondents were instructed to use a tick (✓) to the corresponding answer space or tick uncertain, about the questions asked. A three point 1 to 3 agreement scale was developed.

- 1 or A denotes agree.
- 2 or B denotes uncertain.
- 3 or C denotes disagree.

See attached questionnaire (see Appendix 2.3).

The questionnaire was written in English. Fifty closed-ended statements and questions were discussed. The statements / questions represented a variety of opinions and statements about peer pressure as a contributory factor to alcohol misuse among youths in Clermont. A pilot study was done on five youths who attended the Gugulethu Youth Centre and who were similar in character to the respondents in that they were both sexes and between the ages 14-30 years.

The participants were trained in how to ask and thank the respondents in completing the questionnaire. Participants were trained how to explain the instructions for the questionnaire and how to answer the respondents' questions.

To prioritize the statements and questions for the questionnaire, participants listed and discussed fifty statements / questions for the questionnaire. Participants expressed that only ten were to be included in the questionnaire. The rationale for the decision was to avoid confusion during the analysis stage and to avoid boring the respondents by asking too many questions. I assisted the participants in phrasing the questions and statements so that they were clear, short and concise.

The participants agreed to collect data between the 15 and 16 December 1993. The participants agreed to distribute the questionnaires directly, one to each of the twenty members of the Gugulethu Youth Centre who they think would represent all the youths in Clermont. The participants were excited about the data collection task. We emphasized that participants should all submit the data collected on the day of the

next workshop. The data was scheduled to be analyzed on the following day of the workshop. It was agreed to that the data would be analyzed and the results announced and published in the press so that the results could be shared with the community at large. The youths agreed that the research results would form the bases for the alcohol abuse prevention programme that we wanted to plan and implement. We shared the vision that the research results would be shared with funders and donors who would be approached for financial and equipment needs for the programme. The youths expressed their eagerness and enthusiasm to conduct the data collection on their own. The participant who was to conduct the in-depth interview expressed that he was excited because he was to use the audio tape recorder to record the responses.

The 16th of December 1993 was the day for the data analysis and the participants were eager and excited. They arrived early and we all sat on the floor and prepared for the counting and analyzing of the data. Twenty questionnaires were distributed and twenty responses were received. A total of nine questionnaires were analyzed as the other eleven were either spoilt or incomplete.

A summary sheet method was used for recording. The participants nominated two recorders / scribes and two counters. The summary sheet constituted a large sheet of paper and all the responses to the questions were recorded by the recorder / scribe.

We analyzed by "reading" the summary sheet horizontally, from left to right. The results were finally added and made into percentages. This summary, according to Feuerstein (1990) is sometimes called a people-item-data roster because it sets out clearly in lines or roster information (data) as it relates to certain aspects (items) of the people or individual, for example, the attitudes of youths about the fact that peer pressure is a contributory factor towards alcohol abuse among the youths in Clermont. The recorder / scribe entered the results of each question on the summary sheet (see Table 3). All results were summarized and analyzed on the right side of the summary sheet.

SUMMARY SHEET:

Table 3: An investigation of peer pressure as a contributory factor for alcohol abuse among the youths of Clermont.

FACTORS	PERCENTAGE		PERCENTAGE		PERCENTAGE		TOTAL
	AGREE		UNCERTAIN		DISAGREE		
	M	F	M	F	M	F	
FRIENDS PERSUADE TO DRINK	22,2	11,2			33,3	33,3	100
REFUSE WHEN OFFERED A DRINK	22		11		22	45	100
FEEL LEFT OUT - ONLY AT PARTIES	22,2	22,2			33,4	22,2	100
NO FRIENDSHIP WITHOUT ALCOHOL	22,2		22,2		33,4	22,2	100

FACTORS	PERCENTAGE AGREE		PERCENTAGE UNCERTAIN		PERCENTAGE DISAGREE		TOTAL
	M	F	M	F	M	F	
YOU LOSE FRIENDS WHEN REFUSING ALCOHOL	11,1		33,3	12	22,2	22,2	100
FEEL EMBARRASSED WHEN FRIENDS ARE NOISY DUE TO ALCOHOL	33,3	33,3			22,2	11,1	100
FEEL PROUD AFTER REFUSING ALCOHOL	11	45	22		22		100
CAN FRIENDS COMMIT CRIME BECAUSE OF ALCOHOL			33	22	22	23	
DO FRIENDS KNOW ABOUT THE DANGERS OF ALCOHOL	56				33	11	100
DO YOU LISTEN WHEN FRIENDS TALK ABOUT ALCOHOL PROBLEMS	11	22			45	22	100

Summaries

- * More males (22%) compared to females (11%) agreed with the statement that friends persuade them to drink.
- * Males (22%) agreed with the statement that they are afraid to refuse a drink when offered by a friend, while a high percentage (45%) females disagreed with the statement.

- * Both males and females equally (22%) agreed with the statement that they feel left out in a party where only alcohol is allowed, while an equal (22%) disagreed with the statement.
- * Males (22%) agreed with the statement that no friendship is friendship without alcohol, while females equally (22%) disagreed with the statement. Equally females (22%) were uncertain of the statement.
- * More males (33%) compared to females (12%) were uncertain of the statement that they feel like they would lose their friends when they refuse to drink, while (11%) of the males agreed to the statement.
- * Both males and females equally (33%) strongly agreed with the statement that they feel embarrassed when their friends are noisy due to the influence of alcohol.
- * More females (45%) compared to males (11%) agreed to the statement that they feel proud after refusing a drink from a friend.
- * More males (33%) compared to females were uncertain with the statement that they believe that their friends can commit criminal offenses due to alcohol abuse.

- * More males (56%) compared to females (11%) agreed with the statement that their friends know about the dangers of alcohol abuse.
- * More males (45%) compared to females (22%) agreed that they do not listen to their friends when they talk to them about their alcohol problems.

An in-depth interview with six open-ended questions was conducted. Respondents did not allow the interviewer to record in writing or the use of audio tape recorder. The interviewer did not write down the responses after the interview.

Only the qualitative research responses were analyzed and the qualitative responses were not submitted. This qualitative data could have provided an in-depth analysis of the role of peer pressure in alcohol abuse among the Clermont youths.

Discussion from the Results

From the above analysis of data, some features were prominent, namely:-

- * **Peer pressure is a contributory factor for alcohol abuse among the youths**

More males than females indicated that peer pressure is an influential factor in the youth drinking. Peer group activity is therefore highly recommended, and the alcohol prevention education should be aimed at peer group. Individual behaviour modification will not be effective enough.

*** Males are afraid to refuse alcohol offers from friends**

More males than females lack the assertive skills to refuse alcohol offered from their friends. Youths, males especially, need group activity for assertiveness and peer helping skills as part of empowerment training. This can be done by means of conducting workshops for the youths on assertiveness teaching. The youths may then be able to make the choice to accept or refuse alcohol without feeling guilty and to teach youths peer help skills. The following positive attitudes were noted:-

Feel proud after refusing alcohol

The positive behaviour was noted, where more females than males feel proud after refusing alcohol drinks offered from a friend. Males need more empowerment skills dealing with "true friends" or "drinking friends." More females than males expressed that there can be friendship without alcohol.

Feel left out in alcohol only parties

Both males and females equally felt left out in parties where only alcohol is allowed. This situation gives educators an opportunity to teach youths about non-alcohol drinks and non-alcohol parties. The youths are to be encouraged and to be introduced to non-alcohol parties. There are parties without alcohol. One can enjoy oneself without the use of alcohol.

Youths know the dangers of alcohol

It was noted that more males compared to females agreed that their friends know about the dangers of alcohol misuse. This situation gives better opportunity for further alcohol education or alcohol prevention if the youths are aware and accept the dangers of alcohol misuse and to then prevent it would be better than if the youths rejected that alcohol causes the dangers to health, family life and results in criminal offenses.

Youths embarrassed by rowdy behaviour of drunk friends

Both males and females feel equally embarrassed by their friends who make a noise due to the influence of alcohol. This situation gives a better opportunity for educators to emphasize the negative effects of alcohol to the youths, for example, lack of respect, violence, or moral inhibitions which result in noise, rowdiness and sexual transgressions.

RECOMMENDATIONS

On the basis of the abovementioned discussions and limitations, the following recommendations were agreed to:-

- * A similar investigation / research project needs to be done on a wide scale.
- * More workshops on alcohol prevention should be conducted for a larger group of youths in Clermont.
- * Peer teaching should be done where the youths should be taught how to conduct alcohol prevention workshops to enable them to conduct workshops for their peers as they indicated that peer pressure or influence is contributory to the youths behaviour.
- * Workshops on assertive skills, that is, helping the youths to make personal choices to drink or not to drink alcoholic beverages.
- * Youths to be taught to rehearse helping skills for a friend who has alcohol problems.

CONCLUSION

The conclusion was agreed to by the youths. The youths decided to be

involved in the development, planning and alcohol abuse prevention programme for the year 1994 for the Youth Centre. The programme to be implemented and evaluated by the youths under the supervision of the researcher and the staff of the centre. The programme must promote healthy lifestyles among the youth and to prevent peers influencing the youths to abuse alcohol. The youths agreed to take plans of action to implement the alcohol abuse prevention programme for the 1994 Gugulethu youths. The youths agreed that:-

- * Youths be taught and helped to organise non-alcohol parties and be taught how to enjoy themselves without the use of alcohol.
- * Youths to conduct for the centre and for ~~other~~ school youths, keep-fit activities, majorettes, fun runs, beauty aerobics and dance competitions.
- * Gugulethu youths to celebrate the following festivities with other youths and parents in Clermont - Red Nose Day on 12 March 1994, Family Day on 5 June 1994 at Albert Park and Arbor Day on 2 September 1994.
- * Youths to hold an anti-alcohol campaign in the form of a stage play about alcohol abuse prevention and invite local schools and also to stage the play in other communities out of Clermont.
- * To raise funds to build and expand a youth centre with more recreational facilities.

- * To invite speakers for the skills empowerment programme from 4 to 8 July which will address issues such as health, fitness and one-to-one helping skills for practice and role play. The sessions will be conducted by the researcher, and other resource people from the organisations such as FAMSA, NICRO, etc.
- * To raise funds to purchase a computer, printer, television, video machine recorder and camera.
- * To raise funds by getting donations for a "skottel" braai stand and braai kits. To sell hot-dogs to raise funds.

4.2.13. PREVENTION PLAN

To reach the objective of planning, implementing and evaluating an alcohol abuse prevention programme for 1994 for the Gugulethu youths. The youth members participated in formulating the following plans for the alcohol abuse prevention programme for 1994:-

- * Select advisory committee members and office bearers for the club.
- * Write the club's legal constitution.
- * Compile a photo album for the centre to note the history,

mission/philosophy, health promotion, recreational and educational objectives and activities of the centre.

- * Display along the walls of the centre some of the recent alcohol abuse prevention, health promotion and recreational activities to share the experience with other youths or visitors.
- * Collect and develop a video cassette library of all the year's activities. The videos to be shared with funders, friends and visitors of the centre. They are a source of entertainment for the youths who express the lack of recreational facilities in Clermont.
- * Open a bank account to save money.
- * Register the Club as a fund raising club.
- * Pay club membership contributions of R1-00 per annum.
- * Write a research report.
- * Write a proposal to request funding and equipment.
- * Learn to complete applications for financial subsidy.
- * Share research report with, for example, friends of the club, donors and funders. Submit proposal to request for funding,

donations of equipment - namely a television set, video camera and machine, computer, printer and "skottel" braai kit, cooler freezer box, table, knives and tongs to braai and sell hot-dogs, to save money to buy a television set.

- * Acquire leadership, assertiveness, business, time and money management, healthy living, and spiritual guidance skills and knowledge.
- * Plan and implement in February 1994 the physical keep-fit exercise programme for the Gugulethu Youth Centre in the form of aerobics, physical exercise training, karate, drum majorettes, fun runs, drama, aerobics, dance and singing competitions, netball, football, basketball, volleyball and become members of the local running club.
- * Compile brochures with names, addresses, amounts of money, telephone and fax numbers of funders / donors.
- * Invite speaker on drug abuse for 19 March 1994 - Miss Thim and the alcohol abuse prevention researcher to teach youths how to conduct their workshop for other youths (peer teaching) and adults in Clermont.
- * Attend "Teaching by Drama Workshop" on 25 March 1994 at the Drama Department of a local university to learn health education teaching skills by drama. To teach the prevention of

Aids and alcohol abuse prevention (songs, dance, stage play and formulating story and intervention strategies).

- * Compose, write and act alcohol abuse prevention songs and stage plays. The play to be staged several times to different communities and to the public at the peer teaching alcohol abuse prevention workshop to be held on 31 March 1994. The play to be staged widely for the public as an anti-alcohol campaign strategy for 1994. The youths would use their own discretion whether to charge a fee or to stage the show free of charge. The youths would raise funds from staging the play while at the same time campaigning anti-alcohol use. The alcohol abuse prevention stage play to be written and published as a book.
- * Invite a professional football player on the 2 May 1994, to talk about healthy living and keep-fit programme and to coach the youths who are soccer players.
- * Plan a one week programme for one-to-one helping skills training from 4 - 8 July 1994 to practice, role play and rehearse the following one-to-one counselling skills, namely, listening, use of silence, verbal and non-verbal communication, helping problem posing/solving and referral, non-judgemental, unconditional acceptance, empathy/sympathy and to make other people experience success and to feel good about themselves.

- * Apply for placements in August 1994 to render helping skills at institutions with clients or patients who have alcohol related problems and who need to talk or advise youths against alcohol abuse. Youths placements suggested homes for rehabilitating youths, alcohol clinics in out-patient departments or chronic psychiatric units, prisons and old age homes.
- * Draw and display on the wall at the centre the plan for health promotion, alcohol abuse prevention, education and recreational programme activities for 1994 and evaluation strategies.
- * Develop and keep the following Club records:-

Club members particulars that record and reflect:

Name, surname, age, gender, home/school address, telephone numbers, educational standard and club membership designation.

Attendance record that records and reflects:

Date of club meeting, name of club, names of members who attended the meeting, apologies/absenteeism, agenda.

Activities done on that day:

Financial Records:

Income and expenditure, bank statements and receipts.

Inventory Book:

Record of club's equipment.

- * Executive committee to meet to organise all the 1994 learning and recreation activities in the centre and display on the walls and to advertise the activities for everyone.

*** Implementation of the alcohol abuse prevention programme**

a) Skills Training

On the 14 February I, together with the assistance of the co-ordinator of the centre, started the implementation of the alcohol abuse prevention programme according to the set objectives and goals. We taught the group an hour keep-fit physical exercise programme. The youths were requested to come to the centre in their exercise kit. I gave the participants an instruction on daily physical programme that the youths can adopt and adjust to their own physical needs. We also made contacts with the local running clubs. I enjoyed the keep-fit programme. I will always remember and miss the laughter and excitement we shared at the after school during the one hour training sessions for the first two months, until the youths became independent in this aspect and continued to do their own exercises individually or with groups.

The youths joined the daily one to two hours after school running groups. At the completion of the project, there are those who are maintaining the practises and competed during the local fun run competitions.

b) Health education and alcohol prevention

I was invited by the youths to facilitate and co-ordinate a peer teaching alcohol prevention workshop on the 19th of March 1994. This was conducted for the community members and was attended by parents and other youths. There was a guest speaker who spoke on drug prevention before the youths conducted the peer teaching workshop. The youths presented myself and the guest speaker with gifts as a token of appreciation for sharing our knowledge and skills with them. They took photographs and a video recording of the activities of the day. The photographs were displayed with the citations at the centre. The lunch that was served was sponsored by donors with whom the youths shared the research results, their constitution and the proposal for the request for funds. I identified during the first peer teaching workshop the need that the youths had to learn health promotive strategies that are easy to learn, to teach and would bring fun to them while empowering them and the community at large. I had arranged that all those who could manage the time to attend a workshop

on teaching health promotion through drama at the drama department of a university 16 kilometres from Clermont on 25 March 1994. After the workshop the youths had to attend another workshop to improve their acting and stage playing skills at the theatre play-house in the city centre. I was amazed at the excitement, commitment and enthusiasm of the youths by accepting both the commitments. When the dates clashed, I thought they would cancel one. They expressed their excitement of being taught at university and the city play-house which were the institutions that they thought were only for people who were registered as members or students.

The participants were improving their acting and the drama skills in preparation for the workshop that was scheduled to take place on 31 March. The youths expressed that they appreciated the packed alcohol abuse prevention programme because they would not have anything to do in the townships as they finish their homework at school. They expressed that if they were not involved with the planning and implementation they would be idle and roam the township streets and be involved and exposed to the peer pressure which contributed to alcohol misuse among the youths.

On 31 March 1994 the Gugulethu peers invited approximately 60 youths in the township for a programme on the prevention of alcohol abuse by using drama teaching. In using drama to teach health promotion, the youths enjoyed imparting their skills to the community. From this workshop the youths started to write and practice their stage play which they performed to raise funds to reach the objectives for the implementation of the alcohol abuse programme. This happened as planned. There was laughter and fun and yet peer teaching was going on during the fun. Photographs and a video film was done according to the programme objectives. The lunch that was served on this day was donated. The youths expressed that their skills to write letters to donors have improved since they have learnt the skills for writing request proposals, and all the responses for the written requests they have done for the activities for 1994, were positive. The play is still in demand by the local residents and communities outside Clermont. When the Matron at the clinic which the centre is part of, heard of the demand for the play for the community, she requested the youths to present it to the staff and the patients at the out-patients department. This invitation and many others was a positive response to fulfil our objectives of an anti-alcohol campaign.

I was amazed at the untiring commitment and dedication of the youths to the alcohol abuse prevention programme for 1994. The club's programme was not only my research participatory programme. The office bearers continued to hold planned meetings during the Easter week break from 1 - 11 April 1994 which had been left open to allow the youths time with their parents and families. When I asked why they did so, they expressed that they needed time and space of their own without the staff or my assistance to enable them to evaluate the objectives and level of implementation of the programme objectively in the absence of myself and the co-ordinator of the centres. To me, this action was a positive sign of independence by the youths and commitment to the evaluation objectives of the programme.

c) Financial support

On the 21 April 1994 the youths shared the draft of their club constitution, research report and the proposal for request for funding with funders from a local company which has its connections in Germany. These funders responded to the youth's application for funds by arranging a visit to the centre. The youths phoned me with excitement to invite me to come and help them prepare for their case presentation in the form of

reviewing with them some issues in the proposal, constitution, research report, and to assist them with their displays of activity programme, philosophy and the photographs on the walls. They felt that all these activities were already in place as they were part of the alcohol abuse prevention programme.

When the funders arrived, the youths were there to receive them. They were ready with the answers to questions asked. I and the staff member were there only in a supportive role. The funders were amazed at the knowledge, leadership and negotiating skills that the youths reflected. The funders from Germany wrote to the members of the centre expressing their appreciation at the dedication and commitment of the youths in the promotion of health in their disadvantaged community. They told the youths they would consider their proposal for funds in the near future.

d) Organisational skills improvement

On the 25 April 1994 they participated in writing the final legal constitution for the club. The youths were enthusiastic in drawing up the constitution for their club. The professional nurses attended the meeting where the youths were writing their club constitution (see attached copy of constitution). (See Appendix 2.2).

e) Education, training and alcohol abuse prevention

On the 2 May 1994 the youths invited Mr Sham, a soccer trainer in Clermont. He addressed the youths about healthy living and keeping a fitness regime. The youths have joined the local physical training club that runs on a daily basis at 15:30, at Clermont. They are also competing in the local football competitions. They compete in football with different teams among themselves and among teams of the opposite gender.

f) Financial Support

On the 18th May 1994 I had a meeting with a prospective funder and donor representatives and two co-ordinators of the Gugulethu Youth Centre to meet Ms Janie, a representative of the Rotaract Club which is a branch of the Rotary Club. The aim was to facilitate the Gugulethu Youths to join the Rotary as members of the Rotoract Club. This will enable youths to share their culture with other youths of other race groups and to enjoy the membership benefits of skills, knowledge, empowerment and national educational, cultural and social exposure. In the same meeting I presented the youths' proposal for funding, research report and their club constitution. I presented the request for the youths' educational equipment, namely,

the computer, printer, television set, video camera, tape recorder and video playing machine according to the objectives of the set health and educational programme of the Gugulethu Youth Centre for 1994. We were told that our request would be given urgent attention as the funders are committed to the same health promotion objectives.

g) Recreation and alcohol prevention

On the 19th May 1994 the Gugulethu Youths invited the drum majorette groups from 12 higher and lower primary local schools. Prizes were in the form of trophies donated by local stores. It was a day of great excitement. The pupils/participants of the Gugulethu Youths were the hosts to the visiting school groups. They expressed the fact that they appreciated the fact that they were in control of all the activities of the day. They said they were the envy of their peers for the leadership, communication, decision-making during result announcements, prize-giving and making the competitors experience success and felt like winners even when they were losers. They said they were impressed with their time-management, entertainment and catering skills. They invited other youths to join their youth centre. They announced the results of the competition. They braaied or grilled and sold hot-dogs,

sweets, cakes, fruits, mineral cooldrinks, rice and meat stews which they cooked and baked in their own homes.

During the evaluation meeting the next day the youths said they had felt empowered as they gave the instructions, directions, announcements and commanded order and silence from the crowds. Also when they handed over the trophies to the winners, thanked the competitors, team supporters for their cheering, the various groups of competitors, parents, peers, friends of the club, donors and funders - present and absent. I was given a special vote of thanks for my role as researcher in the community. All groups of majorettes participated in the running and singing, with their trophies, through the streets of Clermont, making everyone aware of the joy they derived from the Gugulethu Youth Competition Programme.

On the 5th June 1994 the youths invited parents and their children, friends and adults to celebrate family day. The objectives of the day were to foster the relationships between adult/parent and child/youth. The venue was Albert Park in St Andrews Street, Durban. The day was to start with a short open day session at the centre from where we would depart to the park. The parents arrived early. The youths took the parents around the centre to view their display of objectives,

mission statement, philosophy, needed facilities and equipment, alcohol abuse prevention programme, health promotion activities, photographs of the educational, health promotion and social activities for 1994. Some of the parents of the dynamic executive youth members had never visited the centre before. The parents expressed their disbelief at the level of commitment and dedication of their children to community development and empowerment through active involvement in the health alcohol abuse prevention and promotion. From the centre we travelled to the park in the city centre. The day was started with a prayer. There were two speakers, one was the prospective equipment donor of the day, who emphasized the importance of family and community unity and involvement in the alcohol abuse prevention and health promotion.

The youths staged their alcohol abuse prevention play, sang and recited to the audience. There were physical activities, tug-of-war, potato / sack / rally and egg and spoon races. The parents also participated in these physical activities. The youths braaiied and served lunch to the adults. The speaker who represented parents and adults expressed their appreciation at the high level of involvement of the youths in community development and the level of knowledge and skills empowerment of the youths. The parents further pledged their support

and commitment to the objectives of the centre. The youth executive thanked all those who were present. He individually thanked me for my commitment to alcohol abuse prevention. He explained the nature, commitment and the valuable benefits of the research to the community as a whole.

From the first Sunday in August 1994 until the end of the year, the youths were allocated to give voluntary help to residents of the local old-age home and nursery school. They agreed to render their help once a week on Sundays for 2 - 3 hours from 14:30.

h) Skills training

From 4 - 10 July 1994 we conducted the peer counselling training programme. The youths expressed the need to plan the skills empowerment programme to take place immediately before their involvement with the local services to provide one-to-one helping skills. The first positive response that the youths received was from the local old-age home and the local creche. The youths offered services to render assistance with washing, feeding, talking, singing, story-telling, reading and games for the children which was highly

appreciated, especially for those children who are collected by parents after closing hours. The youths were empowered with the abovementioned helping skills during the peer counselling programme. They were divided into groups to provide them with their own peer support during the placement. The placements were convenient for the youths as they were accessible to them within their community. Every Thursday after school hours, the youths meet at the centre to share their Sunday experiences in the one-to-one and group experiences with the resident members. They expressed that they have staged the alcohol abuse prevention play free of charge for the inmates, they have talked, read the Bible, the daily newspaper, sang, danced and applied the helping skills as the need presented itself. The youths expressed that their allocation to the residents individually and in groups, enabled them to learn from the experience and advice of the rehabilitative residents about the negative effects of alcohol misuse. Some of the youths expressed that the experiences have sharpened their career choice options. The youths initiated the Sunday visits to the people in need in the institutions, because they said if they are not occupied with constructive work, they would roam the streets in Clermont and join the idling youths and this would expose them to peer pressure that could contribute to alcohol misuse.

On the 12 August 1994 the youths were invited to conduct a peer teaching workshop on alcohol abuse prevention through drama, by a secondary school 75 kilometres from Clermont. The youths responded positively to this invitation as it was one of the objectives of the alcohol abuse prevention programme for 1994, to teach about alcohol abuse prevention in Clermont and in communities outside Clermont. The transport and meal were to be provided by the host school. For the safety of the youths, we agreed that five youths would go and facilitate the workshop. They would be accompanied by the co-ordinator of the workshop. The invitation requested that the youths would assist the host school to start to write a stage play about alcohol abuse prevention. The host school said that they read, saw and heard about the Gugulethu stage playing being a dynamic health promotive programme. The health co-ordinator of the host school expressed that they wanted to learn the drama skills from the youths and then to implement a similar programme for their community. The youths reported back to the rest of the youths at the centre that they were received by \pm 80 secondary school youths and their staff members. The Gugulethu youths taught them how to start and formulate a story, hypothesis or a theme, select actors, act, write the script and refine the story through

practice, rehearsals and staging the play until it was perfect.

The youths expressed that they felt empowered by the fact that the hosting school told them that they would visit the centre or invite them again to assess the level of development with their play.

On the 25 August 1994 we prepared to receive the sponsors from the local store who would personally present the Gugulethu youths with their request of a computer and a printer at the centre. A programme was written for the afternoon occasion. The youths had invited the reporters from the newspaper to give the occasion publicity. The youths had planned an open day session during the afternoon to display and explain the objectives of the centre to the visitors. The youth executives would thank, serve tea, take photographs and render entertainment to the visitors.

On 30 August 1994 the local bank representatives presented the "skottel" braai kit to the Gugulethu youths at the centre. The youths believed that from their previous experiences that the use of a braai kit will facilitate their money making schemes. The youths had sold "hotdogs" at their outdoor festive activities with borrowed braai kits. They requested the braai equipment

from donors because they knew how they could be used to generate an income so that they could save money to buy the television set, video camera and cassette playing machine.

On 2 September 1994 we celebrated Arbor day. According to the alcohol abuse prevention programme, the Gugulethu youths invited speakers and garden planting instructors from the "keep your city beautiful" organisation. The plan was to teach the youths about conservation of their environment, how to beautify it and how to maintain and enjoy a beautiful environment. The youths would be instructed on how to plant trees and flowers in Clermont township. The same team from the environment conservation organisation would take the youths by bus on the following day, 3 September, to the local garden park to show the youths how they could make their environment in Clermont look like the garden parks in the cities.

This was the last item in the alcohol abuse prevention programme before the youths took a break to study and prepare for their final year end examinations which would end in the middle of November and then the youths would be back at the centre to prepare for the fun run competition to be held on 20 November 1994. The youths planned to invite and involve the local adults

and youths from the community who were not members of the centre.

From the 21 - 25 November 1994 the Holiday Programme for the Gugulethu youths was planned. A variety of speakers for different disciplines were to be invited to empower the youths with knowledge and a variety of skills according to the needs of the youths.

4.2.14. FEASIBILITY ASSESSMENT IN TERMS OF THE FOLLOWING ASPECTS:

*** Attitudes of the "gate-keepers" of the Gugulethu Club**

I first met Milly the senior professional nurse who was in-charge of the Gugulethu Centre at the meeting I had convened for the community members in Clermont, in August 1993. At that meeting Milly came out of the crowds to tell me that she shared my health protection and research interests. She told me about the activities of the centre. She invited me to visit the centre. I was requested to be involved in the holiday programme. I met Milly again at the end of the year planning for child welfare on 4 December 1993 where I was invited by Vie to present my research proposal for the planning committee for 1994. I also agreed and participated in their planning committee. I ended up being provided with an office with

equipment and two social workers to assist me organise my workshops. Positive relations between myself and the head of the Gugulethu Club had already developed, before I met the other staff members of the centre. Milly facilitated my acceptance by the Head : Nursing Services at the clinic which the centre was attached to and by other professional and non-professional staff.

*** Status**

My professional status as a university lecturer in psychiatric nursing and my status of being a registered full-time doctoral research candidate in nursing, facilitated my smooth entry into the Gugulethu Youth Centre because the staff respected my psycho-social case management knowledge and skills. My request for permission to conduct the research project was approved without delay. My request was approved by the Head : Nursing Services, for the club co-ordinator to have time off to facilitate a peer teaching workshop with the youths, at short notice, 74 kilometres away from Clermont. The Head : Nursing Services, senior professional and non-professional staff facilitated the planning, implementation and evaluation of the alcohol abuse prevention programme for 1994.

*** The research relationship and attitudes**

There were differences between myself and the Gugulethu youths. The age differences of the youths ranged between 12 - 24 years. I had the social and educational status of professional lecturer, parent and adult. They were scholars, adolescents or youths. I possessed knowledge and skills of the scientific research methods, the youths did not possess this knowledge and skills. The youths knew the alcohol related psycho-social dynamics of their community and I did not know them. These differences enhanced the development of a collaborative work, dedication and commitment to the community development goals we shared. The differences enhanced a relationship between the group and myself that was open, honest, full of enthusiasm, fun, excitement, love, hugs, laughter and work. We all understood, accepted and respected the differences. The youths perceived the differences as learning opportunities because they used the opportunities to ask questions, pose problems, argue and counter-argue, correct misconceptions, find solutions, describe, discuss, explain, analyze, plan, implement and evaluate preventive alcohol abuse strategies for adolescents in their community during the period of research. The youths appreciated my research and scientific knowledge and skills. This was deduced from their expressions of "Lu, was a God sent to the Gugulethu Youth centre because with her assistance, we reached our alcohol preventive goals." They forgot that I was conducting my own research while I was

helping them solve the alcohol abuse problem in their community. From the youths I learnt how to capture analytically, alcohol abuse as a social problem in their community. They interpreted their perceptions to me concerning the psycho-social contributory factors, consequences, reasons, early signs of use, attitudes about use and misuse, alcohol abuse prevention strategies in the past and future, and media promotion of alcohol use and misuse. The youths assisted in the planning, implementation and evaluation of the alcohol abuse prevention strategies for alcohol abuse among the youths.

My contact with the youths at the centre will continue even after the research has been "completed", because on the 26 July 1994 I received a letter from the Chairman of the centre on behalf of the club members. They requested that I be one of the five advisory committee members for the youth club. I accepted the request on condition that the youths members would be represented and be the voice of the youths on the advisory committee to avoid the youths losing their power to the advisory members. I included this condition to avoid the top-down power approach, and to advocate a down-up power approach for the youths advisory committee. The youths presented me with several gifts, words, letter and messages as tokens of their appreciation for the help I gave them during the one year field work with them. All these words and tokens of appreciation will remain with me as fond memories of hard

work and partnership in the planning, implementation and evaluation of the alcohol abuse prevention programme with the Gugulethu youths in Clermont.

* **Potential and Benefits**

The Gugulethu youth group had the following potentials and benefits for their development and for my participatory research: the group was an existing group which was already organised. This made group identification easy for me as I only had to go to the centre and make an appointment for the several meetings we had. The group was disciplined in the sense that they attended and participated in all the meetings we scheduled. They were under continuous educational, health, psychological guidance, mentoring and supervision of the club co-ordinator who is a professional nurse practitioner and non-professional staff who are community health developers. The youths had the support of the health professionals and non-professionals at the centre. The youths together with their club co-ordinator were highly motivated and committed to community health development. The youths had already assimilated the following principles of self directed learning; asking questions, argue and counter-argue, express, debate, share and defend their views and opinions. The youths were receptive to attend the alcohol abuse prevention workshops because some of the youths were active members of "Tadra", a teenage against drug association.

The participatory alcohol abuse prevention workshop was perceived by the youths as an opportunity to expand their knowledge and skills to facilitate their role as alcohol peer counsellors at school and in the community. The youths had already assimilated the cultures of intense weekly training programmes and workshops as I participated in their holiday weeks programme on skills training. The youths were already trained peer counsellors who had in the previous year requested that their certificates after the peer counsellors training programme should be presented at their school assembly so that their peers and teachers would know the knowledge and skills for peer counselling and to have confidence in their peer counselling and referral work.

* **Barriers, Constraints and Limitations**

The following were barriers in the process of the youth empowerment: lack of funds, poor transport facilities, limited physical space, lack of access to the centre during weekends and the lack of recreational facilities at the centre. The youths expressed that they would love to attend the centre even during weekends, to play indoor games like play cards, music, watch the programmes on the television set, practice their dance and stage play, do physical exercises and hold meetings. However, the centre was closed during the weekends.

The policies of the centre were a barrier for the youth's needs. The policy emphasized the provision of family planning methods and counselling for the youths. The youths expressed that they needed knowledge, skills, guidance, counselling and equipment for their psycho-social, educational, health and recreational needs. The youths formed the Gugulethu Youth Club to meet these needs. The club was not subsidized by the state health department as it did with the family planning section of the centre. The state was interested in the number or statistics of youths who attended the family planning counselling section and did not concern itself with the level of youths skills and knowledge empowerment and their commitment to community and peer health promotion and to the prevention of alcohol abuse prevention.

In the beginning the club lacked a formal structure of office bearers and that of the advisory committee members, and did not have a constitution.

* **Process of Implementation**

The plan of the alcohol abuse prevention was started on 10 January 1994 by myself, the co-ordinator of the centre and the Gugulethu youths, immediately after the end of the alcohol abuse prevention workshops at the end of December 1993.

*** Effort Evaluation (Level of Implementation)**

Committee Meetings: According to the constitution of the club, club members constituted all the registered members who had paid the R1-00 yearly registration fee and who actively participated in the activities of the club.

Office Bearers: The club's office bearers, according to the club's constitution, were in office for a period of one year from April to the end of March of the following year, after which new members would be in office. The office bearers met on the first Monday of the month and for special meetings when the need arose.

Constitution: According to the club's constitution, there were five advisory committee members for the club. These were professional adults from the community and club member representatives. The advisory committee members included one person who worked in the centre. The advisory committee meetings were once every three months.

*** Activities**

The club members and myself held meetings every Thursday after school hours to discuss the correspondence and the week's experiences, to evaluate the activities of the week and to

evaluate the process of meeting they set alcohol abuse preventive objectives. The day after each planned activity in the alcohol abuse prevention programme, the youths, co-ordinator of the centre and myself would meet and evaluate the progress of the alcohol abuse prevention activity. The club members expressed the opinion that they had met most of the plans for the alcohol abuse prevention programme except for the acquiring of enough funds to improve the building facilities of the centre, to buy a cassette playing machine and a camera.

*** Club Members Involvement**

According to the statistics at the centre, about 200 youths attend the centre for their health and social problems. About sixty of these were registered members. In the beginning of the workshop there were thirteen members who attended the workshop, this number increased to twenty. The participants expressed the opinion that the number increased due to the activities of the alcohol abuse prevention programme for 1994. The drama alcohol workshop was attended by about sixty participants. The alcohol abuse prevention programme did not put much emphasis on the participation of registered or unregistered youths at the centre, it encouraged youth participation.

*** Other Programme Involvement**

The youths of the Gugulethu Youth Club were registered members of the "hub" life skills workshop club, a club that teaches life skills to the community members. This resource is provided by the "Hub" commercial stores in the city centre. The youths attended the money, time, business and stress management, assertive, art and health promotion and protection skills. The youths were registered with the Rotarat Club which is a member of the Rotary Club. The youths were trained peer counsellors to identify and offer help to youths with psycho-social problems to refer and accompany them to the youth's centre for intervention by the trained professionals. The youths were members of the T.A.D.R.A., which is a teenage against drugs association. The membership of this association facilitated the participation of the youths in the alcohol abuse prevention programme because the youths saw it as an opportunity to expand their knowledge and to get answers to their alcohol related problems.

4.2.15. RESULTS IN TERMS OF ATTITUDES, ALCOHOL INVOLVEMENT, SIGNALS AND SKILL DEVELOPMENT

*** Attitudes**

The results of the participatory research were positive when one considers the evidence of the positive research attitudes of the youths. These positive attitudes were explained in the text. The attitudes of the youth's towards alcohol misuse were negative. This is deduced from the youths commitment to the alcohol abuse prevention programme that the youths planned, implemented and evaluated with me. The youths were committed to peer alcohol abuse prevention counselling and referral to staff at the centre for problems they were unable to solve.

The youths attended the centre everyday after school for individual or group counselling or entertainment. The youths attended the centre every Thursday of the week for meetings and for process evaluation. The youths were involved in the planning, implementation and evaluation of the alcohol abuse prevention workshop.

*** Empowerment**

The youths expressed that they felt empowered when they received the invitation to go to a school away from the community, to facilitate a peer drama teaching workshop, to help another school start to act, stage and write an alcohol abuse play. The youths said that for

them, it was a process of empowerment to conduct their own research project, to write a research report, their club's constitution and proposals for funding and to be able to solicit for funds, to attend meetings with funders to offer help to hospitals, clinics, creches and old age homes. To be able to conduct official meetings, to write minutes, agendas, to write one's curriculum vitae and to give public speeches.

*** Alcohol Involvement Signs**

There were no alcohol involvement signs amongst the youths who participated in the participatory research because they included in their meetings policies that alcohol use among the members of the Gugulethu Youth Centre was not permitted.

*** Organisational Skills**

The youths expressed their appreciation for the development of knowledge of alcohol issues and research, for the research conducting, counselling, leadership skills, assertive, communication, problem posing and solving, helping, writing their curriculum vitae, proposals for funding and donations, minutes of

meetings, conducting meetings and workshops and acting skills.

*** Group's Evaluation**

The youths expressed that the alcohol abuse prevention programme for the Gugulethu Youth Centre for 1994 was hectic and fulfilling because they never had the time to idle, to roam the township streets and to become exposed to peer pressure that would encourage them to abuse alcohol. The youths expressed that the alcohol abuse prevention programme for the centre for 1994 had a positive effect on the Clermont youths and community because more youths attended and registered members of the centre for the year 1994 and more parents, friends and donors have supported the centre in kind or by the donation of the computer, printer, "skottel" braai, kit, stationery, transport, trophies, the television set and meals for catering during the 1994 alcohol abuse prevention programme events.

CASE STUDY 2 : ZIPHEMBELENI SEWING GROUP: CLERMONT

4.3. ACCESS PROCESS:

4.3.1. GAINING PERMISSION FROM THE RELEVANT AUTHORITIES

On the 16 February 1994 the Ziphembeleni sewing group in Clermont consented that I conduct the workshop with them. The group expressed the view that they could give the consent because none had authority over them except themselves. They stated that they were a group of people from the large community of Clermont who were willing to attend because the workshop met their needs.

4.3.2. RESOURCES WHILE IN THE FIELD FOR UNEMPLOYED ADULT GROUPS

Material Resources

We conducted the workshop in a spacious church hall where the participants met on a regular basis to conduct their health promotion and sewing lessons. The wife of the church's Archbishop was among the participants. During emergencies

she allowed me the use of her telephone in her home. A spacious office at the Child and Family Health Welfare was allocated to me by the president of the welfare section. Zane and Kiki offered to provide food parcels to be prepared for serving during the workshop and for participants to take home. They agreed that the workshop participants, because they were unemployed community members, qualify to receive food parcels. The food parcels were accepted as a positive incentive by the participants. The participants received food parcels twice a month. They expressed their appreciation that I had linked them with the social welfare services. It was in this community office where the committee members convened, and where the meetings were held for planning the participatory research workshop.

*** Human Resources in the Field**

I did not involve a research assistant or co-researcher(s) per se but in actuality, the participatory nature of the research allowed for a shift of the power paradigm from top-down to bottom-up and emphasized the people's power. From the initial contact I allowed the participants to exercise their power during the planning of the workshop. The participants elected me as the facilitator. Clem and Zane were elected as the co-facilitators of the workshop.

The president of the Child Welfare Section allocated Zane and Kiki, the social workers, to assist me gain smooth entry into the groups in Clermont. I also worked closely with Clem, who was the health advisor of the group, and with Mrs Dili the sewing instructor. I worked and developed more collaborative working relations with Zane than I did with Kiki. I had access to the 23 unemployed adults who participated in the workshop. They knew their community's needs and limitations in relation to alcohol abuse prevention. They voluntarily taught me about the community and I shared my knowledge concerning the research process, health promotion and health protection and skills.

While in the field I had access to the professional and the unprofessional staff of the Child and Family Welfare centre and the youths of Gugulethu Youth Health Centre which was physically close to the Child Welfare Centre. I was made to feel free to contact all the staff at both centres when ever there was the need.

4.3.3. GAINING ACCESS TO THE GROUP

On the 27 July 1993 at a two week workshop on community development, I was introduced to Vie, the President of the Community Child and Family Health and Welfare unit in Clermont. Vie shared my research interests. After several meetings with the community members in Clermont, on the 4

December 1993, Vie invited me to their end of the year workshop. They were conducting a planning workshop for the welfare section for 1994. I was included in the planning workshop. At this workshop I was requested to discuss my research proposal with the Management Committee members of the Child and Family Health and Welfare who had been set up to represent the interests of the rest of the staff and wider Clermont community group. It was at this meeting that the president of the welfare section gave me permission to utilise an office as a point of entry into the community and the groups and to organise the workshop. It was also at this meeting that I decided that myself and the two social workers would meet on 10 January 1994 to prepare the organisation for the alcohol abuse prevention workshops. After the meetings with Zane and Kiki, the health advisor and the co-ordinators of various community interest groups, a community committee of seven members from the abovementioned organisations was formed. The members of this committee committed themselves to assist me to conduct the workshops among the professional and non-professional adults in Clermont.

After several meetings and consultations with the community committee members it was agreed that the workshop would be conducted as from the first week of February 1994 because the period 20 December 1993 to 7 January 1994 was considered by the community as the festive season. This period included Christmas and New Year's Day. I was advised that this period

of the year is a holiday period and it was not an ideal time for conducting a workshop because the members of the community would not be available to attend.

On 10 January 1994 the Community Research Organising Committee which consisted of myself and seven members from the various organisations from the community met to continue with further plans to conduct the community based participatory research workshop. From this meeting the workshop was scheduled for 7 February 1994. The workshop was targeted for professionals (namely nurses, teachers, social workers), and professional and non-professional adult community developers in the community. The need for the workshop was expressed in the initial meetings with the community members. The adults expressed the need for knowledge and skills to facilitate the planning, implementation and evaluation of alcohol abuse prevention strategies in Clermont.

The adults expressed that the alcohol abuse prevention knowledge and skills that would be disseminated in the workshop would be put into practice to combat the various other health problems in Clermont. The adults expressed that this gain in knowledge and skills would induce the "ripple" effect in change processes through health education from Clermont to other communities.

On the 7 February 1994, the day of the workshop, only five professional including myself, turned up for the workshop. They were the two social workers from the child welfare, senior professional nurse from the local youth centre and the co-ordinator from the community health development project. Most of the professionals expressed that they would attend the workshops only if they knew the agenda for each day of the workshop because they were unable to get time off from their duties to attend the two weeks workshop.

I explained that I did not have any specific agenda or programme but that this would be agreed to between the participants' needs and my research needs. I was prepared to start the workshop with the available four enthusiastic and interested participants but the participants decided that we replan the workshop. They expressed that new invitations would be targeted to the community at large. The workshop was rescheduled for the 14 February 1994.

The planning committee wrote and distributed more posters to strategic points in the community, invitations were sent to the churches, to the civic associations and announcements to the local radio station to announce the objectives and the day of the workshop.

On the 14 February 1994 eight participants including myself attended the workshop. The organising committee members

expressed that there were some members of the community who boycotted the workshop because all the posters that were displayed by the community health developer were removed on the first day of the display. When I wanted an explanation for the behaviour I was told that it was the common response from the public to remove alcohol abuse preventive posters or any form of health education that was related to the prevention of alcohol or drug misuse. They told me that some members of the community had expressed that they would not stop drinking alcohol because drinking was their only source of entertainment and income. I was told that some of the community members expressed that they were not prepared to listen to anyone who would talk against the use or misuse of alcohol. I felt intimidated by these remarks. I imagined the opposing group storming into the workshop, but I was reassured that this would not happen. It was explained to me that some of the community members were not impressed with the statement in the posters that free refreshments of tea and sandwiches would be served during the workshop. I was told that some of the community members were discouraged by the serving of non-alcoholic beverages and so would not come to such workshops.

4.3.4. THE INITIAL CONTACT WITH THE UNEMPLOYED ADULTS

On the 16 February 1994, with the help of Clem and Zane, I

was able to find an ongoing group of about 25 adults. Their ages ranged from 38 to 65 years. They constituted of 22 females and three males. Their main objective was the creation of employment and health promotion through sewing, hand work and selling activities. After consultation and introduction by the community health developer who was the facilitator of the group, the group was enthusiastic to start the workshop immediately because they shared my research objectives and they had needs which could not be postponed to any later period. On the 18 February 1994, the first day of the workshop, seventeen participants attended. The participants filled in a form to obtain the socio-demographic particulars which will be discussed in Chapter 5.

4.3.5. DEVELOPING A CONTRACT

My task as the facilitator of the workshops was "given" to me specifically because the participants felt that I was the "expert" in the research field. The following participants were elected to the following tasks:-

* Devotions	-	Clem
* Welfare	-	Zane & Anna
* Finance	-	Zwany
* Food/Nutrition/Catering	-	Alie & Roe
* Law and Order	-	Alie
* Health and Welfare	-	Clem

* Communications and Information	-	Lu
* President / Group Leaders	-	Vio
* Time-keeper	-	Anna
* Secretariat	-	Zane
* Transport	-	Lu
* Venue	-	Vio
* Stationery (etc)	-	Lu & Zane
* Daily evaluations	-	Vio
* Community Organiser	-	Clem

A consensus agreement was reached that the workshop would be conducted twice a week, that is, on Wednesdays and Fridays from 10:00 to 16:00 to include the tea and lunch hour breaks. The workshop was planned for ten working days during the five week period. The following daily time schedule was agreed to:-

10:00	Devotion
10:00 - 11:30	First Session
11:30 - 12:30	Second Session
12:30 - 13:30	Third Session
13:30 - 14:30	Lunch
14:30 - 15:00	Discussion
15:00	Devotion.

The establishment of self learning approaches were discussed (see Appendix 2).

On 23 February 1994 the group of 14 participants were joined by another 6 participants, now with a total of 23 participants, including myself, Clem and Zane. We adopted the following rules that were displayed:-

- a) Listen to what the other people say.
- b) Don't be nasty to each other.
- c) No talking when someone else is talking.
- d) Be kind and supportive to each other.
- e) If all you can say is something unpleasant, don't say anything.
- f) If people don't want to say anything, they don't have to.
- g) Don't laugh at what other people say.
- h) Think before you ask or say anything.
- i) Be punctual.
- j) All members should attend regularly.
- k) Feel free to talk and be open.
- l) There is no wrong or right answer.
- m) Confidentiality should be maintained.

4.3.6. WORKSHOP ADAPTATION

The workshop programme was discussed, accepted and implemented by the participants.

4.3.7. ESTABLISHING OF WORKSHOP OBJECTIVES

The participants shared their fears and hopes about the workshop. The following emotions were shared by the group:-

Expectations: The participants expressed the following expectations : To

- a) Learn strategies to prevent alcohol use / misuse in our families.
- b) Formulate, implement and evaluate the alcohol abuse prevention strategies.
- c) Learn and teach our children strategies to avoid friends who use/drink alcoholic beverages.
- d) Learn and teach youths about sensible and safe drinking patterns.
- e) Seek advice, counselling and referral about alcohol misuse.
- f) Learn and be able teach others sewing.
- g) Learn about diseases that are hazardous and harmful to the community.
- h) Seek help and solutions for the poor and destitute people.
- i) Learn skills for handwork.
- j) Seek jobs and homes.
- k) Learn how to start business projects.

Joys: The participants expressed that they were happy because they would

- a) Meet new people and learn together and have fun.
- b) Learn to seek help from others.
- c) Learn to be free to talk.
- d) Learn to prevent alcohol misuse and other bad health habits.
- e) Seek help/guidance from social worker.
- f) Learn to co-exist with other people.

Fears: The participants expressed the following fears about the workshop

- a) Be unable to work with educated people.
- b) Be responsible for the dissolution of the sewing project.
- c) Be responsible for the displacement of their health advisor by the researcher.
- d) Pay money for the workshop.
- e) Meet people of high social class and status.

Sharing the Learning Experience: The following were the learning experiences expressed by the participants on the second day of the workshop - to be able to:-

- a) Know the good and bad qualities of people from the

animal picture game.

- b) Master people's names.
- c) Know the characters and interests of other people quickly.
- d) Obtain diverse knowledge quickly and easily.
- e) Know the differences and similarities in people.
- f) Know the potentials or strengths and limitations or weaknesses of individuals and communities.
- g) Respect for each other.
- h) Being kind and sensitive to each other.
- i) Know no one is better than the other.
- j) Form groups quickly.
- k) Appreciate peoples' unitedness.

4.3.8. PRIORITIZING THE AIMS OF ALCOHOL EDUCATION:

The aims for an alcohol education workshop were discussed, established and prioritized according to their order of importance based on the participants' needs (see Appendix 2). The order of priority were established for the aims of the workshop.

4.4. GROUP PERSPECTIVE OF ALCOHOL AS A SOCIAL PROBLEM:

The participants agreed that alcohol abuse as a social problem was a problem in their community because they saw the following manifestations in their community: the rate of drop out from schools, teachers do not teach at schools, drunk drivers cause accidents, many lives are lost due to accidents, high crime rate while under the influence of alcohol, alcohol abusers become unaccountable for their actions afterwards, parents waste money by buying liquor, the last family savings are spent on alcohol, the drinking partner deserts his spouse to stay with a concubine, violence and assault occurs, loss of employment due to absence from work or inefficiencies at work, being unable to manage the home, liquor is used as a bribe to commit a crime - for example - kill or rob someone, families become disorganised and divorce results, children become orphans, violence / assault on women occurs, family members become insolvent/penniless because of debts, western liquor is easily and readily available and this results in consumption by high school youths in the township, bottle stores in the townships are in close proximity to the schools and this results in easy access of alcohol beverages to school goers, alcohol consumption in young people has increased, married family women do not take care of their family members, school pupils lose respect for their teachers, aids and sexually transmitted diseases spread due to a lack of protective sexual activities, loss of respect and harmful mixtures or concoctions are added to the traditional beer at shebeens which makes the user addicted to "doctored" traditional beer.

4.4.1. THE USES AND BENEFITS OF ALCOHOL IN THE AFRICAN SOCIETY IN THE PAST AND PRESENT

On 25 February 1994 the number of participants increased to 25. The participants agreed that traditional beer is and was used to celebrate all traditions, rituals and ceremonies like funerals, weddings, unveiling of tombstones and births.

Traditional beer was used as a sacred offering or sacrifice to the African ancestors in the African tradition. For spiritual fulfilment, alcohol is served in church in the form of holy wine during the holy communion. The participants agreed that the holy wine was alcohol and it was a gift to mankind from God.

In times of crisis or celebrations, the neighbours would donate brewed beer, meat or food to the family in crisis. This was a symbol to comfort and a means to assist and support the family during the crisis period. Alcohol and traditional beer was used as a relaxant or tonic for mental tension. For example, when hoeing the land or building a homebrewed beer would be served to motivate workers to work harder and to minimise the stress of hard labour, to quench the thirst and to satisfy the workers' appetite and not make the workers drunk.

4.4.2. METHODS AND STRATEGIES THAT WERE USED IN THE PAST TO PREVENT ALCOHOL ABUSE ESPECIALLY AMONG THE YOUTHS

On 2 March 1994, the participants agreed that the following factors prevented alcohol abuse among the youths in the past: traditional beer was only brewed for specific celebrations, traditional beer and western liquor was for the consumption of the adult men and women, the youth were prohibited from using western or traditional beer and it was considered shameful for one to be drunk, especially the young men and women.

The beer drinking was a social activity for adults who would tell stories, be cheerful, crack jokes, dance and sing the traditional songs. The amount of traditional beer prepared was enough for the consumption for the occasion and not enough to make anyone drunk or cause violence and aggression. There were no means to store large amounts of the prepared brew for long periods of time. Because the traditional beer is nutritious and quickly fills the stomach, one is unable to drink large quantities at one time and could therefore not get drunk. In the past the drinking of traditional beer "Umqombothi" was coupled with the eating of huge amounts of food and meat and was never taken on an empty stomach. To drink alone was an uncommon activity in the African culture.

In the past there were limited beverages that were easily accessible in rural communities and therefore traditional beer brands during the same session. Commercial beer was available in the African bottle stores in the African communities. Commercially sold traditional beer was not readily available in large amounts for everyday consumption in the traditional communities.

The legal restrictions on alcohol purchases were observed and adhered to by the seller and the public. For example, a specific amount was legally permitted to be bought by adults from a bottlestore. In South Africa in the 1940s, during the pre-apartheid period, Africans were not permitted by laws to utilise hotels, post offices, hospitals, educational recreational facilities and bottlestores in the urban areas. African adults were legally prohibited to buy alcohol beverages or to sit and drink in these facilities. The only Africans who were allowed were the adult professionals, namely teachers and policemen who had to carry and produce their exemption certificates. This certificate exempted them from the restrictive alcohol purchasing laws.

4.4.3. THE REASONS WHY YOUNG PEOPLE DRINK

The participants agreed that young people drink for a number of reasons, namely, the permissiveness by parents who say "it

is the time for the youth." On the other hand, the youth do not want to be told anything by adults as they say "the time for the old people has passed", the youth say "it is our time now", liquor is easily accessible and available in the townships, anyone can have a drink if they want to, to escape troubles and boredom, for amusement, traditional beer is old fashioned, to develop "dutch courage", to show off to peers, to become clever, to know everything, there are many shebeens in the township, liquor is sold to the youth without any age restrictions, to escape parental discipline, to forget the lack of parental guidance, to use the excessive school pocket money, to escape unplanned pregnancy which resulted from promiscuity, to escape the misery of not knowing which boy is responsible for the pregnancy, to escape violence between pupils and teachers which occurs as a result of alcohol misuse by the youths and / or the teachers, to eliminate shyness, to feel comfortable in the relaxed atmosphere of the shebeen, forced by peers to drink in the shebeens, to be able to commit sexual relations with older and working men who pay for these sexual activities, to find solace and comfort in the alcohol, use liquor because it is the only available item in the house.

The participants agreed to the following which resulted from alcohol misuse: youths go to school drowsy through lack of or no sleep, get poor results at school and later drop out of school, to belong to a group, youths want to taste and experience the liquor that was drunk by the adult parents.

4.4.4. THE CONTRIBUTORY FACTORS FOR ALCOHOL ABUSE AMONG THE YOUTHS IN THE TOWNSHIPS

On the 4 March 1994 the information flowed from the discussions on the pictures from the local newspapers, magazines and articles that depict the everyday life in the townships. The pictures included positive and negative scenes.

A poverty stricken environment:

A photo of traditional African women from the areas who are carrying loads of goods to sell or luggage on their heads. The participants agreed that the women sell the goods to earn a living. The sun is scorchingly hot. They expressed that the women are not sure that their articles / goods will be bought at the market place. They expressed that the women could have left young children at their homes with the hope that the goods would sell so that they get money to maintain and feed their family. They expressed that if the goods are not sold, the women will become frustrated and resort to alcohol misuse to think of other ways of getting quick money, like burglary, prostitution, neglect or abandonment of their families. Poverty to the family might be the cause or effect of alcohol misuse by the breadwinner.

Poverty stricken environment

The picture shows a white women preaching from the Bible to a black elderly woman. The same white woman is playing and teaching black youths a game. The same white woman is teaching the black youths and the elderly women how to write. The white woman is concerned with the social and physical needs while she is faced with poverty. She does not compound her poverty stricken environment by abusing alcohol.

Street children

The picture shows children playing in the cemetery. The participants expressed that to live in the cemetery is against the law and that the youths could be arrested. The youths are eating bread from the refuse bin. The participants agreed that the street children are street children because they smoke and abuse alcohol. Alcohol misuse for the street children could be the cause or effect of broken homes or the street children could misuse alcohol to cope with the tough life on the streets. The participants expressed the view that the youths appeared to be under age and ought to still be under parental care and school going. They expressed that to be able to survive the trying conditions out in the streets, the youths need to be perpetually under the influence of liquor because life on a street pavement is based on "the survival of the fittest" principle. They

expressed that the youths needs to be counselled and taught about the negative consequences of alcohol misuse which is death and disease. They said that the youths need to be referred to social workers, rehabilitation centres or homes of safety.

The participants agreed that children who left their homes, smoke dagga, gamble, sleep, play and live in the stress, and that is the reason they are known as "street children".

They agreed that street children are inclined to commit several crimes like robbery, burglary to shops and homes, rape, assault passerbys to get money to buy liquor and drugs. The youths fight amongst each other and this was evident in the picture as it showed one youth with a bandage on his head. The participants agreed that the youths get "dutch courage" from the alcohol and drugs they used. The participants agreed that the youths need to attend school, need parental love and parental counselling. They agreed that the youths need referral to social welfare services and psychiatrists because chronic alcohol and dagga abuse harms the brain cells.

Arson - a bus on fire

The participants described a photo of a bus on fire, people fighting in the bus and people running amok. They said that the people who burn the bus get the courage from alcohol. This

type of violence or arson causes death of innocent people and can result in widows, widowers and orphans. The bereaved family members may resort to alcohol abuse to avoid the painful loss and tragedy. They agreed that alcohol abuse to escape the loss of a loved one can result in the breadwinner losing his / her job. The loss of employment can result in family disorganisation and divorce and therefore aggravate the alcohol abuse. The participants agreed that the bereaved who suffer loss and those who abuse alcohol should be taught constructive ways to occupy their time, for example, by being involved in various sport activities, music / gospel and hard work. They agreed that the youths should be encouraged to attend church services to build their religion. They agreed that the older youths should be taught safe and sensible drinking habits.

Picture of men who are handcuffed

The participants agreed that three men who lay on the ground were injured, bleeding and in handcuffs. They said that these men were being hijacked by thugs who have "dutch courage" from using drugs or alcohol. The scene is violence related and death is possible. They said the three men are hijacked by "bosses" of the gang or by gang leaders who took the law into their own hands. The participants said that the three handcuffed men would appear in a "kangaroo court" which is an illegal

court and not a legal court of law. They agreed that the three men could be from a rival gang or could have committed a criminal offence such as burglary, drunken noise or public indecency. They agreed that the three men could be arrested and detained for a long term. The long term detention without the knowledge of their family members and the assault from the gang leaders could lead to injury and / or physical disability of the three men. These conditions could lead to loss of their employment. The loss of employment might result in poverty to the family members and this could result in alcohol abuse by the offender or by the impoverished family members.

The following were the contributory factors for alcohol abuse before using the pictures from local magazines: The participants agreed that the lack of recreational facilities in the African townships, availability of many shebeens and taverns in the African townships compared to the number of needed clinics, schools and shops, lack of/shortage of the schools in the African townships, frustration of youths, resort to alcohol misuse to pass the time, lack of enforcement of alcohol use laws for under age alcohol drinkers, lack of legal control of times for the opening and closure of shebeens and taverns in the townships, shebeens open until the early hours of the morning the following day, exposure of young people by parents to alcohol beverages use at an early age by sending the young to shebeens to buy alcohol drinks, lack of parental, adult or teacher guidance for the youths against alcohol use/misuse,

tensions caused by strikes and disruptions of school days results in the youths becoming bored in the townships and finding comfort in liquor, lack of parental discipline over the young, excess school pocket money for the youths, peer persuasion or enforcement to drink, lack of motivation by youths to study, youths becoming frustrated and finding solace in abusing alcoholic drinks, feeling of belonging to a peer group, teachers and parents drink alcoholic drinks in the presence of the young people who in turn model the teachers and parents behaviour by drinking alcoholic beverages, shebeens situated next to the schools for easy access of alcohol to the pupils, lack of sports facilities in the townships, idling and street roaming youths, lack of parental discipline and guidance to the youths about the negative effects of alcohol misuse, peer drinking without parent/adult supervision, lack of parental introduction, supervision and monitoring of youths' alcohol use and behaviour from the early young adult stages of life.

4.4.5. EXPLAINING THE CONCEPT "ALCOHOLISM":

The participants formulated the following definition of alcohol:

"It occurs when an individual who exceeds normal, or safe, or sensible drinking limits, one who drinks and mixes all sort of alcohol drinks at the same time of consumption, the individual is disorganised or disturbed

or incapacitated physically and emotionally, suffers loss of employment, friends, property and family members, contravenes/breaks the law, suffers financial troubles and social problems, his/her thoughts are alcohol orientated, he/she has no control over his/her drinking behaviour, never leaves or stop drinking alcohol until it is finished, does not go home to sleep but sleeps where there is liquor."

4.4.6. THE CONSEQUENCES OF ALCOHOL MISUSE:

On the 9 March 1994, the participants agreed that alcohol misuse could have the following effects to the mind, body, family, work, school, community and law:

The alcohol consequences to the physique

Alcohol misuse results in brain damage which can lead to mental disorder which can result in permanent admission of a person to a psychiatric institution, causes one to appear too old for one's age, appears haggard and worn out at an early age, facial oedema or facial bloatedness ("Phuza face" and oedema of abdomen and legs, the lips become discoloured and red in colour due to irritation of the mucous membrane of the lips by the alcohol ("Pepepe"), cirrhosis of the liver, congestion of the lungs, urinary tract and ulceration and congestion of the

stomach and congestion of the biliary tract, "fits" and epilepsy, alcohol detoxification might need to be done in hospital to reduce the alcohol levels in one's body, chronic lack of energy, suffer from a "hang over", lack of appetite, lethargy and lack of personal cleanliness, sleeplessness and exhaustion, increased degree being accident prone, inefficiency at work - for example, driving and productivity is decreased, deaths due to accidents or ill health and deterioration of physical health.

Consequences of alcohol abuse to the family:

The participants agreed that the following were the consequences of alcohol abuse to the family: family disorganisation, the family head or leadership is lost, blurring of roles between the father, mother and child in the family, the love relationship between the husband and wife is lost and when this relationship is lost the family unit becomes unstable, family stability offered by the parents to their children and to other members of the family is lost, conflict, violence, lack of respect, arguments between the marital couple, household chores are not done, the household becomes unkempt and dirty and illness to the family members set in due to lack of personal hygiene, decreased parental control over the children, children do not attend school, leads to poor performance of school goes and failure in standards which results in early drop out from school, separation by one member who could be the

breadwinner or loss of self-esteem because of loss of employment or respect or control of his/her family, poverty to the rest of the family, depression for being rejected or separated, divorce, single parenthood, intolerance and violence between parents and children, the battered mother/parent may displace his/her anger to the children and the children may displace his/her anger among their peers, suicide or homicide, widows and orphans result, addiction to alcohol results, sell furniture to find money to purchase more alcohol and lack of communication between the family members unable to discuss problems or family businesses.

Consequences of alcohol abuse And the school pupil:

The participants agreed that the following were the consequences of alcohol abuse to the school pupil: lack of respect towards teacher and school work, clashes / destructive verbal confrontations, lack of discipline by pupil to school rules and authority, strikes and boycotts, violence, expulsion, lack of concentration, failure to pass and therefore repetition of standards, frustration and demotivation, student becomes part of the unskilled labour force in a competitive labour market, becomes a low wage earner, poverty sets in for himself as a young adult as well as his family unit and results in alcoholism.

Consequences of alcohol abuse And the school teacher

Lack of respect for the pupils, unpreparedness to teach, exhaustion, irritable, violent or depressed, becomes a bad role model for pupils which results in pupils drinking, absenteeism by the teacher which results in absenteeism by the pupils, teaching process is delayed, teacher demotion, loss of employment, student strike to protest against the teacher who is not teaching, students lose many school days because of teacher's absence or due to strike, failure for the student and violence between teacher and pupil might set in.

Consequences of alcohol abuse at work

Absenteeism, loss of employment, high risk of being accident prone, exhaustion, lack of sleep by the parent worker, lack of productivity by the worker, lack of energy, motivation and enthusiasm, demotion, reprimand and disciplinary action to worker by supervisor, lack of respect, defiance of worker to employer, loss of self esteem, financial loss to the worker and his family, excessive drunkenness, family disorganisation, desperation and divorce and poverty to the family, depression, suicide and homicide, violence, accidents, ill-health, change of jobs, bad work track record.

Consequences of alcohol misuse in the community

Loss of contact with members of the community, life becomes alcohol orientated, withdrawal from community and social interaction, lack of personal hygiene, becomes an embarrassment to the family, loss of friends at work, home and within the community, sits and drinks alone, drinks to get drunk, feels and acts as a social outcast or social misfit, depression sets in, wants his/her family to withdraw from social interaction as he/she does, conflict can set in the family, family can protect the drinker to continue drinking by hiding his/her drinking habits from the community members, labelling or stigmatisation as an alcoholic, aggression can set in as retaliation for his/her drinking behaviour.

Consequences of alcohol abuse with regard to the law:

The participants agreed that the following were the consequences of alcohol misuse in relation to the law: the drinker can be arrested by the police for public indecency for maybe using obscene language in public, urinating in public, public violence, accidents can happen, blood count in the body of the driver is more than 0.8% alcohol, arrested and detained without a fine, no admission of guilt fine can be paid, detention in jail without notification or leave from work, long periods of absenteeism from work can result in loss of employment,

poverty to family results if the person detained is the breadwinner, family disorganisation can set in, alcohol intoxication can result in crimes being committed such as murder or robbery which results in long periods of jail detention, social stigmatisation of "jailbird" results and ostracism by the community.

4.4.7. ALCOHOL RELATED SITUATIONS AND FORMULATION OF PREVENTIVE AND SOLUTION STRATEGIES:

On 11 March 1994, the participants were exposed to fifteen photographs of college youths in alcohol related situations. The participants were instructed to analyze the photographs under the following headings:-

- a) The educational implications.
- b) Intervention and preventive strategies.

Photo 1: Youths drinking in a public park

- a) Educational implications for alcohol use: the youths appear to be consuming increased amounts of alcohol. No food appears to be eaten with the intake of alcohol. They are negative role models to the other youngsters. Other drugs can be combined with the alcohol. Sexual promiscuity or unprotected sexual activity can result.

Public violence and arrests by the police can result. There is also the possibility they might fail at school.

- b) Implications: Youths should be taught how to enjoy themselves without misusing or using alcoholic drinks. They should be taught not to drink in public. They should be taught that alcohol abuse might result in unprotected sexual activity and the spread of Aids.

Photo 2: Drunk unconscious youth in a public park

- a) Educational Implications: there are four friends and one male who has collapsed. The girls are laughing and impressed with the males' behaviour of over-drinking and misuse of alcohol. They could be arrested by the police for public indecency. The male is in a dangerous situation. He can go into an alcohol stupor, coma and death. Misuse of alcohol is a health hazard. Public drinking is a violation of the law.
- b) Intervention: first aid care should be rendered to the male who is unconscious. Place the male on his stomach so as to allow all fluids to drain out of the mouth thus preventing suffocation and aspiration. The male should be left to sleep for an hour to sober up. Allow fresh air, keep him warm if cold and cool if too warm. Male and

youth to be taught about sensible/safe drinking. If male continues, he should be referred to social worker.

Photo 3: Alcohol misuse among eight friends

- a) Educational implications: the two drunk girls are trying to help their drunk male friend. They are using a telephone maybe to call for help, an ambulance, home to their parents or to the police. Road accidents can occur due to drunk driving. Can be arrested by police due to public violence or indecency. Loss suffered by parents if youths should die because of accidents due to alcohol misuse.
- b) Intervention: youths to be taught safe and sensible drinking habits. Youth counselling to be done to emphasize the negative consequences of alcohol abuse to the youths. Encourage youths to attend church to improve their religion and motivation for life and in their school work. Refer youths to Alcoholics Anonymous, psychiatrists, social workers and nurses to address on healthy life style.

Photo 4: Male and female fighting on a bed

- a) Educational implications: the man is physically and sexually harassing the woman by forcing her to join him in bed. The bedroom door is not locked, intruders entered their bedroom with no struggle. Unprotected or unsafe sex would be practised in this situation. Aids and many venereal diseases could be contracted.

- b) Intervention: Sensible and safe drinking should be taught. Teach youth about personal safety of locking of the house and bedroom doors when going to bed. Parents should counsel the youths about the negative consequences of alcohol misuse. If there is no improvement in the youths misuse of alcohol, refer the youth to Alcoholics Anonymous. Involve youth with other youth associations, sports, football, tennis or music choirs in the community. Encourage the youths to socialise with youths who do not drink alcohol so that they learn healthy lifestyles from the sober young people.

Photo 6: Youths forcing entry into an adult drinking party

- a) Educational implications: youths are forcing their way into a bar where adult males and females are drinking. Violence can occur, injury and death to others can result because of the violence. Due to drunkenness, "dutch courage" can cause people to rob innocent people.

- b) Intervention: youths to be taught the importance and rationale for enforcing and practising the prohibition of youths under 16 years in a licensed drinking lounge to prevent the youths from using alcohol at an early age and to delay the period of first contact with alcohol. The youths should be taught about the violence that can occur in drinking places. Women who drink in bars should be safely escorted home in a taxi or accompanied by a reliable sober man to their homes as they can become prey to rape.

Photo 7: Drinking during office hours

- a) Educational Implications : two men appear to be arguing about money. It appears as if they are in an office. There is liquor in one man's hand yet he is at work. The results of this situation could be loss of employment for the one who is drunk at work.
- b) Intervention: people who drink alcohol at work need counselling and referral to the Alcoholics Anonymous. Young people should be sent to a juvenile court which should teach them the seriousness and danger of alcohol misuse.

Photo 9: Male and female drunk and fighting

- a) Educational implications : the male is strangling the woman. In the male's outside pocket of his trousers there is a bottle of liquor. The consequences of alcohol abuse is loss of respect, violence and death among the youths.
- b) Intervention : the youth should abstain from alcohol use, if not, safe and sensible drinking should be advocated. Parents should counsel the youths against drinking. Parents should allow the youths to be arrested by the police and detained in jail to teach the youth the negative consequences of alcohol misuse among the youth.

4.4.8. THE EARLY SIGNS AND SYMPTOMS INDICATING THAT THE YOUTH IS ABUSING ALCOHOL:

The participants agree that the following were the signs and symptoms to be aware of for alcohol use among the youths: lack of respect, stubbornness and unfamiliar behaviour of rowdiness, talking at the top of one's voice in a carefree manner, being excitable, frequent requests for money, late home coming from school, staying out late, frequent periods of disappearance from home without the youth being able to

account for his disappearances, homework not done, youth developing easy friendships with strangers, opposite sex and with older drinking people, young girls easily befriending many boys and vice versa, failure and dropout from school, preference of the company of drinking friends to that of his parents and family members, clumsiness, awkwardness of the youth when at home, accident prone, indolence, sleeping late at night and unable to rise in the morning, stealing of money from home and elsewhere, telling of lies and unreliable, refusal to do duties at home and at school, becoming careless in relation to self care, becoming less inhibited even when the youth was previously introvert, demands money by force, use of vulgar language, insulting innocent people, becoming violent, loss of appetite, loss of weight, sickness, chronic illness and death at an early age.

Parental intervention

The participants agreed that the following are the interventive measures that should be taken by a parent or adult for the above signs and symptoms: the parent or adult should sit down with the youth in privacy and address the change of behaviour that is observed, investigate the causes for the alcohol abuse, give help to the youths problems, counsel against alcohol abuse and emphasize the consequences of alcohol misuse, refer youth to social worker and psychiatrist if the parent is unable to assist

the youth, if the youth continues with the alcohol abuse, refer him/her to Alcoholics Anonymous, teach them a way of relaxing without using alcohol by listening to music, playing soccer or any sport so as to occupy the youths time effectively. Refrain from giving the youth excess pocket money, encourage the youth to attend church services, plan and take a family holiday with the young people and parents, to teach them to use their spare time fruitfully.

Prevention of alcohol abuse in the present days

The participants agreed that the following are strategies that should be used in the present times to prevent alcohol misuse: there should be health education discussions and workshops about alcohol prevention in African families, schools and in the communities. There should be a reduction in the number of shebeens legally permitted to operate in a specific sized community. The professionals, teachers, nurses, community health developers and community members should collaborate to share knowledge and skills for the prevention of alcohol abuse in their communities. The legal restriction of no admission to youths below the age of 18 years should be increased to 25 years and enforced. Adults should not drink alcoholic beverages in the presence of young children or allow young children to accompany them into shebeens. Adults/parents should teach the African youth over the age of

25 years how to use/drink alcohol and "safe sensible drinking". Africans should advocate that the best beer is the traditional beer and discourage the drinking of western beer or liquor. Only licensed beer halls or shebeens or taverns should operate in the townships. The unlicensed shebeens should be brought in front of legal courts and prosecuted. The health education should emphasize the negative consequences of alcohol use and sensible drinking should be advocated. To advocate for the use of traditional beer as healthy and nutritive compared to the western beer and alcohol.

Future strategies for the prevention of alcohol abuse among the youths

The participants agreed that the following are alcohol preventive strategies to be used in the future to prevent alcohol abuse among youths in the townships: the youth's activities should be supervised by parents, teachers and by any adult to prevent indolence where the young could find time to misuse alcohol. Healthy lifestyles and health promotions should be advocated to the youth. The media, namely, radio and television should be prohibited from advertising the use of alcohol and smoking in the audio / visual programmes. The health education with emphasis of the prevention of alcohol misuse should be done at schools, churches and in the communities. The legal alcohol use / misuse restrictive

strategies should be exercised by the community members and not only be known as an existing policy.

4.4.9. PARTICIPANT'S KNOWLEDGE ABOUT ALCOHOL, RESEARCH AND HELPING SKILLS:

The 18 March 1994 was specifically scheduled for imparting knowledge about alcohol, research issues and helping skills. (See Appendix 2 for guidelines for imparting knowledge and skills).

4.4.10. MEDIA PROMOTION AND ALCOHOL:

The participants were given newspaper cuttings with advertisements for alcohol and non-alcohol items for discussion and analysis. The participants agreed that the media had a great influence on the people's choices with regard to alcohol use and non-use, especially the advertisements that target the young people and females. The participants agreed that the liquor industries use various ways and techniques to make alcohol appear attractive and to specifically encourage the young people to buy the liquor products. The participants analyzed and discussed the topic under the following headings (see Table 4).

**Table 4: Visual Appearance of Alcohol Advertisement Materials -
Ziphembeleni Sewing Club**

	NON-ALCOHOLIC ADVERTISEMENTS	ALCOHOLIC ADVERTISEMENTS
COLOUR	BLUE AND BLACK, BLACK AND WHITE LETTER, DARK COLOURS, CHEAP NEWSPAPER IS USED	COLOURS ARE BRIGHT AND LOVELY, FOR EXAMPLE, RED, YELLOW, GOLD, VELVET AND PURPLE. GLOSS EXPENSIVE PAPER IS USED.
SYMBOLS	NO OR FEW SYMBOLS OR PICTURES ARE USED.	A VARIETY OF SYMBOLS ARE USED WITH LIQUOR, BOLD, MONEY, LOVE, FLOWERS, JEWELLERY, MARRIAGE, HAPPINESS, SPORT, ETC.
SPACING	FINE SMALL PRINT USED, LITTLE SPACING OF LETTERS.	BIG LETTER USED, WELL SPACED PRINT.
IMAGES	NO PICTURES USED.	PEOPLE WHO APPEAR BEAUTIFUL, HAPPY USING ALCOHOL.
PLACE	WRITING WITH SMALL PRINT, NO SPECIFIC PLACE, PLACE NOT ATTRACTIVE.	BEAUTIFUL SURROUNDING, LIQUOR BAR, SEA, SET TABLE, SPORT AND LIQUOR.
SEX APPEAL	NIL.	LOVING FAMILIES, MARRIED COUPLE AND PEOPLE DRINKING ALCOHOL.
WEALTH	NIL. CHEAP PAPER, FINE PRINT, SMALL SPACE.	PEARLS, GOLD, MONEY, ROSES, EXPENSIVE CLOTHING WORN BY PEOPLE IN THE PICTURE DRINKING ALCOHOL.
SUPER HUMANITY	NIL.	EXTRA ENERGY, DRIVE, SPORT, MORE FRIENDS WHEN USING ALCOHOL.

	NON-ALCOHOLIC ADVERTISEMENTS	ALCOHOLIC ADVERTISEMENTS
ATTRACTIVE- NESS	PICTURE DULL COLOURS, BLACK,BLACK AND WHITE.	VERY ATTRACTIVE GOLD JEWELLERY, MONEY, BRIGHT COLOURS USED FOR PICTURES.
STRENGTH	NIL.	POWER OF LOVE AND WEALTH ENHANCED.
COMFORT	NORMAL.	COMFORT EXAGGERATED.
WARMTH	NIL.	WARMTH PRESENT.
RELAXATION	NIL.	RELAXATION PRESENT.
NORMALITY	PRESENT.	NORMALITY PRESENT AND EXAGGERATED.
USE OF MEDIA PERSONAL- ITIES	NIL.	TELEVISION MODEL PERSONALITY, SPORT PERSONALITY USING ALCOHOL.
HUMOUR	NIL.	HUMOUR REFLECTED IN ALL ADVERTISEMENTS.
COST	MOST ARTICLES ARE PRICED.	NO PRICE IS SHOWN FOR THE ALCOHOLIC DRINKS.
RISKS	NIL, ONLY GOOD IS MENTIONED.	RISKS OF ALCOHOL USE AND ABUSE NOT MENTIONED IN THE ADVERT.
DAMAGE TO FAMILY	NIL, ONLY THE VALUE OF THE ARTICLES.	DAMAGE TO FAMILY AND INDIVIDUAL BY ALCOHOL MISUSE, NOT MENTIONED IN THE ADVERTISEMENT OF THE ALCOHOL PRODUCT.
ADD ANY OTHER	ADD ANY OTHER	ADD ANY OTHER

The group agreed that the liquor industry go out of their way to pay huge sums of money to encourage people to purchase alcohol by advertising the various alcohol products. The group decided that to counter the aggressive alcohol advertisement of liquor by designing advertisements for non-alcoholic drinks. They agreed and modelled aggressive advertisements of pure fruit juices that quench the thirst and that were healthy and not artificially sweetened and had no extra

calories. They made advertisements that showed the pure fruit juices being drunk by the youths at non-alcohol parties. The participants agreed that the aim of this activity was to teach the youths that they can have enjoyable parties without alcoholic drinks.

On 23 March 1994 the participants were introduced to research principles and processes according to the guidelines in Appendix 2. The participants were guided toward the questions to ask when designing a research project. The following were the research questions that were identified:

What needs to be known?

A variety of research questions were posed by the participants. The questions were about problems that concerned the participants. The participants were not coerced by me to choose or research problems that I was interested in as a researcher.

How, where and when can the research problem be measured?

The participants listed a number of research problems and agreed that the selected research problem constitutes variables that are measurable. The participants planned to conduct a research project to find out from the youths if the involvement in handwork projects can prevent youths from alcohol abuse.

What can interfere with good measurement?

The participants agreed to use the two official languages of Zulu and English for the research respondents to understand. They agreed that

the research language would be clear and simple. They agreed to use short, clear questions during the data collecting stage. They agreed that the questions asked should ask what needs to be known.

What does the result mean to the participants?

The participants agreed that they wanted to find out the youths' opinions about their involvement in handwork projects or occupational activity as a way of preventing alcohol abuse among the youths. The participants agreed that if the hypothesis was accepted or if the conclusion reflected that the youth's opinions were positive towards the fact that involvement in handwork projects prevents alcohol abuse among the youths, they would channel their energies towards involving the Clermont youths in the sewing, wood, leather craft, paper technology and gardening projects to prevent the alcohol abuse within the community. The following possible research questions were formulated:

- * Does the involvement of the youths in handwork activity prevent youths from abusing alcohol?
- * Does the lack of recreational facilities in Clermont contribute to alcohol abuse?
- * Does religion prevent youths from alcohol abuse?
- * Do street children end up abusing alcohol?

- * Should parents monitor their children's time schedule?
- * Does loneliness contribute to alcohol abuse among the youths?
- * Will the youths' future become bleak if they abuse alcohol?
- * Do youths who have drinking friends end up abusing alcohol?
- * Does alcohol misuse result in the retardation of progress of the handwork activity and projects?
- * Does continued education prevent the youths from abusing alcohol?

After prioritising the research problem by discussing the lists of the research problems, the participants reached consensus about the research problem to be researched. The title of the research project was worded as follows **"Can the Involvement in the Handwork Project Prevent Alcohol Abuse among the Youths?"** The group agreed that the research results about opinions of the youths about this question would benefit their club because they wanted to investigate the value of involving the youths in their sewing group project. They said that they believed that to involve the youths in handwork activities like sewing, gardening and woodwork, the youths would not have the spare time to abuse alcohol. They said they wanted to research the topic to find out from the youths what their views are about their involvement in handwork activities as a way of preventing them from alcohol abuse.

The participants discussed the following questions to assess whether the research problem was researchable:-

*** Can the research problem be measured?**

They agreed that the variables of the research project were measurable.

*** How important is the research to us?**

They agreed that the results of the research project were valuable to them because they would involve the youths to develop the sewing project and to plan, implement and evaluate the Ziphembeleni alcohol abuse programme for the Clermont youths.

*** Will the research help to have the answers we want as a group?**

They agreed that the research project would give the participants the answers they wanted.

The participants were taught how to calculate a ten percent sample. They decided for the convenience of the group, to allow each of the 25 participants an opportunity to collect data from one respondent, for reasons of acceptability and willingness by the respondents. They agreed that they would investigate 25 youths who lived in Clermont. The participants agreed to include respondents from the ages of 14 to 30 years because this age group are still under their parents control. They agreed that both sexes would be included as respondents in the

research project. The participants agreed that the data collection would be conducted during the ten days holiday during the easter week break from 28 march to 8 April 1994, when the youths were available at home and in the community, and not at school.

The participants were referred to and provided with the relevant literature sources to read so as to understand the research topic and subject. The sources of literature were done according to the guidelines in Appendix 2.

On the 28 March 1994 the participants discussed the following data collecting methods, their advantages and disadvantages (Appendix 2):

- a) Direct observation.
- b) Interview short and in-depth.
- c) Questionnaire.

The participants finally agreed that the questionnaire would be the ideal data collection method for their research project. The participants agreed to the following reasons for choosing a questionnaire as the ideal data collecting method for their research project:

- * The questionnaires were to be answered by writing an X next to the correct answer of the closed-ended questions at the spaces that were provided on the questionnaire.
- * The participants agreed that the instructions were easy to follow by the respondents and the interviewer.

- * The participants expressed the method was less time consuming.
- * They expressed that the method would facilitate quick and accurate responses from the respondents because the level of literacy of the participants and respondents was low and some were not able to write or give in-depth responses.
- * The participants agreed that the use of a questionnaire was inexpensive because the participants would deliver and collect the data themselves from and to the respondents.
- * They agreed that minimal training was needed for the interviewers who had to collect the data themselves from the respondents.
- * They agreed that the questionnaire would be distributed to a large group of people in a short space of time.
- * They agreed that the respondents could answer in their own time, at their own homes and the interviewer could collect the completed questionnaire on the agreed appointment date.
- * The participants agreed that the respondents could remain anonymous and that this would allow them to answer freely and truthfully.
- * The participants agreed that the questionnaires would be

identical which meant that all the respondents would get the same questions in the same order.

- * They agreed that many questions could be quickly and easily recorded by using an X.

The participants participated enthusiastically in designing a questionnaire, they agreed to use an agreement scale with a set of opinion statements. A fixed choice, fixed response or closed-ended questions were used. For the purpose of this interview and to avoid causing confusion for the participants and respondents during the data analysis stage because most of them were illiterate, the respondents were only asked to make an X in the corresponding space on the questionnaire. The respondents were asked to agree, disagree or mark (don't know) or uncertain on each statement. A three point (1 to 3) agreement scale was developed where 1 denoted A - agree; 2 or U - I don't know and 3 or D - disagree.

Agreement Statement

1 OR A	2 OR U	3 OR D
AGREE	DON'T KNOW	DISAGREE

(See attached questionnaire in Zulu and English - Appendix 3.2.).

From the four working groups forty statements were collected and discussed. The statements represented a wide variety of opinions about handwork activity projects and the prevention of alcohol abuse among the youths. The participants agreed that the final questionnaire should contain ten statements. These ten statements would provide a good range of attitudes among the respondents. A pilot study was done by conducting the questionnaire from five youths of both sexes from the ages of 14 to 30 years who were similar in social characteristics to the respondents. I assisted the participants in deciding which statements or questions to ask and how. The participants expressed that more than ten statements would lead to the confusion of the respondents and the participants during the stage of data analysis. To prioritise the statements and questions for the questionnaire the participants listed and discussed the forty questions and statements for the questionnaire. The participants were trained and rehearsed on how to introduce themselves to the respondents, to answer the respondents questions, to thank the respondents for participating, how to help the respondents answer the instructions and how to record and collect the complete questionnaires. The participants were trained on how to explain the purpose of collecting information.

The participants agreed to collect the data during the easter week or holiday between the 28 March and 8 April 1994 when the youths were at home. Each of the 25 participants agreed to distribute the questionnaires to the youths in his or her neighbourhood to facilitate a speedy data collection process. The participants left the workshop feeling excited about the research process. I was also excited that the

participants had reached this step of their research and they would have enough time to conceptualise the value of the research process for the establishment of their handwork project for planning, implementing and evaluating the Ziphembeleni alcohol abuse prevention programme for the Clermont youths for 1994. I happily, enthusiastically and eagerly awaited the next week workshop day to come so that I could see and hear how the participants carried out their research tasks.

The 8 April 1994 was scheduled for the members' participation in data in data analysis, summaries of answers and interpretation. On this morning I found the participants feeling very excited about data collected during the easter week. We all sat on the floor and prepared for counting. All 25 questionnaires had been distributed to the 25 youths in the Fannin neighbourhood in Clermont. The 25 answered questionnaires were submitted and all 25 were analyzed. The participants reported that they felt knowledgeable and confident when they personally handed and collected the questionnaires to and from the respondents after answering. We all enthusiastically participated in the data analysis phase.

A summary sheet method was used for recording the research results. The summary sheet constituted a large sheet of paper and all the responses to the questionnaire were recorded. The information was then analyzed by "reading" the summary sheet horizontally from left to right. The results were finally added and made into percentages. This The attitudes of the youths towards involvement in handwork activity or project as a way of preventing alcohol abuse among the youths were

analyzed. The participants were encouraged to use mental counting if possible, but there were also pens, pencils and calculators available for the counting process. The older participants expressed that for them mental counting by actively using the brain or writing with a pen on paper was quicker and more accurate than using a calculator. They called the calculator a "modern confusing thing". Seven members were elected to represent the 25 participants for the counting and the recording of the ten questions from the respondents. The rest of the participants were present to double check the counting and the recording to avoid errors. One person was elected to fill the results from each group on to the summary sheet that the participants developed. Finally, all the results from all the groups were summarised and analyzed on the right side of the summary sheet.

The group decided to meet on the Monday as an extra day of their weekly meetings because the group felt the need to write the investigation report and to compile the projects' legal constitution for funding and for donations of sewing machines in March 1994.

I taught the group members how to fill in the application forms for a financial subsidy from the Natal Provincial Administration. Therefore the report of the investigation had to be ready by 19 April 1994.

The participants, with my guidance, agreed to use the following table to represent the project's research investigation of the youths' attitudes about involvement in handwork as a strategy to prevent alcohol abuse (see Table 5).

Table 5: Does the Involvement of Youths in Handwork Projects Prevent Youths from Alcohol Abuse?

	AGREE	UNCERTAIN	DISAGREE	TOTAL %
INVOLVEMENT IN HANDWORK.	96	4	0	100%
DOES THE LACK OF RECREATIONAL FACILITIES CAUSE ALCOHOL ABUSE?	96	4	12	100%
DOES RELIGION PREVENT ALCOHOL ABUSE?	96	0	4	100%
DOES CONTROL OF STREET CHILDREN PREVENT ALCOHOL ABUSE?	100	0	0	100%
DOES PARENTAL MONITORING OF YOUTHS TIME PREVENT ALCOHOL ABUSE?	100	0	0	100%
DOES LONELINESS PREVENTION PREVENT ALCOHOL ABUSE?	56	24	20	100%
DOES ALCOHOL ABUSE RESULT IN A BLEAK FUTURE?	96	4	0	100%
DO DRINKING FRIENDS INFLUENCE ALCOHOL MISUSE?	76	8	16	100%
DOES ALCOHOL MISUSE RETARD HANDWORK?	96	4	0	100%
DO WORKSHOPS IMPROVE ACTIVITY?	96	4	0	100%

The participants were eager and worked hard to get the meaning of the research results and not just the numbers. They wanted to identify the attitudes of the youths in the Fannin area of Clermont about the involvement of the youths in handwork as a strategy to prevent alcohol abuse among the youths.

SUMMARIES OF THE RESULTS

- * A high percentage of (84%) of the township youths agreed that the lack of recreational facilities in the township encouraged the youths from abusing alcohol compared a low percentage of (12%) who disagreed with the view and (4%) were uncertain about the view.

- * A high percentage of (100%) the township youths agreed that parents must monitor the youths time schedule to prevent the youths from abusing alcohol.

- * A high percentage (100%) of the township youths agreed that prevention of street children prevents the youths from abusing alcohol.

- * A high percentage (56%) of the youths agreed that the prevention of loneliness among the youths prevents the youths from abusing alcohol compared to low percentage of (20%) who disagreed with the view and a (24%) of the youths were uncertain about this view.

- * A high percentage of (98%) of the youths agreed that young people who abuse alcohol face a bleak future compared to a low percentage of (4%) of youths who were uncertain about this view.

- * A high percentage (76%) of the township youths agreed that drinking friends can influence one to drink compared to the (16%) who disagreed and the (8%) who do not know.
- * A high percentage (96%) of the youths agreed that abusing alcohol retards the progress of handwork compared to the (4%) who do not know.
- * A high percentage (96%) agreed that workshops in handwork prevents youths from abusing alcohol compared to the (4%) who do not know.

The participants agreed to the following conclusions based on the results:-

- * **Involvement in handwork prevents youths from abusing alcohol**
Adolescents indicated that involvement in the sewing group, gardening, and dance prevent the youth from abusing alcohol. It was recommended that the adult group should involve the youths in the sewing project to prevent the youths from abusing alcohol.
- * **The lack of recreational facilities and activities encouraged the youths to abuse alcohol**
The youths indicated that the lack of recreational facilities in

the township contributes to alcohol abuse. The sewing project should aim in creating recreational activities for youths.

*** Religion prevents the youths from alcohol abuse**

The sewing project should also aim at the spiritual development of the youth who should be encouraged to join the sewing project.

*** Prevention of street children by involving youths in handwork prevents youths from abusing alcohol**

The youths can be prevented from becoming street children who abuse alcohol by being involved by the members of the sewing project in sewing, gardening, recreational activities.

*** Young people who abuse alcohol face a bleak future**

Most youths agreed that the youths who abuse alcohol face a bleak future. It is therefore recommended that the sewing project hold workshops to teach youths about the negative effects of alcohol abuse so as to prevent or delay the youths from abusing alcohol.

*** Parents to monitor the youths time schedule**

It is recommended that parents should monitor the children's time schedule by encouraging to the youths to be involved in the sewing project to prevent youths from having free time to abuse alcohol.

*** Drinking peers are influential to youths drinking**

Youths indicated that they are influenced by their drinking peers in abusing alcohol. It is therefore recommended that youth should be encouraged to register and be involved in handwork and recreational activities of the sewing project to avoid drinking friends who can influence them in abusing alcohol.

*** Abusing alcohol retards handwork**

The youths indicated that abusing alcohol retards work/activity and therefore being involved in handwork, for example, the youth will not find time to abuse alcohol and therefore handwork activities will succeed.

*** Workshop in handwork prevent alcohol abuse among the youths**

It was recommend that projects like the Ziphembeleni Sewing Projects should encourage youths to register with the project because the project was committed to organise alcohol abuse workshops and training to teach skills to the youths. The group agreed to follow recommendations and conclusion of the investigation:

- The investigation was done with one section of Clermont township only. The sample size does not allow generalization for the adolescent population.

- The instrument did not categorise the personal particulars of the respondents into sex, age group and therefore the views of the respondents would not be categorised according to those personal particulars.

Recommendations

On the basis of the abovementioned conclusions the following recommendations have to be done:-

- * A similar investigation needs to be done on a wide scale.
- * The sewing project as a community project plans to involve the youths in their recreational activities to prevent alcohol abuse among the youths in the townships.

Conclusions

There seems to be an agreement among the youth that handwork involvement is a strategy to prevent alcohol abuse among the youths. After the discussion about the research results, the participants identified the following problems that could hinder them in the planning, implementation and evaluation of the Ziphembeleni alcohol abuse prevention programme for 1994.

Problem identification and solutions

The participants agreed that they lacked the knowledge and skills to:-

- * Work: plan, implement and evaluate the Ziphembeleni alcohol abuse prevention for 1994 for the Clermont youths.
- * Job creation: create jobs for the club and community members.
- * Knowledge and skills: develop communication, leadership, marketing, sales, money, business management skills for manufacturing, purchase, and distribution of the goods, items or articles that were produced by the club.
- * Impart health education, promotion protection and alcohol abuse prevention skills, especially among the youths.
- * Continue with the on-the-job training, education and to improve the sewing skills to advanced sewing and designing skills.
- * Basic needs and facilities: provide food for the club members.

The professionals assured the participants of their assistance in meeting their needs and limitations.

The Prevention Plan

a) Work

From the results of the research results and the identified

problems and limitation, the workshop participants in partnership with myself formulated the actions to be taken to implement the alcohol abuse prevention programme for 1994 for youths in Clermont. The participants agreed that the Ziphembeleni sewing group would involve the local youths, collaborate with the Gugulethu youths and the Salima club members in handwork activity and project. The group agreed to the following plans of actions to implement the 1994 alcohol abuse preventive programme for the Ziphembeleni Sewing Club members:

- * They should unite as a group, collaborate their efforts and work together in the handwork activity in partnership with me as the researcher, the youths, business people, professionals, their families, and neighbourhood members to prevent the youth from abusing alcohol.
- * The small sewing industry would create jobs for the participants as they were unemployed and for the youths, to teach themselves and the community youths better sewing and hand craft. They agreed that this creative strategy would improve their socio-economic conditions, health and lifestyle and at the same time prevent the youths from the alcohol abuse or delay the youths' initial contact with alcohol.

- * They were committed in the formulation, implementation and evaluation of the 1994 Ziphembeleni Sewing Club alcohol abuse prevention programme for their community.
- * They wrote in a details of the following activities that they were to engage the Clermont youths in their club; hand and machine sewing, knitting, crocheting, leather craft, gardening, floor polish, "vicks", vaseline, "stay soft", soap, yoghurt, jam, sweets and decorating pillow cases.
- * They would conduct sewing lessons and courses for the community members, especially the school children/ youths at R40-00 per sewing course of six weeks. They decided that the sewing courses would be conducted if there are 10-25 candidates registered for the whole course.
- * They were committed as the Ziphembeleni Club to create recreational opportunities for the local youths who joined the club and those in the communities. Such recreational activities, for example, music, sewing, dance, modelling, gymnastics, aerobics, drama, running, karate, keep fit exercises, competitions and to play various kinds of indoor games at the church hall where the club meet and work.

- * Organise a workshop with the theme "Maintaining health through non-alcohol use or sensible drinking" for the Fannin community and involve the Gugulethu youths and the Salima Women's Club.
- * Plan and conduct the alcohol abuse prevention Clermont community campaign and awareness day for June 1994. Involve the youths in Fannin, Gugulethu Health Centre and the Salima Women's club members and the community members at large.

b) **Financial Support**

They agreed that they needed financial support and/or donations of sewing machines in order to sell the products to the community at large.

- * The participants agreed that they needed to open a bank account so as to save the money from funders and from the club's fund raising activities.
- * They agreed to write letters to the club's bishop who was a member of the advisory committee to ask him to be personally present together with the club's treasurer to open the club's bank account because two signatures are required by the bank for security reasons.

- * With the savings the club members would invest to develop the small sewing project into a small industry.
- * Apply for financial support and equipment from financial sponsors and donors. They agreed that to ask for financial support, the club members had to meet specific legal requirements, namely, to write a proposal to request for funding and donations, give a yearly financial and work report and to register the club as a fund raising club, and to obtain a fund raising licence number.
- * They agreed that they needed to continue to raise funds so as to be able to buy more sewing, knitting, candle-making, and overlocking sewing machines and to raise more funds for the year April 1995.
- * Pay the monthly membership contribution of R5-00 for the club's maintenance fee and to raise the club's funds.
- * Each of the 25 club members to contribute a sum of R10-00 each to buy material or fabric to start and to maintain the club. The funding and sewing machines would be received from the National Health Funders as promised.

- * Buy less expensive materials and fabrics and to start the sewing project.
- * Use the available or loan sewing machines to start the sewing project.
- * Sew articles, organise and sell at the bazaar in May 1994. Invite the Gugulethu and the Salima Women's groups to participate in the programme. The youths to model, display and help to sell the sewn articles and food items, render musical items and stage the alcohol prevention play, render and demonstrate the health and fitness exercises, aerobics, karate and drama for the youths in the Fannin area where the Ziphembeleni Club is situated in Clermont.
- * Buy seed to start the sewing club's garden.
- * On 19 March 1994 apply for donations for knitting, overlock sewing machine and candle-making apparatus to start the projects.
- * On 18 April 1994 prepare for the visit of the representative from the prospective funding body who had confirmed that the group's financial request was recommended and approved but only awaits the visit to assess the project. The participants agreed that they

would make available for review the following documents: the group's legal constitution, research report and proposal for the request for funds and equipment. To display the posters of the club's philosophy, mission, aims, objectives and the 1994 alcohol abuse prevention programme, photographs of the group's activities and the completed sewn, knitted, wood, leather, paper, garden, cooked and baked food items.

- * Honour the appointment with the funders of the National Health Department in Durban city centre on 22 April 1994. The meeting would be between myself in my capacity as the group's facilitator, Zane as the co-facilitator, Roe and Baf to represent the club members and the prospective funders.
- * Fill in and complete the detailed application forms for financial subsidy from the government and private funders and sponsors, and to utilise the information from the club's constitution.
- * Find donations for the club for the following kitchen equipment: tea set, kettle, crockery, saucepans, cutlery, stove, refrigerator, chairs and tables as a surface to sew and eat.

- * Food provisions for club members. Apply for the donation or subsidy for the following food supply thrice a week for the club members: six loaves of sliced bread from the local bakers or urban area bakery; six litres of fresh and sour milk, margarine, and fruit juices from the local dairy; teabags, sugar, soups, peanut butter, powdered milk and fruit from the local or urban supermarket like Pick 'n Pay or Checkers.

c) Organisational skill development

The participants expressed enthusiasm in the formulating of the following plans:

- * Select office bearers for the Ziphembeleni Club.
- * Encourage the youths to register as members of the club.
- * Keep a separate record for the youths activities in the club to encourage their involvement in the club.
- * Write the research report and share research knowledge and share research results with prospective funders, donors, friends of the club and with the community members.

- * Compile a booklet or brochure with names, addressed, amount of money, telephone and fax numbers, and closing date of funders to avoid the lack of knowledge about the funding issues.
- * Take photographs and enlarge and frame them for display in the club groups activity photographs.
- * Start and develop a projects photo album to keep activity photographs and press release statements about the activities of the sewing project.
- * Start a visitor's book with the following particulars: visitors first names and surname, designation, occupation, postal and residential address, telephone and fax numbers to facilitate contact and access to visitors, funders and friends of the club to invite and write to them.

d) Job creation

Create job opportunities for adults and youths in Clermont to resolve the poverty which is the contributory factor to alcohol abuse among the old and young.

- * Establish a sewing contract with the local stores, schools, creches and factories to sew and sell the stock

of uniforms, namely, tracksuits, vests, T-shirts and pinafores for the creche toddlers.

- * By April 1995, one year later, buy and stock pile more materials and fabrics and sewing equipment to facilitate rapid sewing, selling and developing of the club into a small business enterprise.
- * Get three quotations from a carpenter for manufacturing wooden or steel cupboards that can be locked to store the club's sewing machines and all valuable equipment.

Implementation of the Alcohol Abuse Prevention Programme for 1994:

1. Organisation Skills

The participants had announced in the previous meetings that all the club members should attend on 22 March 1994 for the re-election of the club's office bearers and advisory committee. The participants expressed that the terms of office for the present office bearers had expired after the one year period since 22 March 1993.

- * The selection of the office bearers of the club was done by the participants (see list of office bearers in the attached club

constitution and research report in Appendix 3.5).

On 22 March I explained to the participants that for the club to receive funding and donations for the sewing machines, they need to write the research results as a document to confirm the scientific analysis of alcohol abuse as a social problem in Clermont, to reflect the scientific bases for their action plans, implementation and evaluation strategies. The participants under my guidance and supervision, enthusiastically completed the writing of the research report (see the attached copy in Appendix 3.5).

I explained to the participants that to enable the club to function legally, and to have credibility, status and to meet the funders criteria, the club members needed to write the club's legal constitution. The constitution should reflect the club's physical address, name and other particulars, historical background, beliefs, mission statement, membership, aims, objectives, records and activities. The club members needed to write the club's legal constitution to reflect the club's legal status.

On 12 April 1994 the participants eagerly formulated the final draft of their club's legal constitution under my leadership (see copy of the constitution in Appendix 3.5). The participants showed extreme enthusiasm in this activity as they appreciated and understood how the research results were linked to intervention to their problems.

2. Financial Support

On the 16 April 1994 the club's treasurer and one member of the advisory committee went to pen the money savings account at the local bank. The participants agreed to write a formal letter to the Reverend Archbishop of the Salema Apostolic Zionist Church of South Africa who gave the club members the permission to use the church hall as a venue for the sewing project and the Bishop was the newly elected advisory committee member of the club. He, as requested, was to be present to open the club's bank account so that his signature and group treasurer's signatures were obtained. The two signatures would be required in cases of cash withdrawals from the bank. The second signature required by the bank was that of Thumb's who was the club's treasurer.

The members collected their first monthly members contribution of R3-00 per member and a sum of R53-00 was collected and deposited as the first amount in the bank book.

On 18 April 1994 we prepared and waited for the representative from the prospective funders to arrive and assess the project. We made available all the necessary documents for perusal. The club members were ready to answer and ask questions about the needs of the club. Items such as woodwork, leather craft, paper technology, hand machine sewing, patchwork, candle products, vegetables from the garden, items of cooked and baked foods

and various dishes of vegetables and fruit salads were displayed. The representative from the funders did not arrive, but sent word for Zane to come to the head office in the city centre to discuss the project's request for a donation of six sewing machines and for R25-000 funding. I requested two of the club members to go with us so as to learn how to represent the club's prospective funders. On the day before the meeting was scheduled, we received a message from Zane informing us that the appointment with the funders had been cancelled with no reasons being given. I tried in vain on several occasions to get an appointment with the funders, who said that the funds had not been appropriated yet and were therefore unable to make an appointment date with us to discuss the issue.

On Friday 22 April 1994, Zane and myself were scheduled to meet with the Department of National Health to discuss and receive the financial donation to the club and the donation of six sewing machines that the club applied for in March 1994. The representative again postponed the meeting for a later date which she did not schedule. The 22 April was the last scheduled day of the workshops. The morning session was allocated for learning and discussion of how, why, and with whom to share the research results and proposals for requests for donations and funding (see Table 6). Because the afternoon appointment was cancelled, the participants decided to hold a farewell party during the afternoon session. The entertainment committee had collected during the previous weeks R5-00 from

each of the fifteen members who had attended regularly, to prepare for the party. We all knew that the party did not mean that we were parting but the group expressed that they had worked hard during the intense scheduled workshops and they deserved to relax before they started with the implementation strategies.

The participants decided that they needed more time to work and to report on the tasks that they had planned for themselves. The participants decided to meet twice a month on the first and last Thursdays at 15:30 to discuss the implementation of the Ziphembeleni alcohol abuse prevention plan for 1994.

Table 6: Institutions for Sharing Research Results

AUDIENCE	ROLE OF THE ALCOHOL ABUSE PREVENTION INVESTIGATION AND FOLLOW UP	WHICH RESULTS THEY NEED TO GET AND WHY	HOW THEY CAN GET THE INVESTIGATION RESULTS
CLERMONT COMMUNITY THAT WAS DIRECTLY INVOLVED IN THE ALCOHOL ABUSE PREVENTION INVESTIGATION.	TAKE A SMALL PART, FOR EXAMPLE, ANSWERING THE QUESTIONNAIRES AND ATTEND ALCOHOL ABUSE PREVENTION WORKSHOP.	SUMMARY OF THE RESEARCH RESULTS TO CREATE INTEREST AND SUPPORT THE CLUB.	MEETINGS, DISCUSSIONS, MEDIA NEWSLETTERS AND PICTURES.

AUDIENCE	ROLE OF THE ALCOHOL ABUSE PREVENTION INVESTIGATION AND FOLLOW UP	WHICH RESULTS THEY NEED TO GET AND WHY	HOW THEY CAN GET THE INVESTIGATION RESULTS
COMMUNITY THAT WAS DIRECTLY INVOLVED IN THE ALCOHOL ABUSE PREVENTION INVESTIGATION.	TAKES A PART IN THE PLANNING AND CARRYING OUT OF THE INVESTIGATION.	FULL RESULTS AND RECOMMENDATIONS SO THAT THEY CAN HELP TO PUT THEM INTO ACTION.	THROUGH PARTICIPATION IN THE INVESTIGATION, MEETINGS, STUDY OF THE RESULTS, MASS MEDIA, NEWSLETTER AND PICTURES.
INVESTIGATION STAFF: RESEARCHER - LU SOCIAL WORKER - ZANE COMMUNITY HEALTH DEVELOPER - CLEM.	RESPONSIBILITY FOR CO-ORDINATION, FACILITATING COMMUNITY DECISION-MAKING AND ACTION.	FULL RESULTS AND RECOMMENDATIONS SO THAT THEY CAN HELP TO PUT THIS INTO ACTION.	THROUGH PARTICIPATION, MEETINGS, STUDY AND REPORTS.
DISTRICT AND REGIONAL LEVEL. INSTITUTIONS, ORGANISATIONS, DEPARTMENTS AND AGENCIES. DEPARTMENT OF NURSING, UNIVERSITY OF NATAL, DURBAN. FACILITATOR AND RESEARCHER REGISTERED WITH THIS UNIVERSITY.	- RECEIVE INFORMATION. - ENCOURAGE RESEARCHER TO DO PARTICIPATORY COMMUNITY BASED RESEARCHES. - DISSEMINATE LESSONS LEARNT FROM THE RESEARCHER. - FULFIL SUPPORT, FUNDS, PERSONNEL, EQUIPMENT.	FULL RESULTS OR SUMMARY ONLY FOR ANALYSIS OF LESSONS LEARNT AND POLICY DECISION-MAKING.	FULL REPORT, DISCUSSIONS WITH CO-ORDINATORS OF THE INVESTIGATION, MASS MEDIA.

AUDIENCE	ROLE OF THE ALCOHOL ABUSE PREVENTION INVESTIGATION AND FOLLOW UP	WHICH RESULTS THEY NEED TO GET AND WHY	HOW THEY CAN GET THE INVESTIGATION RESULTS
LOCAL LEVEL INSTITUTIONS. KWADABEKA HEALTH UNIT - COMMUNITY HEALTH DEVELOPER AND ORGANISER OF THE WORKSHOP PARTICIPANTS IS EMPLOYED WITH KWADABEKA.	SAME AS DISTRICT AND REGIONAL LEVEL.	SAME AS DISTRICT AND REGIONAL LEVEL.	FULL REPORT. DISCUSSIONS. MEETINGS.
LOCAL CHILD AND WELFARE ORGANISATION WHERE THE RESEARCH CO-FACILITATOR IS EMPLOYED AS A SOCIAL WORKER.	SAME AS DISTRICT AND REGIONAL LEVEL.	SAME AS DISTRICT AND REGIONAL LEVEL.	FULL REPORT. DISCUSSIONS. MEETINGS.
LOCAL SCHOOLS SAME AS REGIONAL OR DISTRICT LEVELS.	SAME AS DISTRICT OR REGIONAL LEVEL.	SAME AS DISTRICT AND REGIONAL LEVEL.	FULL REPORT. DISCUSSIONS. MEETINGS.
NATIONAL LEVEL. MINISTRIES, AGENCIES AND ORGANISATIONS, FOR EXAMPLE, DEPARTMENT OF NATIONAL HEALTH AND POPULATION REGIONAL BRANCH, SMITH STREET, DURBAN.	RECEIVE INFORMATION. DISSEMINATE LESSONS. SUPPORT FUTURE ACTION FINANCIALLY AND BY DONATIONS, NAMELY THE SEWING MACHINES THE PARTICIPANTS ARE WAITING FOR.	FULL RESULTS OR SUMMARY FOR ANALYSIS OF LESSONS LEARNT AND POLICY.	SUMMARY. DISCUSSIONS. MEETINGS.
EXTERNAL FUNDING AGENCY.	RECEIVE INFORMATION. DISSEMINATE LESSONS. SUPPORT FUTURE ACTION.	FULL RESULTS FOR ANALYSIS OR LESSONS LEARNT AND POLICY-MAKING.	FULL REPORT PLUS SUMMARY DISCUSSIONS.

AUDIENCE	ROLE OF THE ALCOHOL ABUSE PREVENTION INVESTIGATION AND FOLLOW UP	WHICH RESULTS THEY NEED TO GET AND WHY	HOW THEY CAN GET THE INVESTIGATION RESULTS
INTERNATIONAL AGENCIES. DEVELOPMENT AGENCIES.	RECEIVE INFORMATION. DISSEMINATE LESSONS. SUPPORT FUTURE LESSONS.	FULL RESULTS OR SUMMARY FOR ANALYSIS OF LESSONS LEARNT AND POLICY-MAKING.	SUMMARY ONLY. DISCUSSIONS. MEETINGS.

On the 25 April 1994 this was an extra day for the scheduled workshops, the participants agreed to meet to evaluate the alcohol abuse prevention workshop. The participants expressed the following statements to evaluate the workshops. The participants said they learnt to know that. The researcher organised the data in terms of the following aspects: Alcohol abuse, prevention, work, organisational / administrative, education / health promotion and financial support.

Alcohol Abuse Prevention

- * Alcohol abuse has negative effects on the body and mind.
- * People with alcohol abuse problems can be helped.
- * There are safe alcohol measures or units for males and females.
- * One can be involved in the Ziphembeleni alcohol abuse prevention programme for 1994 for the Clermont youths.

- * I know what to teach the youths about alcohol abuse prevention.
- * Children and young females are morally expected to abstain from alcohol use.
- * Young adults are to be taught about safe and sensible drinking of alcohol beverages.
- * Adults are to involve youths in work activities to prevent them from alcohol use and abuse.
- * Involvement in hand activity prevent loneliness and time to abuse alcohol.
- * Involvement of the youths in the club's activities prevents them from becoming street children and to abuse alcohol.
- * About the safe and sensible drinking of alcoholic drinks.
- * About abstinence of alcohol abuse and to delay alcohol usage amongst the youths.
- * To involve the youth in the Club's activities to prevent the youths from abusing alcohol.

- * Involvement to both the youth and the adult people in the club's activities prevents them from alcohol abuse.

Work

- * Involvement in work activity brings success.
- * Handwork is rewarding.
- * Hand activities like sewing, knitting, leather craft, etc.

Organisational / Administrative Aspects

- * It is important to observe punctuality during and after the workshop schedules.
- * To mix and communicate with community members who are resourceful in the community like social workers, nurses and researcher and financial funders who help the community members to develop, if helpful.
- * It is important to write down and to display the aims, goals and objectives of the club to direct club activities.
- * They needed to invest in a few more sewing machines, knitting and candle making machines.

Educational And Health Promotion

- * Good morals and etiquette.
- * The club has a teaching role in the community, for example, to teach good morals, handwork, domestic work, etc.

Financial Support

- * It is important to open a bank account to save the club's money.
- * Handwork activity to the community as a means of creating job and finance opportunities.
- * There is a possibility for job creation opportunities for the urban community members.

I together with the participants, believed that the participants needed to be empowered with the principles of monitoring their handwork club. The following principles were explained and discussed:

Monitoring: means keeping track of day-to-day programme activities of the club members. The benefits and uses of monitoring a club or programme, the importance of record-keeping, regular assessments (both written and verbal) and to provide relevant information to the club.

The participants agreed that there would be no meetings or consultations with me during the period 26 - 28 April 1994, as they would be involved in the historical first democratic political voting in South Africa. We agreed that we would consult each other in May to report the implementation activities.

Financial Support Intervention

On the 18 May 1994 myself and the two co-ordinators of the Gugulethu Youth Centre and two members of the Ziphembeleni Club had a meeting with prospective funders who had arranged that we meet with Ms Janie, a representative from the Rotary Club. I represented the Gugulethu Club members as a community based participatory researcher and introduced and presented the members of the Ziphembeleni Sewing Club. The members had already submitted the club's legal constitution, research report and proposals for requests for funds and equipment for the perusal by the panel prior to the meeting. They availed themselves to answers and negotiated their case personally. The club members expressed that they felt knowledgeable that they had in readiness all the records that were required by funders. The participants expressed that the members of the panel spoke in simple English that they could understand because the documents were in readiness and they just read some of the issues asked from the prepared documents. The prospective funders expressed that they appreciated the aims of the project and would communicate their responses in the near future. The members of the club expressed that

they had a learning encounter they never experienced in their life times. We parted with a feeling of hope and expectancy of a positive outcome from the prospective funders. The members reported the episode to the rest of the club members at the following meeting.

Alcohol Prevention Activity and Intervention

On the 19 May the club members were in partnership collaborating their effort with the Gugulethu Youths at the Clermont stadium where they invited thirteen lower, secondary and high schools to the majorette competition. They raised funds by selling hot-dogs, fat cakes, fruits, meats, stews and minerals. Their aim was to raise funds to buy inexpensive fabric to start and continue their sewing project. They expressed that they enjoyed the day and that the youths expressed that they appreciated the adult and parental support and interest in their activities. They expressed that they appreciated that the Gugulethu youths announced that they are working in collaboration with their group because people complemented the club members of the good effort to involve the youths in activities in order to minimise time for the youths to abuse alcohol and drugs.

At the beginning of May 1994 I was requested by Kiki and Zane to organise a workshop to include the Ziphembeleni Club I was working with in Clermont. I agreed.

Skills Training and Education Intervention

On 25 May 1994, myself and twenty Ziphembeleni Club members attended the workshop I had organised with Kiki and Zane on the prevention of child abuse. They participated enthusiastically during the workshop period. They communicated and networked effectively with the other participants from other parts of Clermont. I observed them exchanging addresses, telephone numbers, jokes and socialising with other participants. They expressed that it was their first time to attend a workshop in the community with people they did not know from other areas in Clermont. We recapped that by attending and participating and networking with people from other areas of the township, we had reached the goals, of collaborating with other community-based organisations in the prevention of alcohol abuse among community members. They expressed that there are similarities in the contributory factors and preventive strategies for most of the social problems in the townships.

Recreation and Alcohol Abuse Prevention Intervention

On the 5 June 1994, the members of the Ziphembeleni Sewing Club, Gugulethu Youth Club and the Salema Women's Club in partnership participated and collaborated their efforts in the celebration of the family day at Albert Park in St Andrews Street in Durban. With the assistance of the co-ordinator, the thirty members from the three groups were transported free-of-charge by a minibus to the venue.

Pum, the deputy chairperson of the Ziphembeleni Sewing Club, explained the shared objectives of the three clubs, that is, the implementation and evaluation of alcohol abuse prevention programme for the Clermont community.

All three clubs expressed that they enjoyed the day and advocated the delay of initial alcohol use by the youths, safe, sensible and the prevention of alcohol misuse in the community, especially among the young children and women. All three clubs invited people to join their clubs and they explained the other activities of their clubs. We parted that day content that we had campaigned against alcohol misuse to the Clermont community members and the passers-by who joined us in our hectic and joyful activity in the park.

Skills Training and Education Intervention

On 16 July 1994, the participants who were members of the Ziphembeleni Club, together with the Salema Women's Club, requested me to conduct a workshop with them on management skills, the evaluation, monitoring the project of a project, record keeping and kinds of information to disseminate to a club or project.

Besides the daily handwork activity, the participants decided that Club members should have formal meetings once every Friday at 12:00 to 15:00 at the Salema Church Hall in Clermont. The participants agreed that the minutes of the meetings would be recorded. The participants

expressed the need for guidance towards the methods of conducting the official club meetings, writing of minutes of the meetings and writing notices of the meeting.

Organisational Skill Intervention

This activity required a full days workshop. On the 25 July 1994, the leadership roles of the various club office bearers were discussed, namely: the role of their chairperson at the official meetings, the secretary, the treasurer and the club members. The following issues were discussed: formal quorum for their meetings, writing of minutes and notices of meeting, the displays, cancellation and postponing of meetings, means of communication between club members, the acceptable official languages during the meetings, the importance of the maintenance of the moral discipline, etiquette and effective communication at the meetings.

The participants who were club members of the Ziphembeleni Sewing project agreed to meet to sew and do the agreed activities from Mondays to Fridays from 09:00 to 14:30 as most of the members are unemployed and are available at home and unoccupied.

Skills and Educational Intervention

From the 7 to 9 July 1994 ten members of Ziphembeleni, ten members

of the Salema Women's Club and myself attended the three day's workshop on community development at the University of Natal, Durban. The workshop was organised by the Community Organisation for Research and Development (CORD), a non-Governmental Organisation and the Natal Community Internship Programme (CIP) that are based at the University of Natal in Durban. The invitation was extended to the local, provincial and international community based organisations (C.B.O.s) and the non-Governmental Organisations (N.G.O.s). The ministers of South Africa's newly established government of National Unity were present to interpret the Reconstruction and Development Policy (P.D.P.). The participants met and networked with project leaders and members from different organisations. The following ministers were available and they interpreted the new R.D.P.: The Minister for education, health, youth and traditional leaders, housing, transport, roads and planning, tourism, information and telecommunication, sports and recreation. The formal addresses were translated from English into Zulu and vice versa through microphones available to all attenders and which facilitated effective communication for all participants. Ministers from different portfolios explained policies and answered any questions from the participants. We agreed that we would spread our attendance amongst the groups. Some of the club members attended the workshops by the ministers of health, education, housing, youth transport and planning, traditional healers, sports and recreation. The club members chose to attend the workshops of the portfolio that was relevant to the problems of that club member. At the workshops the relevant ministers explained strategies to be utilised by the club members at community

based levels. The participants expressed their appreciation to be part of the discussions and the valuable information they obtained directly from the relevant minister "horse's mouth". The members expressed that it was their first time that they put their foot in the local university. They expressed that they thought only English was spoken by university people or that one had to have obtained a matriculation certificate to be able to attend any activity at the university. We attended all three days and the participants reported back to the rest of the group members at the club.

On 18 July 1994, the Ziphembeleni and Salema Clubs reaped the benefits of being registered members of the Hub life skills club because they attended a workshop in the Durban city centre on catering, where they learnt the art of baking for profit. At this workshop the participants learnt the financial and practical aspects of home-baking, hand-sewing, fabric patch-making and fabric colour-matching and paper technology which was termed the paper-mache workshop. Here the participants learned how to make trays and bowls from paper, as well as flour, water and candle technology where the participants learned how to make a variety of forms and colours of candles. The participants attended with other groups from other religions. They shared the goals, potentials, benefits, limitations and barriers of their clubs. They gained knowledge and expertise for their work and they also developed a strong support system to foster the success of the groups. Young children from the ages five to ten years from the Clermont Township through the organisation of the Ziphembeleni Sewing Club, attended the Mini Workshops Skills Club that was

conducted by the Hub life skills club. The children from Clermont meet other children from other regions to attend once a month. The Ziphembeleni club members and myself conducted a mini alcohol abuse prevention workshop for thirty children. Story reading, reading and writing lessons were done by the personnel of the Durban Municipal Library. The children were taught the art of drawing and painting by a fine arts student from the local university. The dental and pharmaceutical companies taught them dental care, personal care and physical changes during puberty. The community members expressed their appreciation for the involvement of the young children in the Ziphembeleni alcohol abuse prevention programme for 1994.

On 25 July 1993 myself, the members of the Ziphembeleni Club and the Salema Women's Club invited a speaker from the Department of Economics, University of Natal, Durban, to the project to give a talk and conduct a workshop on money, business, time management skills, the principles of savings, investing, starting a small business and principles of income and expenditure. On the same day I conducted a workshop on writing one's curriculum vitae and writing an application letter for seeking employment. I also, on the group's request, completed the workshop we started the previous week on the leadership roles of the club's office bearers and club members and their roles in the conducting of official meetings.

Financial Support Intervention

On the 4 July 1994 I was thrilled to receive a telephone call from the prospective funder we had met with the club members on the 18 May 1994. She was inviting me to a meeting with a manager of a factory in the city centre. The aim of the meeting was to establish a legal sewing contract between the Ziphembeleni and Salima Women's Clubs.

On the 27 July 1994, together with two members from each club, we went to the meeting with the prospective funders and her three representatives, the manager of the factory and four other club representatives from other regions. We discussed the logistics of the sewing project. We agreed that the club members would sew the two metres long and two metres wide patchwork duvet covers for the factory at R10-00 to R15-00 per item. We agreed that the factory would supply the club members with the fabric to sew the duvet covers. The prospective funders supplied the club members with the sewing cotton. The club members offered to use their own sewing machines while they were waiting for the six sewing machines from the prospective donors and funders. A workshop was organised for the following day at the centre to show the members how to do the fabric colour matching, the measurement and the cutting of accurate fabric pieces for patch making.

Job Creation Intervention

On the 29 July 1994, I collected the members from Clermont in my car to locate the fabric factory in the city centre and to fetch the fabrics

and cotton so as to be able to start the sewing project as this was the members' commitment that for them to be able to implement the alcohol abuse prevention programme for 1994, they need to create the jobs for themselves so that they would be able to involve the youths in the work activities, thereby preventing them from alcohol abuse. I made sure that the club members mastered the physical address of the factory, mastered the contact people in the factory, signed the contract between themselves and the factory management and to exchange the postal address and telephone numbers between the club members and factory management, to facilitate effective communication between the two parties. With the large bundles of fabric and cotton, I transported them back to the centre. The sewing of duvet covers started on Saturday 30 July 1994.

On the 24 August 1994 the club members had completed and returned twenty-eight duvet patchwork covers. They were paid R420-00 of which they decided to distribute a certain amount amongst themselves and the rest of the money they saved so as to be able to reach the

club's objective of saving money to buy extra equipment that they needed for the sewing projects.

On the 26 August 1994 I presented the proposal, research report and legal constitution for both the Ziphembeleni and Salema Clubs at a meeting with funders for discussion in September and for prospective funding of R10-000 in October 1994. See the attached reply to the funding request in Appendix 3.6.

Skills Training and Education Intervention

On the 8 September and 15 September 1994, through the membership with the Hub life skills workshops, the club members in two groups of six members at a time, together with participants from community based projects from other geographical areas, attended the Bernina sewing training course in Durban North to improve their sewing skills, gain expert sewing knowledge and skills and to gain an introduction to designing skills.

The participants expressed that it was the first time they were involved in a rigorous educational programme that required them to gain extensive knowledge and skills. They expressed that they enjoyed the frequent free-of-charge trips and travel to places away from their township. They said that the trips were exciting and recreative and yet educative. They committed themselves to plan, implement and evaluate a similar health promoting and protective programme for the coming years even when I would be physically away from Clermont. They told me that because I was one of the club's advisory committee members for the Ziphembeleni Club, the contact with them would be maintained. I agreed that I would maintain contact by coming periodically to monitor and evaluate their progress with the project and to assess the level of effectiveness of the Ziphembeleni alcohol abuse prevention programme for 1994. The Ziphembeleni and Salima Clubs together, are sewing and continuing with the handwork project, implementing and evaluating the plans of the alcohol prevention programme for 1994.

The final activity for the 1994 alcohol abuse prevention programme for both clubs was the organisation of the Christmas party celebration which was to be held on 26 November 1994. The participants would meet adults and youth groups from other regions, namely, the Ziphembeleni would meet the Salema, the Gugulethu Youths and other groups to discuss the successes, barriers, limitations and strategies to achieve success and to discuss strategies for solutions to the limitations to the clubs. The participants agreed to contribute R20-00 at R5-00 per month for the end of the year 1994 Christmas celebration party.

4.4.11. FEASIBILITY ASSESSMENT IN TERMS OF THE FOLLOWING ASPECTS

Attitudes of "Gatekeepers":

I was introduced to the group by Clem, the group's health advisor. Clem was employed by the KwaDabeka Health Unit which was under the Natal Provincial Administration which gave me the permission to do the research with the Gugulethu Youth Centre. The gatekeepers for the Gugulethu youth centre appreciated the combined activities of the three groups I worked with in Clermont because they shared my research interests and aims. The Founder, Bishop and Moderator of the Salema Apostolic Church of Zion in South Africa gave me written permission to use the church hall for the alcohol abuse prevention workshops, as a venue for conducting the activities for alcohol abuse prevention programme for 1994 and for the subsequent use for the

sewing project. The bishop of the Salema Church and myself were among the six newly elected advisory committee members for the club and I therefore had a direct positive working relationship with him during the meetings for the advisory committee which excluded the majority of the club members. The wife of the bishop was one of the enthusiastic members of the sewing project. She allowed the club members to use her cutlery and crockery during the workshops and during all the activities of the implementation of the alcohol abuse programme for 1994.

Status:

My academic status as a university lecturer in psychiatric nursing, as a nurse researcher at doctoral degree level in psychiatric nursing, promoted my acceptance by the community members and the clinic authorities. The nursing authorities respected my expertise and knowledge of patient or client case management of psycho-socio health issues. The Head : Nursing Services and professional nurses viewed me as a knowledgeable asset while I was doing the one year participatory research field work. They attended the workshops in the community when they had time off from work. They even asked for consultation sessions with me concerning the clinic management and administration.

Relationships:

I shared some similarities with the members of the Ziphembeleni club;

the personal experiences of being born a Black African and being brought up in the poor South African townships. According to Moller (1987), townships are communities that are artificially created to supply the Africans little more than shelter, they lack the variety and the texture that is commonly associated with urban life. Most of us were women, some were married and some had single status, we had families to raise, we were parents and were all coming from socio-economically disadvantaged backgrounds without enough money or no money to sustain our families. We all came from communities which lacked the basic facilities for human existence. My insight and understanding of this type of life that was full of struggles, as well as the experience of the low socio-economic problems of life that the participants had to grapple with. This knowledge made me more empathetic to the participants' plight to find solutions to their poor existence and this resulted in my being committed to the implementation of the alcohol abuse programme. This was a health preventive and promotive strategy to minimise to some extent some of the contributory factors to the poverty and hopelessness of the participants. The major differences between me and the workshop participants were that I had a formal education and professional qualifications as a registered nurse, they did not, I had a permanent job as a lecturer at a university, the club members were unemployed. I had scientific knowledge and skills, they did not, I had travelled a little overseas, they had never had the opportunity to travel, even locally. These differences and similarities resulted in the development of a positive, honest, social relationship between myself and the Ziphembeleni club members. The differences and similarities I shared

with the club members united us and committed us to the implementation of the alcohol abuse plan. The club members phoned me at home and at the university where I was a full-time residential student researcher. They invited me to all the ceremonies that took place during the research process, namely, to the funeral of Grena an active participant during the workshop who died suddenly in April 1994, to the funeral of a grandson of Mr Luthu and active member in the workshop, and to a wedding on 25 June 1994 of one of the members of the Salema Church. The relationship continues even after the research has been "completed".

Potentials and Benefits

The group was an already organised group of men and women who were committed to handwork activities. The club was under the direction and supervision of Clem their health advisor who was a community health developer employed by the KwaDabeka Clinic which was under the Natal Provincial Administration. The participants were under the guidance of Mrs Didi who was the community health developer from the Provincial ZenZeLe Women's Club who was the sewing, cooking, baking and gardening instructor. Under the supervision of Mrs Didi the club entered the group's completed items and products for the annual competitions with other regions at local and national levels. The groups had already developed the culture of workshops and continuing education and skills improvement. They would on a regular basis the group would receive information,

knowledge and skills that are related to health promotion and protection from Clem, Mrs Didi and other local community developers. The group expressed that the alcohol abuse prevention workshop was the first long, extensive and hectic workshop they had ever attended in their life time. The participants were meeting at the home of one of the participants during the meeting and planning stage for the alcohol abuse prevention workshops.

Constraints and Limitations

The Ziphembeleni Club had the following major constraints and limitations: the lack of funds to run and maintain the handwork project, to rent the centre or church hall, to pay themselves a wage from the minimum sales they made from the fabric factory, to save to buy the fabric, cotton and equipment like extra sewing, knitting and overlock machines and candle-making machines that the club members needed. In the beginning the club did not have any formal structures or documents. The members sewed at their own pace at their homes with their slow, old fashioned sewing machines. They did not work together as a team to offer each other constant and daily physical support and encouragement while working. The group did not place deadlines for their agreed plans and therefore there was no urgency for reaching the set goals. The group did not have a written or displayed programme with a set of actions. The group did not have evaluation strategies to monitor the club's successes or failures. The club members had access to poor transport facilities to get the huge bundles of fabric from the township to the factory in the city centre or to fetch

the fabric for the sewing of the duvet covers and then to return the completed items. The group did not have transport facilities to attend the workshops with other groups from the surrounding areas in the city centre.

Process of Implementation:

The alcohol abuse prevention programme for 1994 was an on-going programme that we planned, implemented and evaluated with the Ziphembeleni club members for the community members of Clermont. The participants reached these objectives by utilising the facilities and information opportunities from the greater Durban area and the University of Natal in Durban.

*** Effort Evaluation (level of implementation)**

Committee Meetings: Before the implementation of the alcohol abuse prevention programme in June 1993 the Ziphembeleni club members met once a week on a Friday to discuss issues on health promotion, prevention, or for instructions on baking, cooking and sewing. The workshops were conducted twice a week on Wednesdays and Fridays (see Table 7). After the workshops the participants agreed that to be able to meet the plans for target dates, they meet every day from 09:00 in the morning until 16:30 in the afternoons to sew so as to be able to implement the alcohol abuse prevention plan effectively. The group agreed that the office bearers would meet twice a month (see Table 7). The notices, minutes and

agenda for every meeting would be distributed, in writing, to all the members.

Table 7: Ziphembeleni Committee Meetings

	NUMBER OF WEEKS	AVERAGE ATTENDANCE	TOTAL MEETINGS
ORGANISING COMMITTEES.	6X	7	6
NUMBER OF WORKSHOPS AND SEWING DAYS.	2 X 7 = 1 EVERY 7 MONTHS. 2 X 8 MONTHS FOR INTERVENTION. SEWING DAYS 5 X 19 WEEKS.	14 16 95	
CLUB COMMITTEE	1 X 10 MONTHS	9	10
ADVISORY COMMITTEE	1 X 2 MONTHLY	6	4
TOTAL MEETINGS		147 MEETINGS	

Activities: All the activities of the alcohol programme were written and displayed on the walls of the centre in the alcohol abuse prevention programme. The record of these activities were kept and combined with the attendance record (see Table 8). The pictures, press articles and photographs of the activities for the alcohol abuse prevention programme for 1994 were displayed along the wall of the church hall. The participants

expressed that the programme was hectic but fulfilling, full of fun, entertainment, hard work, networking, new learning experiences, meeting new and influential people who helped the group meet most of the planned activities.

Club Members Involved: The club had a total of twenty-five registered members on record when I first met them. The fourteen members included myself, Clem and Zane on the first day of the workshop on 18 February 1994. The numbers increased to seventeen and this number further increased to thirty when the Ziphembeleni members were joined by the eight members of the Salima Women's Club who attended the same Salima Church but were employed. Both groups attended the workshop at the same church hall and shared some of each others interests, psycho-social and economic problems. The groups decided that the two clubs would combine for convenience to collaborate group effort and to enable members to utilise and centralise the available learning, financial, transport, accommodation, personnel and equipment resources.

Table 8: Ziphembeleni Club’s Activities Evaluation

The Ziphembeleni Club members completed most of the activities they planned in the alcohol abuse prevention programme (see Table 8).

OBJECTIVES	ACTIVITIES	COMMENTS	TOTAL
WORK AND HEALTH AND ALCOHOL PREVENTION.	ALCOHOL ABUSE PREVENTION PROGRAMME.	ALL TASKS COMPLETED.	5/5
FOOD PROVISION FOR CLUB MEMBERS.	NO FOOD SUBSIDY OBTAINED.	AWAITING SUBSIDY FOR FOOD FOR MEMBERS.	2/5
KNOWLEDGE AND SKILLS AND TRAINING.	ATTENDED ALL WORKSHOPS.	ALL WORKSHOPS ON SKILLS AND KNOWLEDGE TRAINING ATTENDED.	5/5
JOB CREATION.	SEWING CONTRACT ENTERED WITH FABRIC FACTORY.	SEWING PROJECTS HAVE BEEN STARTED.	4/5
FINANCIAL SUPPORT.	APPLIED FOR FUNDING AND EQUIPMENT FROM TWO FUNDERS.	AWAITING FINANCIAL AND EQUIPMENT SUPPORT.	1/5
ORGANISATIONAL SKILLS.	ATTENDED ALL WORKSHOPS ON SKILLS.	ALL SKILLS AND KNOWLEDGE TRAINING COMPLETED.	5/5

* Five is number of activities completed, and the second is the number of activities planned.

Other Programme Involvements:

During the alcohol prevention programme for 1994 the participants agreed that they attended the following workshops beside the alcohol abuse prevention workshop under my guidance and supervision: The Child Abuse Workshop at the Child and Family Welfare Centre; the Alcohol and Drug Workshop and several activities and ceremonies that were organised, conducted or collaborated with the Gugulethu youths. The club members were participants of the three day workshop on community development which was organised by the local University Community Development Department and by the local community-based organisations and non-governmental organisations. Both club members listed the names of their clubs as community based projects to form part of the support system and network system for the groups. Both clubs were listed in the mailing lists of the community based projects and received mail and correspondence about future plans, successes, achievements, limitations and constraints of other projects so that they can learn from the experiences of other groups and to share the experiences. The club members are registered members of the Hub life skills workshop club. They receive mail, monthly Hub magazines and newsletters. The following workshops were organised by the Hub workshop club: catering, paper technology, money, time, business, patchwork, fabric, colour matching and the advanced Bernina hand and machine sewing workshops.

Results in terms of the following aspects:

Attitudes : The attitudes towards the plan, implementation and the

evaluation of the alcohol abuse prevention programme were positive because the participants are continuing with the implementation of the alcohol abuse programme in my absence. They telephone me to tell or remind me of the planned activities.

Empowerment: The club members expressed that they felt that they were empowered in the sense that they were now confident enough to represent their club by themselves to prospective funders because they had done the task with me several times. They expressed that they were able to write the documents that were required by the funders and donors as they have written two types of proposals for different donors and funders. They said they would be able to review and change the legal constitution according to the club's needs and aims. They said they have learnt the scientific value of conducting a research project and to immediately share the results of the research with prospective funders, donors, community members, professionals, community influential key figures and friends of the club.

Alcohol involvement signals: During the activity of the assessment of the participants' personal attitudes, some of the participants admitted that they had alcohol abuse problems with themselves or with some members of their families. Some came to me for guidance and counselling after the workshops. I counselled them. I used the principles of the case management approach to their psycho-social problems. I followed the problem posing, identification, planning, implementation and evaluation approach to their psycho-social and

financial needs. I referred them to the Alcoholics Anonymous Association in the city centre for individual and family counselling. They expressed that they appreciated the new knowledge they had gained from the alcohol abuse prevention programme about safe and sensible alcohol units, and measurements and use which they said was knowledge they had not known of before. During and after the workshops I never once observed any symptoms or signs of alcohol misuse among the participants.

Organisational skills: The participants agreed that they had learnt the organisational skills from me.

- * Record keeping and conducting club's official meetings.
- * Write meeting minutes, notices, research reports and proposals for request of funds and legal constitution.
- * Plan, implement and evaluate a programme.
- * Prepare and receive prospective funders, attend meetings with funders / donor.
- * Give a financial account of the club, plan, implement and evaluate the alcohol abuse programme.

- * Balance the profit, income of club against the losses of the club, apply business and time management principles.

Group's evaluation: The participants gave a detailed account of the evaluation of the participatory research in the text. They expressed that they had achieved most of the plans of the alcohol abuse prevention programme for 1994 for Clermont. They expressed that they are still awaiting for funding from the two prospective funders who promised that the funds would be available in October 1994 and from the one funder who said the funds are available with their company but would be distributed later in the 1994 year. The participants expressed that they had learnt a lot of health promotive and protective skills and knowledge during the planning, implementation and evaluation of the alcohol abuse prevention programme for 1994 for the community of Clermont.

CASE STUDY 3 : SALEMA ZIONIST CHURCH WOMEN'S CLUB

4.5. ACCESS PROCESS:

4.5.1. GAINING PERMISSION FROM THE RELEVANT AUTHORITIES:

I first met the group of seven people on 7 June 1994. The Salema Women's Group consisted of three employed and two who were unemployed adults and three who were school children. The Salema Zionist Women's Club members consented to participate in a workshop on 4 June 1994.

4.5.2. RESOURCES WHILE IN THE FIELD:

Material Resources

We conducted the workshop for the Salema Church Women in the same spacious hall we used for the Ziphembeleni Club members. I continued to use the same office at the Child and Family Health Welfare section in Clermont.

Human Resources

Vio, the wife of the Archbishop and Ana, who were both members of the Ziphembeleni Club and also members of the Salema Zionist Church assisted me in organising the group of thirteen people for the workshop. Clem and Zane did not attend this workshop but were available to assist when the need arose.

4.5.3. GAINING ACCESS TO THE GROUP:

Vio and Ana assisted me in organising the groups of women from the Salema Zionist Church. The Church was against the use of alcohol, especially by its members. The group that we organised were a group of employed people who were not using alcohol. I was interested in including this church group in the research to see whether their attitudes were different from other groups.

The group was easy to organise because the women had problems of alcohol abuse among their family members, but also a low income and lack of accommodation. They expressed that they responded because they thought that because I was a psychiatric nurse, I would have the solutions to the problems. They said that they had heard from the Ziphembeleni club members that the alcohol abuse prevention programme was a strategy to prevent alcohol abuse among the youths in Clermont and it also created jobs for the club and community members. The Salema Church Women's Club shared the sewing skills

with the Ziphembeleni club members, but were not an organised working group.

4.5.4. THE INITIAL CONTACT WITH THE EMPLOYED MEMBERS OF THE SALEMA CHURCH WOMEN’S CLUB:

Saturday 4 June 1994 was the first day for our workshop. A group of three employed women, seven unemployed women and three school children attended. We were a total of fourteen including myself.

4.5.5. DEVELOPING A CONTRACT:

I was elected to be the facilitator of the workshop. The other members were:

- * Devotions - Vero
- * Co-facilitator - Phindo
- * Scribe / Secretary - Sindo and Lu
- * Timekeeper - Sweets
- * Treasurer - Rebs
- * Caterers - Thabs and Thando
- * Minister of Health - Pinko and Lu
- * Minister of Entertainment - Phaks
- * Stationery - Lu
- * Transport - Lu

- * Communication - Lwazi and Lu
- * Daily Evaluations - Lwazi and Sweets

We agreed that the workshops would be conducted during the afternoons after working hours and on Saturdays because some of the participants were employed and were at work during the morning and during the weekdays. We agreed to the following attendance schedule for the workshop:-

- * Mondays from 15:30 to 17:30
- * Thursdays from 15:30 to 17:30, and
- * Saturdays from 10:30 to 14:30.

We agreed and established a self-directed learning approach as the ideal learning approach for the workshop. Participants agreed and adopted the following rules from the Curriculum Guidance NCC, as cited by Tacade (1988d) for the workshop:

- * Listen to what other people say.
- * Do not be nasty to each other.
- * No talking when someone else is talking.
- * Be kind to each other and give support.

- * If all you can say is something unpleasant, do not say anything at all.
- * If people do not want to say anything, they do not have to.
- * Do not laugh at what other people say.
- * Think before you ask a question.

4.5.6. WORKSHOP ADAPTATION:

The workshop was implemented as planned. It excluded the collection of more information by a research project for alcohol because some of the group members were working.

4.5.7. ESTABLISHING WORKSHOP OBJECTIVES:

On the 6 June 1994 the participants shared the following expectations from the alcohol abuse prevention workshop:

- a) Learn about constructive strategies for community development.
- b) Obtain sewing and knitting machines.
- c) Obtain knowledge about sewing and knitting.

- d) Obtain financial and social help.
- e) Learn about the negative effects of alcohol misuse.
- f) Prevent alcohol misuse among the idle youths.
- g) Learn to speak English and other languages to be able to communicate with people of other cultures.
- h) Form community groups to plan recreational activities and compete with other youths in outdoor games.
- i) Form and compete in dance and singing competitions.
- j) Use one's time constructively and to share the knowledge with other people.
- k) Learn how to behave properly.
- l) Create job opportunities.
- m) Development of youths' confidence, knowledge and skills.

Fears:

The participants shared the following fears:

- * Workshops were a new experience which made them anxious.
- * Meet and communicate with people not known to us, causing anxieties.
- * Unable to answer the questions correctly and do complex tasks.
- * Talk about issues that would harm our families and communities.
- * Laughed at by other participants.
- * Be humiliated during the workshop participation.

Joys:

The participants shared the following, to be able to:

- * Obtain knowledge and skills about alcohol and share the knowledge and skills with other people.
- * Obtain explanation of the many problems about alcohol issues.
- * Become confident because of the knowledge gained.
- * Involvement in dance, stage plays with other youths and in sewing projects to collaborate and work in a group.

Sharing of the Learning Experiences:

The participants reported that they learnt the following, to be able to:

- * Introduce one's self and others to a group of people.
- * Know the importance of knowing other peoples names.
- * People are the same yet they are different.
- * Learn to work with people.
- * Learn to speak clearly to many people.
- * Respect other people.
- * Keep time.

4.5.8. PRIORITISING THE AIMS OF ALCOHOL EDUCATION:

The aims for the alcohol education workshop were discussed, established and prioritised according to their order of importance to the participants' needs (see Appendix 2 for a list of the aims of the alcohol education workshop). The following order of priority was established for the aims of the workshop:

- Aim 1:** To stop young people from drinking alcohol.
- Aim 2:** To place alcohol in the political, social and economic environment in which it exists.
- Aim 3:** To raise young people's competence to look after themselves and to be able to influence the policies which will secure a safe and health environment in which we live.
- Aim 4:** To examine personal attitudes and values that will influence decisions about alcohol.
- Aim 5:** To promote individual's self confidence, self esteem and self worth.

4.6. GROUPS' PERSPECTIVE OF ALCOHOL MISUSE AS A SOCIAL PROBLEM:

4.6.1. USES AND BENEFITS OF ALCOHOL IN THE AFRICAN SOCIETY IN THE PAST AND PRESENT:

The participants agreed that :

- * Alcohol has a medicinal effect because the western drug constitutes alcohol which has a therapeutic effect to the body and the mind.

- * Alcohol is a relaxant because people use alcohol to relax themselves when they are worried and stress about something.
- * When one is under the influence of alcohol one is relaxed to a point of being drowsy, sleepy and being unconscious. They agreed that the state of an individual's alertness or unconsciousness depends on the level of alcohol consumption by the individual.
- * Alcohol causes people to become relaxed, eloquent, happy and to enable them to socialise easily. They said that even enemies become friends when drunk. They said alcohol helps one to forget his/her misery and emotional troubles.
- * Alcohol is the form of western or traditional liquor is used to celebrate weddings, christenings and many festive occasions.
- * Alcohol makes one perceive his/herself as strong and to be physically fit to fight, even if one is under normal circumstances a coward who feared to fight. They agreed that alcohol abuse leads to violence and aggression.

Labour was paid for cheaply by offering liquor to the labourers. They said that when one was constructing a building or needed manpower, one got the unemployed people or the unskilled labourers to do the work, and instead of paying them money, one gives them liquor to drink. Human beings and human energy as a resource was exploited,

especially by the farm employers who pay their labourers with cheap and unhealthy wine instead of paying them reasonable wages.

4.6.2. METHODS AND STRATEGIES THAT WERE USED IN THE PAST TO PREVENT ALCOHOL ABUSE ESPECIALLY AMONG THE YOUTHS:

On the 6 June 1994 the participants agreed that the following strategies were used in the past to prevent alcohol abuse, especially amongst the youths:-

Traditionally in the past the young women and youths were not allowed to drink liquor. Liquor drinking was a male prerogative. Only the elderly women were allowed to drink. Young women would brew the traditional beer for the men. The men would give and allow a small amount for the women to taste the home brewed beer, for example, two litres of beer would be given to ten women to drink. This amount was too little to make anyone drunk.

The older males and women would drink after they had done their household chores and after they had eaten. They would drink late in the afternoons and not early in the morning to socialise with other males and older friends and adults. The drinking process would not interfere with the daily family chores of the elderly people.

Older men and women drank among their friends and family members while negotiating a "lobola", a marriage deal, a family problem or

family meeting in order to facilitate an affective communication and negotiation.

The amount of home brew beer was enough for the one day's consumption and was not enough to make anyone drunk. The traditional beer was brewed only to celebrate an occasion and drinking was not a day-to-day event in the traditional African family. The drinking activity was combined with the feasting activity in the past and never as solely a drinking session as happens nowadays with the youths in the townships. The participants called the long hour drinking sessions during the weekends in the townships the "marathon" drinking sessions or drinking sprees.

In the past, the traditional home brewed beer that was available in the traditional homestead had a low alcohol content unlike the "isiqatha" which is a traditional beer which had a high alcohol content because the traditional beer was mixed with western liquor in the form of brandy together with other stale food substances such as bread and pineapples.

Only the traditional beer was available in the traditional African homestead. The western liquor or beer with the high alcohol content was not readily available in the traditional African community and homesteads.

4.6.3. THE REASONS WHY YOUNG PEOPLE DRINK:

The participants agreed that the following were the reasons why young people drink: to make friends, socialise, prevent loneliness, develop courage, prevent shyness, imitate drinking friends in the township, avoid hurt from a broken relationship, broken family relationships, blame liquor abuse for one's misdeeds like rape, strikes at school and murder. To imitate and model drinking adults and friends, please friends, want acceptance by a drinking group of friends and forget misguidance by drinking friends.

4.6.4. CONTRIBUTORY FACTORS FOR ALCOHOL ABUSE AMONG THE YOUTHS IN THE TOWNSHIPS:

On 9 June 1994, the following information flowed from the participants before the exposure from the local newspapers and pictures. The participants agreed that the following factors were contributory to alcohol misuse among the township youths: broken parent / child relationships, township and school unrest, lack of fulfilment of children's needs by parents, broken relationships between married and unmarried couples, the lack of employment of qualified professionals, the lack of knowledge about alcohol issues, habit to drink, lack of recreational facilities in the townships, frequenting drinking places like night clubs and discotheques, parental emotional deprivation, lack of sport facilities, dance and music facilities, lack of

parental discipline to the child, peer pressure and influence and lack of youths' time management.

The information flowed from the discussions by the participants of the pictures from the local newspapers, magazines and articles that depict the everyday life in the townships. The pictures depicted the negative and positive scenes from the township life. The pictures depicted the following scenes:-

Injured by Gangsters

The participants agreed that the three injured men were members of a gang because of the manner of their dress and looks. The group agreed that the men could have been injured during a fight amongst themselves, with the police or during a car accident. They agreed that alcohol abuse could have been the cause or result of the fight or car accident. They agreed that the accident or fight could have resulted in serious, permanent injury and death of the members of the gang. The participants agreed that the gangsters were members or bread winners of a family. The participants agreed that the families of the gangsters were poor because of or as a result of alcohol abuse. The fight could have resulted in death or imprisonment of the gangster. This could lead to more poverty and emotional suffering to his family members, especially his children. This loss of a family member might cause the remaining family members to resort to alcohol abuse to escape their poverty, misery and emotional suffering.

Street Children

A picture of three young men sitting on the street pavement. They were smoking brown paper wrapped cigarettes. The participants expressed that the youths could be smoking dagga. One youth has a bandage dressing around his head. The group expressed that the youths could have been involved in a fight or accident. The cause of the injury could be the cause or result of alcohol abuse among the youths who stay on the street pavements. The participants expressed that the youths ages appeared to be school going age. The participants agreed that the youths sleep on the street pavements and they do not attend school.

A malnourished Man

The participants agreed that the picture presented a medical doctor who was conducting a physical examination on a malnourished African man. The participants agreed that alcohol abuse results in poor physical and mental health of human beings. They also agreed that long-term illness leads to absence from work, which results in loss of job, poverty to the family, emotional stress and frustration, family disorder and divorce which could result in alcohol abuse to escape the miserable reality.

A Bus on Fire

The participants agreed that the bus could have burnt out on its own or it could be due to the overheating of the engine. The participants agreed that the fire could have been started by an angry mob of people. The people could be in a legal dispute with the members of the bus company, who could be their employer. The angry mob could burn the employer's property to get even with the company authorities. The angry mob could have burnt the bus as a way to express their anger. The act results in the loss of innocent lives and injury to innocent people. The participants agreed that the grievances should be negotiated and directed to the correct channels of communication. The participants agreed that this lack of reasoning by the angry mob could have been as a result of alcohol misuse.

Four Men Being Handcuffed and Driven from Behind by Two Policemen

The participants agreed that the four men in the picture must have committed a criminal offence. They expressed that their criminal offence could be related to alcohol misuse. They expressed that people drank or abused alcohol to pluck up courage to commit the crime. They agreed that the offenders could end up being detained in jail for a long term or life imprisonment. They agreed that the long absence of the offenders from their homes and work might result in them losing their jobs and this could result in poverty to the family. The family members might suffer emotional depression and their children could drop-out of school. The family members could resort to abuse of

alcohol to escape their misery. The children in turn could become unskilled labourers and repeat the crime by the parents.

Uncontrolled Emotions of Football Fans

The participants agreed that uncontrolled emotions of anger and excitement of spectators and fans at football matches results in fighting and destruction of property by fire and killing of fans or players. The participants agreed that alcohol misuse at the football stadium resulted in violence from the spectators. The participants agreed that violence occurs from arguments and verbal exchanges from the rival spectators. The participants agreed that violence is triggered by lack of sportsmanship on the side of the players and spectators. The losing team's member/s or fans start the fight. This violence and stampede at the public football stadium results in injury and death of innocent lives. The participants agreed that because of the high rate of violence at the public football stadium, fans stop going to outdoor games. They become frustrated and isolated in their overcrowded township houses with no other recreational facilities to go to. They resort to alcohol abuse to escape the misery due to the lack of attending outdoor sports or games.

A Summary of the Factors that Contribute to Alcohol Abuse in the Townships After Using the Pictures

Destruction of property by arson, disease, injury and emotional trauma, street children, violence and uncontrolled excitement from sports fans, the lack of recreational facilities, the lack of proper and enough houses, shelter and accommodation for the people, the lack of land ownership, food, water, sanitation and recreational facilities, lack of money and poverty, lack of work opportunities, lack of clinics and hospitals, schools and social welfare services, family disorganisation and divorce, Dutch courage by alcohol abusers, risk taking by alcohol abusers and the lack of co-operation between the police and community members.

4.6.5. EXPLAINING THE CONCEPT "ALCOHOLISM":

On the 11 June 1994 the participants gave the following explanation for alcoholism:

"An alcoholic is a person who exceeds the normally socially accepted drinking limits, loses his senses, commits criminal offenses, acts carelessly and negligently, has no control over his drinking behaviour, cannot stop drinking even if he wants to stop, gets excessively drunk, has no appetite, drinks on an empty stomach, his mind is liquor orientated, he thinks of nothing but alcohol, is a burden to society, is quarrelsome, violent, harasses, assaults, steals, kills, cannot think, work or judge properly, spends all his money on liquor, loses his job, health, friends and family, becomes homeless, loses respect, hope and becomes frustrated, the end is usually death."

The participants formulated the following definition of alcoholism: Is one who exceeds the socially accepted drinking limits, is physically, psychologically and emotionally handicapped. His/her life is alcohol orientated and he/she suffers loss of job, family, money, health, friends and respect because of alcohol misuse."

4.6.6. THE CONSEQUENCES OF ALCOHOL ABUSE:

The participants agreed to the following effects of alcohol misuse: Alcohol misuse results in aggression and violence and harassment, assault and insults to innocent people. Alcohol misuse creates enemies. Alcohol misuse results in premature aging and puffiness and discolouration of the face, loss of respect, loss of judgement of good and bad, loss of employment, family responsibilities and commitment. Alcohol abuse leads to criminal offenses, jail detention and death.

On 11 June 1994 the participants agreed to the following consequences of alcohol misuse: Causes damage to brain tissues, destroys and disorganises families, leads to mental derangement, loss of appetite loss of weight and money. It results in physical injury and accidents, in diseases like tuberculosis, pneumonia and Aids due to unprotected sexual contact, leads to motor accidents and deaths of innocent people. Females lose sexual respect and dignity, results in lack of progress at school, failure at school, leads to orphans, widows and widowers, loss of income, loss of nerve sensations, local drinking leads to chronic alcohol abuse, become community outcasts which compounds the problem.

The Consequences of Alcohol Abuse to the Body

On the 13 June 1994 the participants agreed that alcohol misuse results in the following negative effects to the body, namely: premature aging, liver, kidney, gastric and blood, brain, peripheral nerve and sexual nerve disorders, lack of appetite and puffiness and oedema of the face.

Consequences of Alcohol Misuse to the Family

Alcohol abuse results in poverty to the family, family disorganisation, divorce, violence both physically and emotionally for family members, negligence to the family members and loss of respect of children for parents.

Consequences of Alcohol Misuse to the School Pupil and Teacher

Alcohol abuse results in poor school progress by youths, strikes by teachers or scholars, failure of pupils, teachers and pupils become demotivated, drop-out rate of teachers increases, teachers lose control over pupils, teacher and pupils abuse alcohol to escape this misery, teachers develop love relationships with pupils, fights between teachers and pupils start, loss of dignity by teacher and youths. The youths become cheap labour in the open market.

Consequences of Alcohol Misuse at Work

The participants agreed that the following are the consequences of alcohol abuse at work: Poor judgement, poor performance of work, accident proneness, accidents at work, long periods of absenteeism from work, loss of work, poverty to the family, family disorganisation and divorce, family frustration, alcohol abuse by family members to escape the family misery.

Consequences of Alcohol Abuse in the Community

The participants agreed that alcohol abuse in the community results in violent fights, factions, poverty, fear, isolation from community activities, frustration, loss of dignity to the public in abusing alcohol.

Consequences of Alcohol Abuse with Regard to the Law

The participants agreed that alcohol abuse results in transgression of the laws resulting in criminal offenses, leads to detention in jail, poverty to the family during the absence of the family breadwinner, frustration to family members, family disorganisation, divorce and alcohol abuse to escape family abuse.

4.6.7. EXPLORATION OF ALCOHOL USE PERSONAL ATTITUDES AND VALUES:

For exploration of personal values and attitudes for use of alcohol (see Table 9). The following discussions emerged from the participants about personal attitudes and values about alcohol use (see Table 9).

**Table 9: Exploration of Alcohol Use Personal Attitudes and Value-
Salema Church Women's Group**

STATEMENTS ABOUT ALCOHOL USE ATTITUDES AND VALUES.	AGREE STRONGLY	AGREE	DISAGREE STRONGLY	DISAGREE
IT'S ALRIGHT TO GET DRUNK SOMETIMES.		2	7	
A PARTY IS NO GOOD WITHOUT ALCOHOL.		2	7	
IT'S NOT "LADYLIKE" FOR WOMEN TO DRINK TOO MUCH.	7	2		
LICENSING LAWS IN SOUTH AFRICA ARE RESTRICTIVE.			5	4
DRINKING ALCOHOL IS NOT THE SAME KIND OF DRUG TAKING AS SMOKING DAGGA.	4	5		
PEOPLE SHOULD NOT DRINK AND DRIVE.	6	3		
YOU SHOULD NEVER DRINK IN FRONT OF CHILDREN.	7	2		
LUNCH TIME DRINKING AT WORK IS NOT ON.	7	2		

STATEMENTS ABOUT ALCOHOL USE ATTITUDES AND VALUES.	AGREE STRONGLY	AGREE	DISAGREE STRONGLY	DISAGREE
PEOPLE WHO DRINK ON THEIR OWN ARE A CAUSE FOR CONCERN.	8	1		
ADVERTISING AND SPONSORSHIP HAVE LITTLE EFFECT ON PEOPLE'S DRINKING BEHAVIOUR.			5	4

4.6.8. ALCOHOL-RELATED SITUATION AND THE FORMULATION OF PREVENTIVE AND SOLUTION STRATEGIES:

On the 16 June 1994 the participants were exposed to photographs of college youths in alcohol related situations.

Photo 1 : A Toddler Drinking Alcohol

- a) **Educational Implications:** The participants expressed that the toddler was modelling the behaviour of the drinking adults. They expressed that the toddler was neglected because no-one was stopping the child from drinking the alcohol beverage. They also expressed that the child could have been given the alcoholic drink by the parents who abused alcohol so that the child would sleep and not cry when hungry. The participants agreed that if the behaviour continues, the child could become an alcoholic at a very young age.

- b) **Intervention:** The participants said that the parents should refrain from giving alcohol to children to make them sleep. Parent should refrain from exposing the child to beer cans as the child may develop the taste for the beer and become a habitual drinker. Parents should not drink alcoholic beverages in the presence of young children to avoid the children from modelling the drinking behaviour. Adults to be taught that alcohol is not a sedative for babies. Adults to be taught of the negative consequences of alcohol misuse, especially to the young child who still needs to grow and develop physically.

Photo 2 : Youths Drinking in Public

- a) **Educational Implications :** The participants agreed that the youths were transgressing the South African prohibition laws of public drinking. The participants expressed that the youths appeared to be below the age of eighteen years which is the South African legal drinking age. They also expressed the view that the youths were drinking in a public place. They said that legally this was not permissible. The youths were laughing and making a noise, which was a criminal offence termed "public indecency". They said that the drinking youths were a negative role model for the younger youths who would imitate the unacceptable public and excessive drinking behaviour. They said that the alcohol drinking youths could represent a pressure group to the one who was drinking mineral water.

- b) Intervention:** Youths should observe and practice the drinking laws of South Africa, namely, to only drink in places reserved for drinking, to drink only if one is above the age of eighteen years, which is the legally permitted drinking age. People who do not drink alcoholic drinks should avoid exposure to people who abuse alcohol as they might pressurise the non-alcohol drinker to start drinking.

Photo 3: A Collapsed Man on his Knees

- a) Educational Implications:** The participants agreed that the man on his knees, with a can of beer in his hand in a telephone booth, had abused alcohol. They said he was a burden to the two ladies in his company. They said he was unable to care for himself. He could be robbed or killed by strangers. He may contract pneumonia and die if he is left on his own, exposed to the cold.
- b) Intervention:** The two ladies should call for medical, family or police assistance by using the nearby telephone. The drunk man should be taught safe and sensible drinking. When sober, after being allowed to sleep for an hour, he should be taught about the negative effects of alcohol misuse. He should be taught that excessive drinking was against the socially acceptable drinking norms. The cause for alcohol misuse should be identified and be solved. If the drinking behaviour

continues, the man should be referred for professional counselling against alcohol misuse.

Photo 4 : Male and Female Fighting in Bed

- a) **Educational Implications:** On the 18 June 1994, the participants expressed the following reactions in relation to the photograph. They agreed that the fight could be as a result of one partner being drunk and sexually harassing his wife/partner, or a woman who is a stranger to him. The participants said that if it was a married or loving couple fighting, they were negative role models to their children because their children were likely to model the fighting and drunk adults who abuse alcohol.

- b) **Intervention:** The participants agreed that women must refrain from allowing strangers into their bedrooms (if it was not the husband). The woman should exercise safety measures or else she could become a victim of rape or sexual harassment. This could lead to unprotected sexual activity, transmission of sexually transmitted diseases or unplanned pregnancy. The public should be taught about safe and sensible drinking. Violence and drunkenness should be avoided, especially where there are children, because children imitate the behaviour of parents and adults.

Photo 5 : Woman's Face Pushed into a Toilet Seat

- a) **Educational Implications:** The participants agreed that the two drunk women were fighting and that one is trying to push the other woman's face into the toilet. The participants agreed that the cause for the violent behaviour is due to alcohol abuse because they saw an open can of beer in the scene. They said the woman could suffocate and die. The participants also said that the drunk woman was vomiting into the toilet and the drunk friend was assisting her in the vomiting process. The participants had contradictory views about the photograph.

- b) **Intervention:** Both women to be taught about sensible and safe drinking. Violence would not occur among friends unless precipitated by alcohol misuse. They agreed that vomiting was associated with drinking. They agreed that vomiting was a sign that the digestive system could not tolerate the alcohol abuse or misuse. They said that continued misuse of alcohol could lead to gastric disorders.

Photo 6 : Youths Drinking and Playing in a Public Park

- a) **Educational Implications:** The participants agreed that being drunk and playing on a merry-go-round that was moving fast was a health hazard. The drunk youths could lose their balance, fall and injure themselves. They said that the public should be

taught about safe and sensible drinking. Violence and drunkenness should be avoided, especially where there are children, because children imitate the behaviour of parents and adults.

- b) **Intervention:** The participants agreed that the youths should be educated about the legally acceptable drinking age of eighteen years and to drink in places that are reserved for drinking purposes. To educate the youths about the dangers of playing with hazardous playground equipment while under the influence of alcohol.

The participants did not state who should do all the education, whether it was the parents, community adults, teachers, nurses or social workers.

4.6.9. THE EARLY SIGNS AND SYMPTOMS THAT SHOW THAT THE YOUTH IS ABUSING ALCOHOL:

On the 20 June 1994 the participants agreed that the following were the early signs and symptoms that showed when the youths were abusing alcohol: Obstinacy, loss of respect, make friends easily with strangers, disregard family rules, make a noise, shout and laugh loudly, frequent entertaining of new and strange friends at home, play loud music, steal money and goods to buy liquor, ask for more and more pocket money, answering back to adults, fighting, sleeping partners of the opposite

sex, quarrel with peers, teachers and parents, school and home progressing reduced. The youth could also violate driving laws, become arrested for public indecency and exceeding the speed limit whilst driving. Drop-out from school and home, stay out late at night, leave home, loss of family control and discipline, stay with friends at their homes or in the streets, commit more serious crimes like theft, habitual abuse of alcohol, fighting, assault and robbing parents and innocent people are further signs. Loss of weight, loss of health, loss of job, poverty, suffer from diseases like tuberculosis and pneumonia, may die from ill health or from being beaten by police or prison inmates are late signs.

Parental Intervention for Early Signs of Alcohol Abuse in the Youths

The participants agreed that the parents of the youth who abuse alcohol should await until youth is sober and to talk, warn, counsel the youth, about the negative effects of alcohol misuse. Parents to deprive the youth of things the youth like, to make the youth improve his/her behaviour. They suggested that the corporal punishment may be applied in the early stages to scare the youth from the socially unacceptable drinking behaviour. They said the youth should be referred for professional counselling, for example, to a social worker, nurse, priest or doctor. The youth to be sent to a correctional rehabilitative or correctional institution to improve his/her alcohol misuse behaviour. Refer youth for counselling by the older and more experienced family

members and pray for the drinking youth to repent. Show the youth more love, empathy and understanding. Spend more time with him/her. Both parents and family members should intervene in helping the youth eliminate the drinking signs and symptoms. The community should be involved in the planning, implementation and evaluation of alcohol prevention programmes in the communities. The youth and adults should attend the alcohol abuse prevention workshops to learn more about alcohol issues.

Prevention of Alcohol Abuse in Present/Future Times

The participants agreed that the following strategies should be used for prevention of alcohol abuse: Africans should revive the traditional African culture of not allowing young men and women to drink alcoholic beverages whether it is western or traditionally brewed.

During the traditional African celebrations, only the adults should consume the traditionally brewed beer and western liquor should be prohibited.

The Government should force the liquor industries to increase the prices of western liquor.

There should be enforcement of the legal restricting regulations which advocate the arrest of a person if found drunk in public places or found drunk and driving. The legal fines for people who transgressed the

alcohol abuse prevention or restrictive regulations, should be increased or the offenders should be detained in jail without the option of a fine.

In South Africa there should be an increase in the legal alcohol use age limit from eighteen to twenty-five years.

The number of licensed liquor stores and shebeens should be decreased and the establishment of new structures should be negotiated between community members and the municipal authorities.

The legal alcohol use age of twenty-five years as an alcohol use restrictive regulation should be legally enforced by the owners and proprietors of the drinking establishments and be practiced by the community members.

The time for closing the shebeens and bottle stores in the township should be 19:30 and not 22:00 or the early morning hours as is happening in the townships.

The excess available Government buildings in the township which are liquor selling stores, should be used as health and education providing centres or schools.

The community members should negotiate with the Government and private funders for the building and for the provision of more recreational facilities in the townships for the community to utilise.

The township youths should be taught how to enjoy themselves at non-alcoholic parties.

The youths' spare time should be regulated, monitored and used constructively by adults, parents or guardians and teachers to prevent loneliness, idleness and involvement in alcohol abuse by the youths.

There should be compulsory alcohol abuse prevention and education programmes at schools and in the community, especially for the youths.

The youths should be taught and encouraged to be involved in constructive recreational activities to prevent them from being involved in alcohol abuse.

The youths and adult community members should be taught about the sensible and safe alcohol drinking amounts.

The adults and youths should plan, implement and evaluate their own community based alcohol abuse prevention programme.

The community members should collaborate with the professional and non-professional community health developers during the planning, implementation and evaluation of the community alcohol abuse prevention programme.

4.6.10. PARTICIPANT'S KNOWLEDGE ABOUT ALCOHOL, RESEARCH AND HELPING SKILLS:

On the 23 June 1994 the participants were exposed to the knowledge imparting activities according to Appendix 2. On the 25 June 1994 I was invited by the participants to attend a wedding ceremony of the of the Salema Church members, however, I could not attend. We did not have a workshop on the Saturday as most of the members attended the wedding ceremony. The participants agreed that they had enough literature on alcohol and youth issues and research to read at home to cover the scheduled workshop day.

4.6.11. MEDIA PROMOTION ON ALCOHOL USE:

On 27 June 1994 the following discussion flowed from the participants about the advertisements of alcoholic and non-alcoholic items (see Table 10).

Table 10: Visual Appearance of Alcohol Advertisement Materials
Salema Church Women's Group

VISUAL APPEARANCE OF ADVERTISEMENTS	NON-ALCHOLIC ITEMS	ALCOHOLIC ITEMS
COLOUR:	BLACK, WHITE, UNATTRACTIVE CHEAP NEWSPAPER.	ALCOHOL SHOWN IN A BEAUTIFUL HOUSE, FURNITURE, FLOWERS AND GREEN LAWNS. SEA VIEW THAT APPEARS TRANQUIL.
SYMBOLS:	ONLY THE ITEM ADVERTISED IS IN THE PICTURE.	ALCOHOL SURROUNDED BY EXPENSIVE PERFUMES, MIRROR, VELVET COLOURS, PEARLS, ROSES, GOLD.
SPACING:	SMALL PRINT WITH LIMITED SPACES INBETWEEN WORDS.	BIG ATTRACTIVE COLOURS USED IN THE PRINT, WELL SPACED.
IMAGES:	NO IMAGES USED.	LOVE IMAGES, TRANQUILITY, WEALTH, LUXURY AND AFFLUENCE.
PLACE:	PICTURE OF ITEM ADVERTISED.	ALCOHOL IS DISPLAYED ON WELL DECORATED TABLES AND FURNITURE IN BEAUTIFUL PLACES WITH BEAUTIFUL PEOPLE, UNDER GREEN TREES WITH A BRIGHT BLUE SKY.
SEX APPEAL:	NIL.	THE BEAUTIFUL, TRANQUIL, EVERGREEN ENVIRONMENT IN WHICH LIQUOR IS DISPLAYED, STIMULATES SEX APPEAL.
WEALTH:	NIL, PAPER IS BLACK AND WHITE CHEAP NEWSPAPER.	GLOSSY, EXPENSIVE MAGAZINES, CLOTHES.
SUPER-NATURAL:	NIL.	DRINKING MAN REFLECTING STRENGTH, HEALTH AND FRIENDSHIP.

ATTRACTIVENESS:	NIL, ONLY PICTURE OF THE ITEM ADVERTISED.	LIQUOR DISPLAYED AMONG ATTRACTIVE FOOD ON A WELL SET TABLE. THE BOTTLE OF LIQUOR IS WRAPPED WITH EXPENSIVE GOLDEN LABELS. BRIGHT COLOURS ARE USED IN THE PICTURE.
STRENGTH:	NIL.	SHOWS YOUTHS DRINKING ALCOHOL HAVING THE ENERGY TO RUN. THE CAPTION READS "THE BEER THAT IS MATURED IS SLOW BREWED".
COMFORT:	NIL.	LIQUOR DISPLAYED WITH FAMOUS, BEAUTIFUL SPACIOUS HOUSES, GOOD MUSIC AND ASSOCIATION WITH DEVELOPED COUNTRIES LIKE PARIS AND LONDON.
WARMTH:	NIL.	PRESENT BEAUTIFUL HOUSES, BLUE SKY, BRIGHT COLOURS, GREEN GRASS, ATTRACTIVE FOOD.
RELAXATION:	NIL.	ATTRACTIVE FOOD, GOOD MUSIC, BLUE SKY AND GREEN GRASS.
NORMALITY:	NIL.	PRESENTED AND EXAGGERATED TO SUPER-HUMANITY.
ENVIRONMENT:	PICTURE OF ITEM.	BEAUTIFUL PLACES, WITH BEAUTIFUL SURROUNDINGS INSIDE BEAUTIFUL HOUSES, BLUE SKY, WELL-SET TABLE WITH ATTRACTIVE FOOD.
USE OF MEDIA PERSONALITIES:	NIL.	TELEVISION PERSONALITIES, SUCCESSFUL FOOTBALL PLAYERS, BEAUTIFUL QUEENS, FILM STARS, SINGERS, SUCCESSFUL BUSINESSES POSING WITH LIQUOR.

HUMOUR:	NIL.	THE FAMOUS MEDIA PERSONALITIES ARE POSING AND LAUGHING AND APPEAR TO BE HAPPY WITH LIQUOR.
COST:	NON-ALCOHOLIC ITEMS HAVE PRICES.	NO PRICE IS WRITTEN ON THE ALCOHOL ITEMS.
RISKS:	NIL.	NO RISKS OR NEGATIVE CONSEQUENCES ARE LISTED ON THE ALCOHOLIC ADVERTISEMENTS.
DAMAGE:	NIL.	NO DAMAGES ARE MENTIONED. ONLY THE GOOD EFFECTS MENTIONED LIKE FRIENDSHIP AND LAUGHTER.

4.6.12. COMMUNITY ASSESSMENT OR PROFILING IN RELATION TO ALCOHOL MISUSE BY THE YOUTHS:

On the 30 June 1994, nine adults and myself participated on a field trip to one section of Clermont. We did a community assessment according to the attached guide (see Appendix 2). The three school children were attending irregularly. The following data was collected during the community profile:

General Description of the District:

Clermont is a township 16 kilometres from Durban city.

The Terrain

It is hilly and the township roads are tarred. There is spring water in the unserviced areas of the township.

Season and Climate

Summer rains, cool winter. The vegetation is evergreen. Most people do not plant vegetables or fruit in their gardens although the following fruits do grow, namely, bananas, oranges, pears, tomatoes, avocados and paw-paws. The following vegetables grow easily, namely, cabbages, carrots, potatoes and pumpkins. Few houses have planted flowers in the front gardens. Participants said people do not have communal gardens because people steal the fruit and vegetables when they are ripe.

Keeping Livestock

Goats, dogs, cats, fowls, donkeys, cows and sheep are kept.

House Structures

Expensive and in-expensive houses have been built. The expensive houses are built of cement, are painted and are spacious with beautiful surroundings. The informal or in-expensive houses are built of corrugated iron and cardboard. They are small two or one bedroom dwellings. The surrounding of the infrastructure is dirty and soiled with stagnant water and scattered refuse.

Facilities Observed

- * 4 "spaza" tin shops
- * 2 butcheries
- * 2 shops
- * 1 photo-studio
- * 2 agents for dry cleaning
- * 2 shebeens
- * 2 vegetable and fruit hawkers
- * 2 clinics
- * 1 mobile clinic
- * 1 Methodist Church
- * 1 Zionist Lutheran Church
- * 2 schools
- * several buildings or blocks of flats
- * several private taxis on the road
- * no trains or bus services.

Water Facilities

The expensive houses have taps and waterborne toilets. The inexpensive houses have no waterborne toilets or taps. Water is fetched from communal taps which have long queues. Water drips from the taps and stagnates along the streets. Flies were seen in the stagnant water.

Refuse

Dirty papers were scattered on the streets, empty beer cans and empty boxes of cigarettes. Dirty water is found stagnant along the streets.

These can cause car accidents due to the streets being slippery. Human faeces were seen scattered in open spaces. Refuse was collected once a week and so it was scattered on the streets.

Languages

They agreed that the home languages spoken were Zulu, Xhosa and Sesotho.

Socio-Economic Status

The participants agreed that the common professions in the Clermont township were lawyers, doctors, teachers, nurses, traditional doctors, butchers, business people and liquor selling store owners. They agreed that the educated and professional people have plenty of money and are fairly comfortable. They said many people do not have money. They agreed that the majority of the people are poor and uneducated, unemployed and have no formally built homes.

Health Status

They said that the peoples' health appeared excellent and they were well nourished. People idled and sat in front of their dirty homes. They were plaiting their hair. The youths were idle and roaming up and down the streets. The shebeens had people drinking. There was loud music from the shebeens. People were in groups on the streets and visiting neighbours. The streets are tarred and the private taxis were travelling up and down the streets carrying passengers from the township to the city centre.

Identification of Socio-Economic Problems and Alcohol Abuse

On the 4 July 1994 the participants agreed that the cause of alcohol abuse is multi-causal and multi-faceted. They agreed that the prevention and intervention to the problem of alcohol abuse should be by minimising the psycho-socio-economic problems that were contributory to alcohol abuse. I agreed to help in the planning and implementation of a programme that would minimise the participants socio-economic and at the same time prevent alcohol abuse among the Clermont members, especially the youth. The participants reviewed the factors that we discussed as being contributory to alcohol abuse to the Clermont members especially among the youths. The participants agreed that they needed intervention and solutions to the following socio-economic problems that result in alcohol abuse among Clermont community members, especially the youths.

Lack of Food

The participants agreed that they are unable to provide themselves and their families with an adequate and well balanced daily diet because some of them are not employed and do not earn a wage. They said they do not plant vegetables or fruit gardens because they do not have houses of their own and they know that in communal gardens, passers-by steal the ripe fruit and vegetables.

Lack of Employment

Three out of the nine regular adult participants were employed. The six unemployed members were aware that the workshop was targeted for employed members of the Salema Church, but requested to participate

because they said they were committed to the alcohol abuse preventive and interventive plan or strategy. The participants agreed that the lack of employment results in lack of hope and frustration that result in the individual resorting to alcohol abuse to escape his miserable life. They agreed that they had a problem of getting employment because they had no formal education or training.

Low Monthly Wages

Two participants said they earn R200 and one earned R400 per month. They all agreed that the wages do not meet their basic human needs. Two of the three participants said they had worked for more than ten years as full-time domestic workers for the same employer. By "full-time domestic worker" they meant that they worked for six days a week, from Mondays to Saturdays, from six o' clock to five o' clock or even during evening hours. This happened especially when they stayed on the employer's premises because they could not refuse to help with the evening domestic activities. Full-time domestic workers implied that they did the cleaning, washing, ironing and cooking and serving all the meals for the family members and friends for the same wage. They agreed that they spent most of their wages on paying for transport for travelling to and from their work places in the Durban city centre and suburbs and to their homes in Clermont township. They agreed that they spend about R200 on paying for transport. The private taxi transport system was the only available transport facility that was available in Clermont. They said the Government subsidised Natal Development Corporation buses stopped operating in the townships

because of the violence, attacks and burning of the busses by angry mobs of people.

Lack of Accommodation and Houses

The participants agreed that the lack of accommodation and housing facilities in Clermont was a major factor that contributed to alcohol misuse among both adults and youths in Clermont. They agreed that in Clermont there are no Government inexpensive houses available for purchasing by people who earn their level of wage. They agreed that the sites and plots that are available, are properties that were owned by private people. They agreed that some sites or plots were bought for R200, for example, from the local authorities by private companies or investors who call themselves developers. The private company investors would want to sell the same plot to the community members for R24,000 or would only sell on the condition that the company would build a 50 square metre house for not less than R65,000. The participants agreed that the private companies were not developing the communities but cause people to become more financially indebted. The participants agreed that home rental rates were high in Clermont compared to the low wage they earned and also because most of them were unemployed. The rental rate for an electrified one room home was R60 per month and for an unelectrified one room home R25 to R35 per month. Such one room facilities were very over-crowded because the average number of people who lived in the one room were eight to ten people that consisted of two parent adults and their five to six children, and one or both grandparents or relatives. They agreed that privacy was lacking in their lives. They agreed that when an adult

individual of the opposite sex needed to bath or wash the members of the opposite sex had to stand and wait outside the house. This was usually during the evenings, which was the only time that they had a chance to have a full wash of their body because in the mornings everyone is hurrying for work or school. They agreed that it was during the evening periods while the girls or boys wait and linger outside in the street, giving time for the adult people to wash or discuss some family issues in privacy, that they are called by passing friends to join them for a drink while they drink in the nearby shebeen. They agreed that the late night drinking results in the youths becoming afraid to go back home late at night and wake the parents to open the already locked door. This lack of privacy in their home results in the young girls sleeping away from home without the parents consent. The drunk and frightened youth might end up sleeping away from home with newly found drinking friends or with a newly found girl or boyfriend. This results in the girl becoming pregnant or the boy becoming a father without planning. The youths' pregnancy may lead to expulsion of both youths from school. The frustration of the youth results in continued alcohol abuse by the youths and the parents.

Shortage of Schools, Transport, Health and Welfare Facilities in the Townships

The participants agreed that there was a shortage of secondary and high school facilities especially for pupils who have passed standard six. They said that these pupils do not get admission to the next class because of the shortage of schools in the Township. They agreed that

the problem caused the pupil to be frustrated and may resort to alcohol abuse to escape the situation.

Lack of Skill Training

The participants agreed that in the townships there are no opportunities for formal training. They needed advanced training in the skills that they possess, namely, sewing, knitting, cooking, baking, paper, leather and wood craft, to enable them to use these for income generation.

Lack of Recreational Facilities in Clermont

The participants agreed that the lack of recreational facilities like football stadiums, recreational centres, beauty and fashion shows and modelling, bioscope, dance and karate instructions result in the youths abusing alcohol. They also agreed that the lack of parental support in the youths' activities was another factor for alcohol abuse among the youths in Clermont.

Lack of Financial Support for Community Projects

The participants agreed that they lacked funding for the community based projects they wanted to initiate. They agreed that lack of knowledge and skills was the reason for their being unable to try to request funds and lack of partnership in their efforts and activities.

Improvement of Organisational Skills

The participants agreed that they needed skills training in financial, business, time and money management, counting, report and minute writing, letter writing, application for employment, writing of one's curriculum vitae and conducting an official meeting.

The participants agreed that their problems needed to be prioritized. The following was the list of basic needs that were identified according to their order of priority:

- * Lack of food, land, water, electricity and telephones.
- * Lack of home, houses or shelters.
- * Lack of work or employment.
- * Lack of knowledge and skills training.
- * Lack of recreational, transport, sewage, schooling, health and welfare facilities.
- * Financial support for community based projects.
- * Lack of organisational skills.

The Preventive Plan

The group agreed to take the following plans of actions:

- a) Work in partnership with the Ziphembeleni Club members to centralise human and material resources, namely, the equipment, venue, transport, learning facilities and finance.
- b) Unite, work together to promote and protect health, and protect the health and to plan, implement and evaluate alcohol abuse prevention programme and activities for the youths and members of Clermont.
- c) Collaborate with the Ziphembeleni and the local and the Gugulethu youth club members in the planning, implementation and evaluation of the alcohol abuse prevention programme for 1994.
- d) Collaborate with the Ziphembeleni and the Gugulethu club to plan and conduct the alcohol prevention, campaign and awareness day in June 1994.
- e) Organise a workshop with a theme "Maintaining health through non-alcohol use or sensible drinking." Collaborate with the Gugulethu youths and the Ziphembeleni Club Members.
- f) Celebrate the Family Day on 5 June 1994 with the Gugulethu Youths and the Ziphembeleni Club members.

- g) Write the club's legal constitution.
- h) Select office bearers and board members.
- i) Keep accurate club records.
- j) Join the local self-help skills clubs to participate in their regular updating workshops.
- k) Participate and network with other community-based organisations (C.B.O.'s), non-governmental organisations (N.G.O's), professionals, influential people locally and nationally. Participate in local government negotiation forums.
- l) Further explore the problem of lack of food for members and to plan accordingly.
- m) Further explore the problem of lack of accommodation and homes and to plan accordingly.
- n) Further explore the problem of shortage of secondary and high schools, recreational, health and welfare services and to plan accordingly.

Financial Support

- a) Pay a monthly membership contribution of R5 as a maintenance fee and to increase the club's funds.
- b) Sew, sell, complete items and save money to buy the needed equipment.
- c) Pay a fee of R10 towards the buying of less expensive fabric to start the sewing project.
- d) Apply and seek financial support for the project.

Create Jobs

- a) Create jobs for the club members and for the club members and for the community of Clermont by working with the Ziphembeleni club members in sewing, knitting, cooking, crocheting, baking, painting, paper, wood, leather crafting, candle and soap making.

Create Recreation

- a) Join the Ziphembeleni Club in the organisation of the recreational activities.

Proved Skills Training and Knowledge

- a) Improve sewing, fabric and colour matching, cooking, baking, paper, wood, leather candle and soap making skills.

Improved Organisational Skills

- a) Develop leadership, business, money, time management skills, monitoring, evaluation strategies and information disseminating strategies.

4.6.13. THE IMPLEMENTATION OF THE PLAN:

Work, health promotion, protection and alcohol abuse prevention:

To be able to deal with the identified socio-economic and human basic needs and problems of lack of food, lack of employment, lack of accommodation, homes, schools, clinics, roads, transport, sewage youth and recreational facilities. I arranged that I, together with ten members from the Salema Church Women's Club and ten members from the Ziphembeleni Club attended a three day workshop for community-based organisations (C.B.O's) at the University of Natal in Durban on 7 to 9 July 1994. The participants reported that they learnt the "way forward". This meant that the participants had learnt the interventive and preventive strategies to their socio-economic problems

at the University during the three day community development workshop.

On 11 July 1994 the groups reported, discussed and implemented the following information from the workshops. The various Government ministers interpreted the Reconstruction and Development Programme (RDP) of the new South African Government of national unity. The said the aim of the RDP was to address the socio-economic problems of the people. The participants expressed that the workshop was relevant to the group's needs and socio-economic problems.

Housing Intervention

The participants reported that the Government of National Unity worked with the community-based projects or housing committees together with the providers of houses or building companies. They reported that the Government was the funder or money providers. They said that financial assistance was only given when people could own the land. They reported that the minister of housing said that the land ownership was through the following ways:

- * Title Deeds
- * The Deed of Grants.

They reported that the certificates or permission to occupy the land (P.T.O.) that were provided by the offices of the traditional leaders (amakhosi or chiefs) in the rural areas, were not the requirement

documentation to apply for a government subsidy. They reported that the community members should inform and empower the chiefs about their role to facilitate land ownership by the rural people by giving them title deeds or the deeds of grants. The participants reported that the chiefs might not be aware of the new land regulations. The chiefs should grant the rural people the deed of grants for the rural land to enable them to be subsidized by the Government. The participants reported the following new legal criteria and requirements for a Government subsidized financial loan scheme (see Table 11).

- * Any single individual over the age of 21 years who has dependents.
- * Any individual, husband or wife can qualify for a housing subsidy.
- * Partners who are married by legal or traditional marriage rights.
- * Subsidy must be for the first time applicant.
- * The maximum Government housing loan is R65,000.

Table 11 : South African Government Subsidized Financial Loan Scheme

BENEFICIARY HOUSEHOLD INCOME PER MONTH (R)	GOVERNMENT SUBSIDY AMOUNT
0 TO 1 500	12 500
1 501 TO 2 500	9 500
2 501 TO 3 500	5 000

They reported that the minister emphasized community partnership in the identification of the housing needs. The applicants for houses should first be discussed by the community members who were members of a formal or informal community-based housing committee or housing board. The housing board or committee should form partnership with private companies or developers which enter an agreement with the community members on the prices of the built housing scheme. They agreed that no private company has the right to buy and own the land without consulting with the community members.

The application of the new housing regulations to the participants' housing problem: the participants agreed to do the following activities to seek houses:

- * Form and participate in the community-based housing committees and civic organisations to identify the community's needs for houses.
- * Make application for the title deeds and deed of grants for houses through the Clermont Housing Board or Housing Committee.
- * Explore with the township manager the availability of sites or plots and the proposed and available infrastructures according to the township plan.
- * Identify from the township managers, the township plan for the following types of land ownership - private, local government, farm, trust and rural owned land.
- * Encourage the community housing committees to form partnership with private building company or informal builders to facilitate the process of applying for the government subsidized financial loans.
- * They agreed that with the scrapping of the group areas housing regulation, an individual who wanted to buy a house or flat in the central city area, would apply through the metropolitan council. These properties were at the urban local government level. Five of the participants reported that they had applied in 1992 for houses through the House of Delegates housing

section. They said they received a letter with the application number. They reported that they were told to wait until the new government of national unity was in place. I accompanied the participants to enquire about their applications. We were told that the local authorities were waiting for the government and community-based housing committees to give approval to the private companies to build the community approved housing structures.

On 14 July 1994 I accompanied the participants with the information from the factory of the inexpensive wire-wall houses as the available options for housing schemes. The government of national unity and the local banks had agreed to subsidize the financial loans for people who own land. The following comparison between the alternative wire-wall houses and the conventional brick plaster house was given: the conventional brick plaster 50 square metre house cost R22,850 and the alternative wire-wall house cost R16,000. The wire-wall house's construction period was a minimum of five days and the conventional brick plaster house's construction period was fifteen days. The group agreed that there were considerable self-help and job creation opportunities for women and children during the wire-wall house construction, and that these were low for the conventional brick plaster houses. They agreed that the appearance of both structures were conventional. The strength of the wire-wall house was very good because there was no structural cracking in the alternative yet the strength of

the conventional brick plaster house was subject to structural cracking. By building the alternative wire-wall houses they would save thirty percent compared to building the conventional brick plaster houses. They appreciated the discussion and information provided for consideration for a later period.

Water Intervention

The participants reported that the Natal Community Based Organisation Networking Forum reported that sub-regional water accessing committees had been formed to resolve the problem of lack of water for rural areas and the informal areas in the townships. However, the group still experienced difficulty in accessing water. The dry winter had escalated water scarcity problems. They reported that the rural communities were desperate for water. The participants agreed to participate in the Clermont community-based water committees and continue to work towards the resolution of the problem, especially for the informal housing structures in Clermont.

Basic Needs and Facilities Intervention

The participants reported that the group's lack of basic needs were identical with rural areas of KwaZulu Natal. The rural areas had no resources and no access to information. Clermont township had costly, insufficient, hazardous and unreliable transport, had no access to information, and telecommunication systems do not exist in many rural and informal areas of the townships. That made communication

systems impossible. They reported that the rural areas, like the informal areas of Clermont, had shortages of the essential or basic needs for water, sanitation, housing, health and welfare services, food, education and training facilities, transport, electricity and venues for meetings or recreation. The participants reported that many groups reported an increase of violence in the townships and rural areas. The violence had resulted in many people becoming homeless. Many young people became the victims or perpetrators of violence. There were no facilities for the violence victims. Women and children were the victims of rape and violence and this resulted in them resorting to alcohol abuse. They reported that schooling in the KwaZulu Natal area has been disrupted and children had to leave their home and school in order to be safe. Many women and children were living in the bush and had lost all their belongings. They reported that violence had affected the very fibre of the African society and had put a halt to the development programmes. They agreed that they would participate in the community-based committees and to collaborate with the various government departments to resolve the problems of the lack of the basic needs for community members.

Knowledge and Skills Intervention

The participants responded that other regions in KwaZulu Natal were involved with similar self-help skills that they had also identified and engaged themselves in. They added that they learnt that the following other projects were done in other areas: Adult centres for training, pre-schools and creches, pig farming, feeding schemes, literacy and

skills training, tank building, block-making, handwork, food processing and victims of violence centres. The participants discussed the various project options that could meet their needs. They reported that there were opportunities that were available within the Community Based Organisation Network. The project leaders and representatives could be sent for exposure and to see other national and international projects.

The participants reported that in some areas the local Community Based Organisation's had participated in the local government negotiations forums. They reported that there was a need for training for this role. The participants reported on the sources of funders that fund the community based projects such as theirs, namely, the Oxfam Canada, Caltex, United National Development Fund for Women (UNIFEM) which operates through the offices of United Nations Development (UNDP), UASID and SSC in Cape Town. They reported that partnership should be formed with the resource organisations in Durban, the Natal Community Intership Programme (CIP) and the Community Organisation, Research and Development (CORD), the School for Rural Community Development of the University of Natal on the Pietermaritzburg campus, the Valley Trust in the Valley of a Thousand Hills, ZERO and ORAP in Zimbabwe and CORDE in Botswana.

On 16 July 1994 the Salema and Ziphembeleni clubs attended the workshop they requested me to conduct on record keeping, evaluation,

monitoring and the dissemination of the ideal information for the success of the participants' community based project.

On the 18 July 1994 the Salema and Ziphembeleni clubs attended as members of the first Hub life skills workshops to learn the skills discussed in the text.

Improvement of Organisational Skills

On the 25 July 1994 the members of Salema and the Ziphembeleni clubs attended a workshop by a specialist from the Department of Economics at the University of Natal, Durban. He conducted a workshop on money, business, time management skills, principles of saving, investing, income, expenditure, simple and compound interest principles. I conducted a workshop on curriculum, letter, minutes, notices for official meetings, application for work, leadership skills for the clubs' office bearers for conducting an official meeting. The participants said that the workshops had explained many of their problems in money management. They said they felt confident to start and develop their money generating projects which needed a lot of letter writing skills.

Lack of Food Intervention

The participants reported that they had consulted and agreed with Mrs Zwi, a pensioner who was a member of the Ziphembeleni Sewing Club. Mrs Zwi had a large garden plot that she was unable to plant in

as she was old and had no-one to help her. They agreed that Mrs Zwi's garden was ideal because it was a private and fenced property unlike the communal gardens where the ripe products were reaped and stolen by passers-by. The members of the Salema Women's Club reported that they agreed that they would start a vegetable and fruit orchard. They agreed that they would give her equal portion of the produce and would assist her in selling the surplus. They would collect the money among themselves and buy the vegetables seeds. The gardening project would enable them to have enough food for consumption, preservation and for selling and in that way they would solve the problem of hunger and create jobs by selling the surplus vegetables and fruits. The participants agreed that they would involve their children in the start and maintenance of the garden project to teach the youth the industrious skills and to occupy the youths to prevent them from alcohol abuse.

Job Creation Intervention

On 27 July 1994 the Salema and Ziphembeleni clubs sent some of their members to represent the clubs to prospective funders for the sewing project and the fabric factory authorities. The participants discussed the logistics of the sewing project as was discussed in the text.

On 29 July 1994 I fetched the club members from Clermont to attend the sewing workshop that was conducted by the factory sewing department to show the participants how to make and sew the

patchwork duvet covers. We brought the bundles of fabric, cotton, fabric cutting and measuring equipment back to the centre.

On the 30 July 1994 the sewing project started. The participants had negotiated a regular contract with the fabric factory as suppliers of the fabric and the participants selling to the factory their sewing skills.

On 24 August 1994 the club members completed their first batch of twenty-four patchwork duvet covers and they earned their first wages of R240 which they divided amongst themselves and the rest they saved for buying the equipment they said they needed. On the 26 August 1994, I presented the Salema and Ziphembeleni clubs' proposal for equipment and funding to prospective funders for R10,000 funding.

On the 8 and 15 September 1994 the Salema and Ziphembeleni club members attended the Bernina Advanced Sewing Workshop that was arranged by the Hub life skills workshop.

The Salema Club is organising themselves to attend with all the members of the community-based projects from other local regions on the 26 November 1994.

4.6.14. FEASIBILITY ASSESSMENT IN TERMS OF THE FOLLOWING ASPECTS:

Attitudes of the "gate keepers"

The Salema Women's Club has the same "gate keepers" as the Ziphembeleni Club. They attended the same church and they used the same church hall for the workshops and as a venue for the activities of the alcohol abuse prevention programme for 1994. The Bishop and moderator of the Salema Zionist Church of South Africa granted me written permission to use the church hall for the explained activities. Vio, the wife of the Bishop, together with Ana who were both active members of the Ziphembeleni Sewing Club assisted me. The Bishop shared my research, health promotion and protection aims because he told me that the Salema Church prohibited the use of alcohol among the church members. The Bishop and moderator of the Salema Church and myself served among the six newly elected advisory members of the Ziphembeleni Sewing Club members and the Salema Church Women's Club. He perceived me to be a resourceful person who was available to the church members and Clermont community members. As a result he invited me for tea breaks in the church house after the workshops to give him professional consultation and assist him to draw a practical pragmatic programme that addressed the psycho socio-economic problems and needs of the church members. I agreed. I discussed with him the socio-economic development programme that he could plan, implement and evaluate to address the needs of the church members. He appreciated my assistance. These factors promoted my acceptance and professional respect by him and by the church and community members.

Status

My academic status as a university lecturer and a nurse researcher at a university doctoral level, my professional status as a registered psychiatric nurse and my research aims to formulate, plan, implement and evaluate the alcohol abuse programme among the youths in partnership with the community members, promoted my acceptance by the community and by the members of the informal church which prohibited alcohol use by its members. I was perceived by the community members as a "blessing from God" because I was available to the community to assist the community members to resolve their socio-economic problems. While I was in the field the workshop participants, church and community members prayed for me. They asked that God grant me the strength to continue with the good work of community consultations and negotiations, and during my late night travels after the evening workshops through the violence torn township. I felt strengthened, motivated and reassured by the people's prayers. They said my research project helped them more than it did me because they said that I incurred more financial debts in transporting myself and them to and from the township, to the free workshops in the city centre and the University with the food I provided them with during the workshops, the long stay and time I spent with them and with other groups of people during the field work, the provision of free stationery and free valuable literature for all the participants in all the workshops. I appreciated that they felt this way.

Relationships

There were similarities and differences that promoted the development of my relationship with the regular ten members of the Salema Women's Club. We were all African women who were born and bred in the low socio-economic environment of the townships. We were all adults with the responsibility of raising our family members. Some of us had married and others were single. Some earned wages and others did not. We all did not have enough money to meet our basic needs. Some of us had a shelter to live in, others did not. Some of us had formal education and training and others had never had the opportunity for formal training or education. Some of the participants had just enough to eat and survive and some had no food, but we were all committed to the alcohol abuse prevention and in developing strategies that would address our low socio-economic life conditions.

Potentials and Benefits of the Group

The participants shared my research aims and objectives of prevention of alcohol abuse, especially among the youths because the church policy prohibited the use of alcohol by church or community members. It was easy to organise the groups because they heard the socio-economic benefits, improvements in skills training and the health promotions and protection gains from their fellow church goers in the Ziphembeleni club members and from the Clermont community members. The Salema club members had attended and participated in

the alcohol abuse prevention programme that was organised by the Ziphembeleni club members who were their fellow church goers. Some of the prospective Salema club members requested to attend the workshop even though they did not fulfil the criteria of being in the employed target group. They made a special request to attend, because they said the alcohol abuse prevention workshops could help them to develop strategies to find work, solutions to their socio-economic problems and prevent alcohol abuse among the youths of Clermont. The Salema club members used the same venue, financial, transport facilities to various learning centres. They also used the sewing facilities and were included in the sewing contract with the fabric factory that was signed by the Ziphembeleni club members because they were present and they negotiated that they be included as they were a small group of ten people. The Ziphembeleni club members having learnt about the principles of collaboration and partnership, accommodated them in some of their activities.

Constraints and Limitation

The Salema Women's club were not an organised group or club. They were a newly developed group of people who believed that the alcohol abuse preventive strategies that we would develop and implement as a group would address their socio-economic problems and needs. In the beginning of the workshops, they did not have any records. They lacked funds to start or to maintain a project. They had problems of inefficient, unreliable or lack of transport facilities from work in the

Durban city centre to Clermont to attend the workshops which were scheduled for the evenings after work, as they worked during the day time.

Process of Implementation

The participants needed and developed empowerment skills and knowledge to understand the relevant policies and authorities to consult to address their socio-economic needs and problems while they planned and implemented the alcohol abuse prevention programme for the Clermont youths and community members. The participants reached these objectives by using the information opportunities in the greater Durban area and the University of Natal.

4.6.15. EFFORT EVALUATION (LEVEL OF IMPLEMENTATION):

Committee Meetings

The following were statistics of the committee and office bearers' meetings and workshops that were attended by the participants (see Table 12):

Table 12 : Salema Club Meetings and Workshops

	NUMBERS	AVERAGE ATTENDANCE	TOTAL MEETINGS
ORGANISING COMMITTEE	3X	8	3
WORKSHOPS. INTERVENTIONS	3 X 4 WEEKS	3	12
SEWING DAYS.	2 X 20 WEEKS	3	40
	5 X 18 WEEKS		90
OFFICE BEARERS	1 X 10 MONTHS	9	10
ADVISORY COMMITTEE	1 X 2 MONTHS	6	6

TOTAL MEETINGS 161

4.6.16. ACTIVITIES EVALUATION

The following activities emerged from discussions of the Salema Church Women's Group (see Table 13):

Table 13 : Activities Evaluation - Salema Church Women's Group

OBJECTIVE	ACTIVITIES	COMMENTS	TOTAL
WORK AND HEALTH ALCOHOL PREVENTION.	ALCOHOL ABUSE PREVENTION PROGRAMME.	MOST ACTIONS CARRIED OUT.	4/5 4/5

OBJECTIVE	ACTIVITIES	COMMENTS	TOTAL
HOUSING PROVISION.	MINISTER OF HOUSING INTERPRET POLICY.	FOLLOWED THE ACTIONS AND PROCEDURES FOR HOUSING APPLICATIONS.	2/5
WATER PROVISION.	MINISTER OF WATER EXPLAINED POLICY.	ACTIONS AND PROCEDURES FOLLOWED.	2/5
FOOD PROVISION.	STARTED GROUP GARDEN.	MOST ACTIONS ACCOMPLISHED.	4/5
KNOWLEDGE AND SKILLS TRAINING.	ATTENDED SEVERAL SKILLS EMPOWERMENT WORKSHOPS.	MOST ACTIONS ACCOMPLISHED.	5/5
RECREATION.	ALCOHOL ABUSE PREVENTION PROGRAMME CATERED FOR RECREATION.	PLANS FAIRLY MET.	3/5
JOB CREATION.	SEWING CONTRACT ENTERED INTO WITH A FABRIC FACTORY.	PLANS FAIRLY MET.	3/5
FINANCIAL SUPPORT.	AWAITING FUNDING AND EQUIPMENT FROM TWO SPONSORS.	AWAITING RESPONSE FROM SPONSORS.	1/5
IMPROVEMENT ORGANISATION SKILLS.	ATTENDED SEVERAL WORKSHOPS ON THE SKILLS.	MOST PLANS ACCOMPLISHED.	4/5

* First number is for acts completed, second number is for acts planned.

Club Members Involved

Thirteen participants started the workshop in June. Seven adults and

three school children participants completed the scheduled workshop and joined the Ziphembeleni Sewing Club in the sewing project. Two adults and three school children continued irregularly.

Other Programme Involvements

- * Alcohol abuse prevention programme for 1994 for the Gugulethu Youth Centre.
- * Ziphembeleni Sewing Club's alcohol abuse prevention programme for 1994.
- * Child abuse one day workshop at the Child and Family Welfare Section of the Sibusisiwe Centre.
- * Joined as club members of the Hub life skills club.
- * The Salema Women's Club is included in the mailing list of the KwaZulu Natal Community Based Organisations Network.

Results in Terms of the Following Aspects

Attitudes

The personal attitudes for alcohol use of the members of the Salema Church Women's Club are negative because the teaching of their

church prohibits the use of alcohol by church members or by the community at large.

Empowerment

The participants expressed that they were empowered by the information about the policies, authorities and procedures to follow when addressing their basic needs and problems. The lack of basic facilities and services results in community members losing hope and resorting to alcohol abuse to escape their miserable and unfulfilled township life. They said their problems have not vanished, but the knowledge of the new housing policies enabled them to empower the traditional leaders in the rural areas and the community based housing, transport, electricity, water, sports and recreational, health and welfare and youth services.

Alcohol Involvement Signs

There were no signs of alcohol involvement among the participants during the workshops. They expressed their commitment to the alcohol abuse prevention programme because they said alcohol abuse is a problem that was caused and resulted to many low socio-economic factors in their families and in their community and therefore the solution to the problem needed community involvement and partnership.

Organisational Skills

The participants agreed that they learnt the following organisational skills:

- * Record keeping.
- * Project monitoring and evaluation strategies.
- * Conducting formal meetings.
- * Writing official letters, curriculum vitae, application for a job, official meeting notices, agenda and minutes.
- * Time, money, business, management skills.
- * Writing legal documents, namely, the club's constitution, proposals for request for funding and equipment and writing research reports and financial record keeping and budget estimates, etc.

4.7. GROUP'S EVALUATION:

The participants expressed that the continuous extensive learning experiences and exposure they had never encountered in their life times. They expressed that they had learnt a lot of life skills. They said they had never known what workshops were before they attended the alcohol abuse prevention, advanced

sewing, organisational skills, life and business skills and the community development workshops at the University of Natal in Durban. They said it was at the community development workshop where the various cabinet ministers interpreted the policies of their departments, that they felt that they could now "see the road ahead" for their socio-economic problems and basic needs. They expressed that they were committed to work in partnership with their active and influential community based leaders, members and professionals.

CHAPTER FIVE

5.1. SAMPLE DESCRIPTION:

Three groups of people were studied in the Clermont township. Case study 1 was a youth group of twenty five members whose ages ranges from 14 to 24 years and who were members of the Gugulethu Youth Club. Case study 2 were the Ziphembeleni club members. they were twenty-three unemployed people. Their ages ranged from 35 to 66 years. Case study 3 were thirteen employed and unemployed members of the Salema Women's Church club. Their ages ranged from 15 to 56 years. The first two groups consisted of males and females. The Salema group was a women's group.

5.2. CROSS-CASE ANALYSIS:

Content analysis was done on each case. A description and analysis of each case was done according to the protocol that was developed in Appendix 1 (see Table 16). In the cross-case analysis the following areas will be discussed:

5.2.1. GAINING PERMISSION FROM RELEVANT AUTHORITIES

Permission to all three groups of people was easily gained. All the community groups were eager for change and willing to participate in the participatory research workshops.

DISCUSSION

* Community needs and willingness to community participation:

The willingness and eagerness of the community people to participate in the research workshops the researcher attributes these to the socio-economic needs of the community participants. This is in accordance with Feuerstein (1986) who said that people are not interested in the research per se, but want solutions to life problems they are grappling with.

The participants revealed that they had extreme scarcity of resources to address basic human needs in their community namely, the need for shelter, water, food, education, money, health and recreation. The findings revealed that community members suffer from lack of hope and self-reliance and show greater dependency on external institutions to assist with their problems. The community members felt that the passive attitudes are related to alcohol misuse in their community. This perception facilitated the participants' motivation and willingness to share the research goals and aims and further committed both the participants and the researcher to the planning and implementation of the alcohol abuse programme for Clermont Township.

The findings are in contradiction with Rifkin (in press) who says, in areas of poverty, individual concerns often override community goals. Only when extreme scarcity of resources is removed and the people are economically better, can co-operation take place.

* **The Socio-Political Context**

The social and political changes in South Africa during 27 to 28 April 1994 following the accession to power of the left-wing ideologically-driven African National Congress (ANC) Party, facilitated the participants and the relevant authorities to give permission easily to do the research. The ANC was the dominating African political party in South Africa at the time of the research. The pre-election education campaigns focused on the people-centred Reconstruction and Development Programme (RDP) or policy framework. After the first non-racial political election, the newly formed government of National Unity, was committed to implement the ANC's RDP. The RDP aimed to mobilise all the people of South Africa, especially the disadvantaged African majority in the rural and black urban areas, to be involved and to participate in improving their and the country's health, education and socio-economic status. It encouraged and recognised community participation, involvement and partnership with community-based health promoting programme and projects.

This political and social climate facilitated the researcher's easy entry into the Clermont Township and facilitated the participants' willingness and eagerness to be involved in the alcohol abuse prevention research project.

5.2.2. ENTRY INTO THE GROUPS

Entry into the professional group failed because it was not easy to convince the professionals that they had needs in this area, but the professionals easily convinced the community members that they needed help. The community members were aware of their needs and they identified them. The professionals did not. The reason for the lack of professionals in the workshop with community members is discussed in the text.

DISCUSSION

*** Socio-Political Context and Needs Identification**

The socio-political changes that occurred in South Africa in 1994 during the first non-racial political pre-election period had positive effects on the community participation because the competing political party member in search for the people's votes, identified the lack of basic resources and pledged themselves to improve the socio-economic status of the people. This socio-political activity enabled the participants to identify

their needs and encouraged community participation in finding the solutions of their socio-economic and health problems.

*** Community Participation and Power Issues**

According to Rifkin (in press) addressing the issues of community participation was also addressing the issue of power. The professionals, donor agents, politicians and planners of the community health programmes or services rely on their expertise and authority over the communities in delivering health care. She says professionals pre-empt the community's role in the planning of their own health care programmes. The professionals do not seek the community's views about the community problems or learn to discuss possible solutions with different community members. The findings of this study are in accordance with these statements of Rifkin, because the professional group in Clermont Township were not ready to surrender or even share their power with the community members during the research workshop. The professionals requested the agenda for the workshops so that they could know the issues for discussion before the workshops. The researcher assumed that the professionals wanted to maintain their power during the research workshop discussions. To avoid the "top down" power relation shift in this study, the researcher encouraged a "bottom up" approach of power shift. The researcher did not have an agenda for the workshops, the

agenda and contracts were developed by the individual participant groups during the workshops.

Rifkin (in press) says, "although it is difficult to accept, the professionals should be willing to surrender the dominating positions in the community health programmes and let the community people decide in which way they want the programmes to develop using the professionals as resources and not as directors."

5.2.3. RESOURCES FOR THE GROUPS WHILE IN THE FIELD

5.2.3.1. Material Resources

For all the groups I had worked with, I had access to the following material resources: an office with the essential furniture, telephone and a photocopy machine. I had brought my own stationery.

DISCUSSIONS

*** All Communities Have Resources and Potentials**

From the findings from the community profile activity

in Clermont Township it was revealed that there are material resources in the township in the form of under-used, misused or un-utilised materials or buildings like the churches, schools, community halls, land, water and shelter. These material resources, if used to their maximum capacity, will help expand the existing health service in the disadvantaged communities. Another example of untapped resources in the community is the financing schemes like the township "stokvels", which do not need the financial security and assets from prospective investors as they are needed by the formal banks. The people's "stokvels" can assist the community people to finance loans to the community based primary health care programmes or projects, as long as the money loan scheme managers have efficient administrative and money saving skills.

5.2.3.2. Human Resources

I could contact my colleagues and research supervisor telephonically while I was in the field. Teams of professionals and non-professional health workers were available to help.

Discussions

*** A Comprehensive Primary Health Care Approach
Or A Selective Primary Health Care Approach To
Alcohol Abuse Prevention**

Although the so-called "primary health care nurses" have been available in the community for a long time, it is interesting that the groups started by the researcher were the first of its kind in the health services. Groups aimed at development and problem-solving, empowered by a facilitator from the health service, but in charge of their own programme was unknown.

The findings revealed that the primary aim of the health provision and health delivery policy at the Gugulethu Youth Centre in the Clermont Township was birth control for the youths by means of an aggressive contraception supply programme for the township youths. The State financed this free contraception supply service. The State believed that contraception supply is an effective, efficient and relatively low cost strategy to reduce the community's high population statistics. According to an unpublished paper by Muller (1988), the Population and Development Programme (PDP) which was instituted on 1 March 1984 by the National Health Policy aimed at enhancing the standard of living and the quality of life of the people in South Africa. The objectives of the PDP were specifically:

- * A population of 80 million people which will stop growing by the turn of the century.
- * An average of two children per woman by the year 2010.
- * An acceleration of social and economical development of all population groups to achieve parity in opportunities for development as soon as possible. This meant to say the birth control programme was included in the country's Comprehensive National Health Policy in the eighties but according to Muller (1988) birth control was never included as part of Primary Health Care Programme.

To facilitate the programme implementation, several regional health services were established for all other races in South Africa. The Branch Local Authorities Act, 1982 (102 of 1982) stated that "Black local authority may be given a health function, in which case such an authority could either render the services itself or come to an agreement with the nearest established local authority for the services to be rendered on an agency basis." The researcher assumes that this was the health policy that resulted to the lack of and to the inadequate distribution of health services that the

community people of Clermont often blamed as contributory factors for their poor health status and for alcohol abuse problems in their communities.

The Gugulethu Youth Club is part of the Gugulethu Youth Centre but this social service is not State funded because competence development and empowerment of the youth was not the priority of the right-wing National Party of South Africa era.

revealed the youths' needs go beyond health. The African youths in Clermont needed competence development. For the health of the State, the consumers seemed to be only interested in terms of getting large statistics or large numbers of people to accept the contraception as the interventions that the health professionals have had to use, without involving the community people in the planning, implementation and the evaluation of the health promotion programme. Due to this selective approach, therefore, community health nurses are to a large extent an underutilised resource in the community. The findings are in keeping with the statement by Rifkin and Walt (1986) who say that Selective Primary Health Care focuses on mobilizing health services to attack the

Handwritten notes on a piece of paper, possibly a list of names or identifiers, with some crossed out:

- 362, 299 GEN
- 362, 11068, ADO
- 362, 78293 BLA
- 362, 7879 DEU
- 362, 2913 DES
- 362, 36 HAR
- 362, 299 LAN
- 362, 29088796
- 362, 290973
- 362, 29
- 362, 7829 NKO
- 362, 7829 SUB
- 362, 29 SCA
- 362, 793 WLE
- 365 CG, 72 (R1
- 616, 8606 UKW
- 616, 8914 CAS
- 301, 072 WEP

most prevalent disease problems and leave the rest. This approach does not encourage community involvement and participation and therefore cannot be effective in the community based, partnership approach of the alcohol abuse prevention programmes.

Alcohol abuse is a health problem which is not only a health issue, but also a social, political and economical problem (Tumewine, 1989). Tumewine further goes on to say "even at village level, the perceptions of the causes of ill-health and health problems depended on social class dynamics." According to Grace (1990) alcohol abuse prevention in the townships is an empowerment process and not a programme. Alcohol prevention programme is not the end to the means but a means or vehicle to end alcohol abuse in the black townships. The process is to help the people until they regain their self-determination and a sense of competence in their ability to solve problems, generate a "can do" attitude towards life, and a feeling of pride in one's accomplishments, and restores a sense of hope for the future for self and children.

The findings in this study revealed that the participants were motivated and committed to the alcohol abuse prevention programme for their community, if defined widely enough. The comprehensive and integrative

approach that was used by the researcher to help the participants find solutions for their problems and released the potential they had for coping. This is in keeping also with Rifkin and Walt (1986) who say health promotion is the result of the motivation, attitudes of and actions of individuals.

5.2.4. DEVELOPING A CONTRACT

In all the three groups of people I worked with, the role of a workshop facilitator was "given" to me by the participants. The reason was that all the group members expressed that I had the "know how" and expertise to conduct the workshop. All the tasks assigned to the participants during the workshop were performed well.

The different groups of people had different contracts that suited their needs and circumstances, for example, the Gugulethu Youth Club members attended the workshops daily from morning to afternoon because it was during their school vacation. The Ziphembeleni Club members attended from morning to afternoon, three times a week, because they were unemployed. The Salema Women's Club members attended the workshops after their working hours twice a week and on Saturdays, mornings to afternoons.

DISCUSSION

* **Workshop Contracts For Participants' Needs**

It is clear that for a partnership with communities to work, the contracts were binding for the community participants as well as for the health workers. Furthermore, contracts must be flexible to accommodate the needs of the participants or the community people and not to be based on the timetable of the health care workers.

5.3. ALCOHOL USE IN BLACK URBAN COMMUNITIES:

5.3.1. USES AND BENEFITS

All three groups of people listed a large number of uses, benefits and values. These were classified by the researcher as follows:

- * **Socio-Cultural:** Alcohol was drunk to celebrate births, weddings and rituals.
- * **Nutritive:** Alcohol was a food ingredient that was used during baking, cooking, stewing, as food and as a drink to quench the thirst.
- * **Therapeutic:** Alcohol has an analgesic, tranquilliser, relaxant,

sedative, nerve tonic and mood changer.

- * **Economic:** Alcohol industry creates job opportunities and is a source of income.
- * **Spiritual Value:** Alcohol is used in the holy sacrament and traditional beer is offered as an ancestral sacrifice.

DISCUSSION

* **Uses And Benefits Of Alcohol**

The youth group identified more uses and benefits of alcohol compared to the two adult groups. It appeared that there was an enormous support for alcohol use among the youth group. This is in keeping with the results of the study by Mtembu (1989) which shows that African youths in the townships have positive attitudes about drinking alcoholic drinks. However, with regard to personal alcohol use, all the groups in this study were non-supportive to drinking behaviour. The reason for the negative personal values could be the religion of the adult group that prohibited alcohol use and the alcohol education the youths received as members of the teenage against drugs association (TADRA).

The nutritional benefits of alcohol or beer have been questioned

in the study by Grant in WHO (1985). Participants in this study could mention very few traditional recipes which included alcohol.

The youths gave the therapeutic uses and benefits of alcohol as mood-changing and coping with life as reasons for alcohol misuse. This is in keeping with the findings by Mtembu (1989) who said the youths use alcohol to relax them and to be friendly. Rocha-Silva (1991a ; 1991b) cites Glynn et al and Crawford (1987) who said that when alcohol was used for coping with life and as a mood-changer, a degree of risk was involved in terms of alcohol related problems.

5.3.2. METHODS AND STRATEGIES THAT WERE USED IN THE PAST TO PREVENT ALCOHOL MISUSE ESPECIALLY AMONG THE AFRICAN YOUTHS

All three groups agreed that the following were strategies that were used in the past to prevent alcohol abuse among the African youths:

- * All three groups agreed that in the traditional African culture, the consumption of alcohol was an adult prerogative. Social customs more or less excluded women and teenagers from drinking and drinking occasions. These drinking occasions were isolated from daily routines.

- * The adult groups agreed that much of the drinking in the traditional African culture took place under special circumstances, in well defined and relatively rare occasions, for example, during the traditional ceremonies.
- * The adult groups agreed that there was no alcohol added in the traditionally brewed beer that was consumed during the ceremony. Traditionally brewed beer was nutritive and quickly filled one's stomach. One could not easily get drunk from drinking the traditional home brewed beer. However, they also described the "isiqatha" as a concoction of traditional beer mixed with alcohol, stale bread and pineapple skins. This mixture was allowed to ferment for days. It was said that the mixture was effective in making the consumer to be drunk for more hours compared to the authentic traditional home beer. The participants agreed that habitual consumption of this mixture results to chronic brain damage.
- * The adult group agreed that the traditional people had a low buying power for alcohol, they had less time for leisure and there was also a low production and trade of alcohol during the beginning of the 1950s.
- * The adult group said that parental control over the youths was exercised in the past. The youth was under constant control of adults in the nuclear or extended family.

- * The youth group said there was limited exposure of the traditional African youths and females to the aggressive alcohol advertising media.

DISCUSSION

The findings reflect an increase in alcohol consumption rates and negative changes in drinking patterns among the traditional African communities and among female and the young. This is in agreement with Grant as quoted by WHO., 91985) who says with rising affluence, waning local traditions and the increased availability of commercially produced alcoholic drinks and production of "isiqatha", the difference between urban, rural areas and occupational groups are now less conspicuous than they used to be.

Both the adult groups revealed that African drinking in the past in the traditional communities was homogenous in respect of sex and age. This is in contrast with the African drinking as cited by Grant as quoted by WHO (1985) who says drinking groups have nowadays become more heterogenous in respect of sex and age, and drinking has become integrated with other social activities, especially those associated with leisure. This is also true for the African communities in South Africa.

Grant as quoted by the WHO (1985), goes further to say that the present patterns of increased drinking by females and teenagers

indicates the changes in the social position of both women and drinking patterns particularly in the traditional culture. The findings revealed that the adult groups advocated the moral revival of the traditional values that prohibited the females and the young to drink in the traditional African society to be used as an alcohol abuse preventive strategy for the present youths and females. This is in agreement with Grant (in WHO, 1985) who says the revival of drinking as a moral issue may reinforce tendencies towards the punishment and disciplinary control of individual deviant drinkers.

The study revealed the groups of people agreed that most people are not aware of the negative effects of alcohol abuse. The youth group revealed that most of them were aware of them. All three groups advocated alcohol education as a strategy to prevent alcohol abuse among the African youths. This contention is supported by Grant (in WHO., 1985) who says that most drinkers are only vaguely aware of the hazards of excessive consumption or that drinking choices are made on the basis of pure rationality. Grant (in WHO, 1985) and also Grace (1990) went further to say, to counter this ignorance, education about alcohol should be done, especially to the youths.

5.3.3. EARLY SIGNS AND SYMPTOMS OF ALCOHOL ABUSE AMONG THE YOUTHS

From the discussions of the two adult groups of people the following

classification of the early signs and symptoms of alcohol misuse among the township youths emerged:

*** Individual**

Physical: Loss of appetite and weight, lack of sleep, indolence, clumsiness, awkwardness, accident proneness, neglect of health care, ill-health and premature death.

Emotional: Telling lies, stealing, use of vulgar language, becoming less inhibited, becoming violent, developing new friendships easily with strangers and the opposite sex and older drinking people.

Social : School: Lack of discipline, failure and drop out from school.

Home/Family: Come home late, home and school work not done.

Community: Violence, killings and destruction of immovable property.

Law: Drinking and driving, stealing, assault, fighting and committing of murder.

DISCUSSION

Although most of the listed signs and symptoms can be associated with alcohol abuse, many of them are late signs. This late identification of alcoholism in communities, complicates secondary prevention of alcoholism.

5.4. REASONS GIVEN FOR DRINKING:

All three groups of people agreed that there were reasons for drinking by adolescents in the townships. The researcher made the following classification of reasons for drinking by adolescents:

- * Sociability (the desire to be one of the group).
- * Self expression (the need to have pleasurable relaxation and to create a self concept of being smart and grown-up).
- * Anxiety-reduction (seeking relief from family, financial and personal problems) and for coping with life.
- * Positive mood-changing and increasing happy feelings.
- * Socio-environmental (easy access to places and people who engage in alcohol use).

DISCUSSION

All three groups of people think that the youths in the township have personal, psychological, emotional, socio and environmental reasons that support drinking behaviour. The youth group described more reasons for alcohol use compared to the two adult groups of this study.

* **Personal Reasons and Adolescent Alcohol Use**

The youths described the sociability, self-expression and reduction of anxiety as personal reasons for alcohol use by youths. This is in agreement with Dale (1993) who cites the same personal reasons for alcohol misuse by adolescents. The findings are revealed in the studies that were carried out by Maddox and McCall (1964) as cited by Smart (1976).

* **Adolescents And Alcohol Experimentation**

The findings are in agreement with Kwakman (1988), who says that adolescence is a time to try out behaviours normally reserved for adults. They are also in agreement with Dacey (1986) together with Baer (1991) who say that during adolescence, experimentation with alcohol is natural.

* **Peer Pressure And Alcohol Use**

The findings are in agreement with Mtembu (1989) and Baer (1991)

who cites Down (1987) as saying adolescent alcohol and drug use is strongly associated with peer use. They are in agreement with Rocha-Silva (1992) and Dale (1993) who said that youths use alcohol because it is mood-changing and helps them to cope with life.

*** Socio-Economic And Political Environment And Alcohol Use**

The study reveals that African youths drink because they have easy access to alcohol in the townships, in the shebeens, taverns, beer halls and in the liquor stores. The youths further revealed that liquor is sold to them without any age restrictions.

5.5. THE CONSEQUENCE OF ALCOHOL MISUSE:

All three groups of people described the vicious circle that occurs as the result of long-term alcohol abuse. They also agreed that the consequences of alcohol abuse negatively affects the following aspects of human existence:

- * The Individual: which is physical and the emotional deterioration.**
- * The Social: which is school, home, family, work and/or community life disintegration.**
- * Economical deterioration of the individual, family and the community.**
- * Legal problems in terms of clashes with the correctional services.**

- * Occupational in the sense of work deterioration and job loss.
- * Educational: unique information emerged from the discussions about the consequences of alcohol abuse in relation to school pupils and teachers. The following unique vicious cycle was described: The teachers abuse alcohol and lose control over the school pupils, they become frustrated by the loss of power and dignity, more alcohol abuse sets in to escape the misery, teachers develop love relations with the school pupils, fights between teachers and pupils start, strikes occur, unplanned pregnancies result among the pupils, failure and drop-out at school and alcohol abuse increases. This is a dangerous educational situation for the township youths.

DISCUSSION

* Social Costs Of Long Term Alcohol Abuse

The participants' list of the consequences of long term alcohol abuse are in keeping with the social costs of chronic drinking which are poverty, violence, accidents and premature death (Grant, in WHO, 1985).

The African education system was reduced to one of an inferior quality compared to the education of the minority racial groups. In the beginning of 1950 the African adults and professionals rejected the inferior Bantu Education. This resulted to the

detention and expulsion of the African teachers and many of them went into self-exile in foreign countries. The youths stayed away from school in sympathy with their teachers. The culture of school riots and strikes by African teachers and pupils started, leading to high failure rates in African schools.

The increasing frustration, anger of the Africans to the oppressive political system resulted in the 1977 education crisis leading to a complete breakdown of the educational system for Africans. The crisis in the Bantu Education was characterised by hostility and by violence. Clashes and violence between African youths and the South African Police resulted in killing and destruction of the infra structures that were not acceptable to the Africans, namely, the inferior school buildings and the beer halls in the townships. The disruption of the normal fabric of the educational system is seen in the description given in this study of the inroads alcohol abuse has made in schools for the years during the Bantu Education crisis.

5.6. THE CONTRIBUTING FACTORS FOR ALCOHOL ABUSE AMONG THE YOUTHS IN THE TOWNSHIPS:

The three groups of people agreed that there were factors that contribute to alcohol abuse among the youths in the African townships. The participants described the following factors as contributory to alcohol misuse among the youths in Clermont:

- * Low socio-economic status: employment and poverty.
- * Unfulfilled basic needs: lack of accommodation, shelter, water, food and transport facilities, poor sanitation, roads and electricity.
- * Socio-environmental: poor or lack of infra-structures, namely: schools, recreational facilities, hospitals or clinics and welfare services.
- * Legal: crime, lack of the enforcement of restrictive laws and curfews, unjust detention, imprisonment of the community members and violence.
- * Peers: the high level of peer pressure was revealed in the study by the youths.

DISCUSSION

The youth group conducted a research study and the findings were that the African youths are forced to use alcoholic beverages in the townships. The findings are in accordance with Downs (1985) who says close-friend drinking levels were also the only significant predictors in the equation for other friend-drinking levels.

* The Socio-Economic Context And Alcohol Abuse

The findings are in agreement with Grace (1990) who says that it is

intolerable that the youths are turning to alcohol and drug use as a way of lessening the pain of living in today's society. She cites that the cultural, social, economical, political and environmental factors contribute to alcohol misuse among the youths. She goes on to advocate that health workers should focus on the youths in the process of community building. They should restore a sense of hope for the future and develop their sense of competence and ability to master problems that surround them.

5.7. THE ATTITUDES AND VALUES OF PARTICIPANTS ABOUT PERSONAL ALCOHOL USE:

The following attitudes and values about personal alcohol use emerged from the two case studies, the Gugulethu Youth and the Salema Church Women's Club. The Ziphembeleni Club members did not do this activity. The participants agreed to classify questions in the questionnaire for values and attitudes for personal alcohol use into the following drinking behaviours and alcohol issues:

Drinking Behaviours

- * To get drunk was alright.
- * Drinking too much by females was not acceptable.
- * Drinking in front of children was not acceptable.
- * Drinking and driving was not acceptable.
- * Lunch time drinking was not acceptable.

- * People who drink on their own are a cause for concern.

Alcohol Issues

- * Advertising and sponsorship have an effect on people's drinking behaviour.
- * South African liquor licence laws were not restrictive enough.
- * Drinking alcohol was not the same kind of thing as smoking dagga.

DISCUSSION

- * The participants seemed to have firm ideas about what kind of drinking was inappropriate. These social norms limit drinking to very specific occasions, where even being drunk was acceptable. The findings describe what Kwakman et al (1988) and Kissin and Begleiter (in Uys, 1979) call "integrated drinking". With drinking integrated into specific social rituals, high level of alcohol consumption can be achieved without alcoholism. In communities where the drinking activity is integrated or structured with specific family activities like during meal times as it happens with Jews and for recreational purposes, alcohol problems are less. This approach to prevention seems to fit well with the prevailing attitudes in the Clermont community.
- * Health Education and attitudes and values of personal alcohol use: These questions were answered by seven out of a group of thirteen adults and five out of a group of thirteen youths who were given the

questionnaire. Both groups expressed negative attitudes towards drinking behaviour. These attitudes facilitated the commitment of the youths to change and to the planning, implementation and evaluation of the alcohol abuse prevention programme for the Clermont Township. The negative attitudes towards alcohol use among the young participants could be because they were educated and trained peer counsellors against alcohol misuse and they were members of the Teenage Against Drug Association (TADRA). One has to agree with Rootman in WHO (1985) who said "people are receptive to prevention activities, that attitudes and knowledge about alcohol are subject to change and that prevention efforts often complement services and strengthen the total effort to reduce the problems of alcohol misuse and alcoholism."

5.8. THE ALCOHOL ABUSE PREVENTIVE STRATEGIES AND SOLUTIONS:

All the three groups of people agreed that in the black townships youths find themselves in dangerous alcohol-related situations, especially during the adolescence phase of life. All the three groups described alcohol abuse preventive strategies and solutions to alcohol abuse, which were classified as follows by the researcher:

*** Enforcement Of Legal Alcohol Restrictions**

All the groups felt that the African youths should be forced to observe

the South African drinking laws with regards legal drinking age, admission, buying, drinking of liquor in licensed liquor selling stores and places. Crime related drinking such as public indecency, noise-making, fighting in public places, and drinking and driving should be vigorously prosecuted. This they believe will decrease alcoholism.

*** Enforcement Of Moral And Cultural Restrictions**

The traditional culture of the Black South Africans should be strengthened and encouraged, since the social norms which used to govern drinking were inherently preventative of alcoholism.

*** Emotional Safety**

The community should endeavour to limit unnecessary emotional stress, tensions and harassment of the youths so that the need for anxiety reduction may be lessened. Youths must be assisted to use their time constructively and to alternate work with organised recreational activities. The youths must be raised to have hope, self-reliance, confidence, independence, trust in self and to be future orientated. The community profile done by the unemployed adult group supported the contention that involvement of the youths in their sewing project would prevent alcoholism.

*** Health Education And Promotion**

Adult and youths should be taught to observe sensible and safe drinking

behaviours. They should know the negative effects of alcohol and be able to do early identification of alcohol misuse.

*** Competence Development**

The youths should develop skills to counter-argue peer pressure and peer-persuasion to drink. They have to learn and practice problem posing and solving skills, recreational, occupational skills, organisational, money-making skills, community involvement, partnership, participation, collaboration, consultation, research, community profile and human relation development skills.

DISCUSSION

Although the participants strongly supported educational interventions, they did not say who should do the alcohol education they advocate. According to the literature reviewed in this study following the four models advocated by the community members for Primary Prevention of alcohol abuse:

- * Enforcement of legal alcohol restrictions.
- * Competence development.
- * Enforcement of cultural and moral restrictions.
- * Emotional safety.

The following two models were left out by the participants:

- * High risk prevention of alcohol abuse.
- * Community involvement and partnership.

The primary alcohol abuse preventive models that were advocated by the participants are in agreement with Grant (in WHO., 1985), Grant and Ritson (1983) and with Miller and Nirenberg (1984). The old South African community relied strongly on external control to enforce norms. This view is represented in the strategies advocated by the participants, but is tempered with others which are more in tune within the new South Africa.

5.9. COMMUNITY BASED ALCOHOL ABUSE PREVENTION PROGRAMMES / STRATEGIES

5.9.1. DESCRIPTION OF THREE PROJECTS

Group 1 : Gugulethu Youth Club

The project involved twenty-five members whose ages ranged from 14 to 24 years and who were registered members of the Gugulethu Youth Club. The programme aims were to prevent alcohol abuse among the youths.

The study revealed the following comprehensive, integrative community based and partnership projects that were planned, implemented and evaluated by the three community people and the

research to prevent alcohol abuse among the African youths in Clermont Township:

The following were the activities of the youth participants:

- 1) **Health Education:** A comprehensive Alcohol Abuse Prevention Programme was planned and implemented to incorporate educational activities like stage plays, games performed for their own group, the community and schools. All tasks were completed.
- 2) **Competence Development:** The youths gained knowledge about alcoholism and its prevention from the workshops. They attended all the organised workshops on the following organisational skills - money making, assertiveness, writing curriculum vitae, leadership, conducting formal meetings, writing, public speaking skills to restore their self reliance to make logical choices whether to use or not to use alcohol. Another very important skill which they learnt was to finance their own activities. They organised their own community based money making schemes and requests for financial support. They sold "hot-dogs" and refreshments during the organised activities to raise money to buy recreational equipment to use to prevent them from alcohol abuse. The youths paid club membership contributions and did not completely rely on financial assistance from external funders.

Group 2 : Ziphembeleni Sewing Club

The project involved twenty-three unemployed females and three males whose ages ranged between 35 to 66 years. The following were the activities of the adult unemployed participants:

- 1) **Environmental Design:** The Ziphembeleni Club members tried to improve their socio-economic condition by organising a machine sewing project and establishing a contract with a fabric factory and a job creation project based on machine sewing. The contract supplies the participants with fabric and offered the participants with free workshops for advanced sewing lessons to improve the club members' skills and the members offered the factory at an agreed price for their labour, time and sewing skills. Both partners in the sewing contract are satisfied with each other's commitment, participation and involvement. They also involved the Clermont youths in their sewing project by giving them sewing lessons and helped the youths to organise their recreation activities around the hand-work and art activities.
- 2) **Competence Development:** The participants gained knowledge and skills during the training workshops that were organised by them and by external agents and experts at the local university and in the city centre. Again, the skills of generating their own financial support to run and to maintain the sewing club, was an important part of their growth. The members formed their

own "stokvels" scheme for money loans; to which they contributed monthly. They also applied for funding from external agent. The responses are still negative.

The club members also gained competence in following organisational skills: money-making and money-saving schemes, managerial skills to run the sewing project, leadership skills, advanced sewing, public speaking, writing and art skills.

Group 3 : Salema Women's Club

The project involved thirteen employed and unemployed members of the Salema Church. The Salema Church was against the use of alcohol. The project members were all female members whose ages ranged from 15 to 56 years. The researcher was interested in the employed people of this church, to see whether their attitudes differed from other groups. Unemployed adults and scholars responded, however, and were keen to participate in the research project, because they said they had a great need to resolve their socio-economic problems. The following were the activities:

Environmental Design

- * Housing provision: all the relevant actions, procedures for application for accommodation and housing were followed.

- * Water provision: all actions and procedures to access water to the community people were carried out.
- * Food provision: vegetable and fruit gardens were started. Most actions were accomplished.
- * Recreation: recreation activities were centred around the alcohol abuse prevention programme. The plans were fairly well executed.
- * Job creation: Sewing contract was entered into with a fabric factory. The plans were fairly met.

Competence Development

All workshops to acquire skills, training and knowledge were attended.

- * Financial support: group members relied solely on funding from external agents.
- * Improvement of organisational skills: members attended all the organised workshops on the following organisational skills development: record keeping, project monitoring, evaluation strategies, conducting meetings, writing, money saving and skills to write legal documents.

Health Education

The group did not organise its own health education activity but it collaborated with the Gugulethu Youth Club members.

DISCUSSION

*** Comprehensive Primary Health Care Programmes And Community Empowerment**

The people's programmes had the following elements which facilitated empowerment: self-reliance, socio-economic development, empowerment of the powerless, human development, community healing and equity. These are listed as the elements that are advocated for Primary Health Care Programmes by Kaseje (1991). The alcohol abuse prevention programme that were planned, implemented and evaluated by the three groups were integrative and comprehensive in that sense they met the needs of people and they were people driven.

The alcohol abuse prevention project started out with a selective primary health care approach: the researcher went to a community with a problem already identified, and tried to address this problem. In this sense, her approach was similar to the other health workers, for example, the "family planning"

focuses nurses and advisors. However, there seemed to be a significant difference, the researcher used the partnership approach, which gave significant power to the community members. In the case of the two adult groups, the community partners used their power to shift the projects from a narrow "alcohol" focus to a much wider community development focus. This change of focus was not resisted by the researcher, but was supported. It would therefore seem that this approach does not preclude the health worker having some agenda to start with.

5.9.2. FEASIBILITY

The findings revealed that the process of implementation of the alcohol abuse prevention programme differed according to needs of the individual group.

- * The youth programme was highly focused on the alcohol abuse prevention and recreation, competence development for the youth themselves, and to enable them to implement the alcohol abuse prevention programme for other community members was also important. The youth did not focus on job creation and socio-economic development.
- * The adult groups: The focus was less on alcohol abuse prevention. The adult focus was on job creation and on the

improvement of their socio-economic conditions, namely: the provision of food, water and housing. Competence development for adults was aimed to gain self-sufficiency for themselves and not to help them to implement the alcohol abuse programme.

5.9.3. EFFORT EVALUATION

See Table 14 for a summary of the effort put in by all three groups.

- * The Gugulethu Youth Group showed high participation and commitment to the alcohol abuse prevention programme. The group activity is continuing even when the researcher has left the field.
- * The Ziphembeleni Sewing Group also showed high participation in the job creation activity.
- * The Salema Group were motivated to the sewing project and less to the gardening activity, although they initially decided that it would be a source of food provision for them.
- * The professional group and the religious group had low participation to an extent that the groups could not be established into working groups.

Table 14 : Results On The Alcohol Prevention Programme

RESULTS	GROUP 1		GROUP 2		GROUP 3	
	TASKS	TASKS	TASKS	TASKS	TASKS	TASKS
	PLANNED	COMPLETED	PLANNED	COMPLETED	PLANNED	COMPLETED
EQUIPMENT	5	4	5	3	5	1
SKILLS / KNOWLEDGE	5	5	5	4	5	3
ATTITUDES	5	5	5	4	5	2
FINANCE	5	2	5	2	5	1

DISCUSSION

The youth group and the Ziphembeleni group had well defined foci, and the researcher had sufficient time with them. The Salema Group were dependent on the Ziphembeleni group in their focus, and already had the "solutions" of this in mind when they started. They therefore did not do independent problem solving. The time spent with them was also limited.

The level of internal or external motivation of the participants and the degree of positive attitudes towards the alcohol abuse programme was reflected by the varying degree of commitment of the three groups to the implementation of the alcohol abuse programmes.

The youths and the Ziphembeleni group are continuing on their own, independent of the researcher even though all the three groups experience the same limitation of lack of financial assistance for their

project but the level of commitment to the alcohol abuse programme varies according to the degree of motivation of each individual group.

Table 15: Cross Case Analysis

	CASE NO. 1	CASE NO. 2	CASE NO. 3
<u>ACCESS PROCESS</u>			
Easy permission.	5/5	5/5	5/5
Group entry : Youth	5/5	5/5	5/5
Professionals	5/0	5/0	5/0
Religions	5/0	5/0	5/0
<u>MATERIAL RESOURCES</u>			
Office / Church	5/5	5/3	5/3
Essential furniture	5/5	5/3	5/3
Photocopier	5/5	5/0	5/0
Telephone	5/5	5/3	5/3

	CASE NO. 1	CASE NO. 2	CASE NO. 3
<u>WORK CONTRACT</u>			
Work	5/4	5/5	5/3
Health education	5/5	5/3	5/2
Skills/knowledge	5/5	5/4	5/3
Alcohol abuse			
prevention	5/5	5/3	5/1
Finance	5/2	5/2	5/2
Equipment	5/4	5/4	5/1
Attitude	5/5	5/4	5/2
<u>GROUP'S LEVEL</u>			
<u>OF</u>			
Independency	5/5	5/5	5/2
Autonomy	5/5	5/4	5/2
Continuity	5/4	5/5	5/2
Researcher contact	5/5	5/4	5/1
Motivation	5/5	5/4	5/1
Commitment	+5/5	5/4	5/1

* First number represents tasks planned and second number represents tasks completed.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1. INTRODUCTION:

According to Amos (1989) the use of, and the attitudes towards alcohol amongst young people in Africa is an area about which little is known but which has potentially major health implications. Neither has much been done about primary prevention in this field. Case studies which included a participatory research was conducted among three groups of people in the Clermont Township near Durban in the Natal Region.

The aims of the research were to describe alcohol abuse as a social problem among the black adolescents and to compare and to contrast the implementation of the alcohol abuse prevention strategies by the different groups of people in their community, using the integrative community based partnership approach to prevention.

A participatory research design was used in three different groups in the urban black community of Clermont Township, involving one youth and two adult groups. This approach was combined with a case-study approach in which the work of each community group was documented as a case-study.

All the three groups of people who participated in the research agreed that alcohol abuse was a problem in their community. They identified factors in their

township which were contributory to the alcohol problem in their community and described the various cycles of negative effects and consequences to the individual, family and to the community at large. They agreed that in the past alcohol was not a problem in the traditional African society because of cultural and economic factors. Most interesting was the serious effects all the groups described was alcohol abuse amongst both teachers and pupils in the Black education system.

Each group planned, implemented and evaluated a unique alcohol abuse prevention strategy. While the youth group maintained a strong alcohol focus with an educational programme, both adult groups moved into the more general issue of economic empowerment. All three groups also used the strategy of capacity building. The willingness to get involved, and the capacity to address the problems of the groups were remarkable.

6.2. CONCLUSIONS:

- * Material resources were relatively available and the community people were willing to participate in community development in this community.
- * Health professionals were available in this community, but they did not follow the Comprehensive Primary Health Care approach and were not involved in community development.

- * Alcohol abuse among black teachers and pupils has negative effects on the education process.
- * Integrative drinking: where drinking activity is integrated into and therefore limited to certain social activities, seemed to be in harmony with the values of these groups, and could be used in prevention.
- * An integrative, multi-faceted and comprehensive community based partnership approach to multi-causal alcohol abuse prevention programmes and strategies was successful in involving community partners and leading to the solving of actual problems, positive health behaviours and, however, development projects need "seed money" to initiate projects. This was very clear especially in the two adult groups.
- * Alcohol abuse prevention can be used as a vehicle to enter a community and engage it in a health directed partnership, but not as the total and only goal.
- * The low socio-economic environment in the townships contributes to alcohol drinking among the youths: The low socio-economic and educational environment, poor infrastructure, high rate of crime, stress, violence and unstable political environment in the townships contributes to alcohol abuse among the black youths. To resolve the problem, a group or a community orientated and not an individual effort is required.
- * There was not enough enforcement of legal restrictions on liquor production and control in the black townships. From the foregoing

discussions it came out that black youths have easy access to alcoholic drinks in the townships. There seemed to be no safety in the legal drinking age.

6.3. LIMITATIONS OF THE STUDY

- * Generalisation was not possible because the researcher worked with only three groups in one community. However, readers may compare the context and sample with their own reality and decide whether it is applicable.
- * Like all community development projects, the research process was time consuming because of many factors inherent in the process. Working with the last group was therefore rushed, and this influenced their work.
- * There is a need for longer term evaluation at a later stage.

6.4. RECOMMENDATIONS:

On the basis of the foregoing conclusions, the following recommendations have to be made:

6.4.1. FURTHER RESEARCH

- * The problem of alcoholism in black school teachers and

pupils should be further explored and a mechanism for addressing it, should be identified.

- * Standardized base-line data on the prevalence of alcohol use amongst the South African youths should be established to enable future evaluation for the prevention strategies.

6.4.2. EDUCATION

- * Community health education programmes that teach about alcohol abuse as a health problem should be planned, implemented and evaluated, using the community workshop approach.
- * Nursing Education curriculum should ensure a thorough understanding of Comprehensive Primary Health Care as an approach.
- * The school, home, work, church, law and the community should be partners in the planning, implementation and evaluation of the community based alcohol abuse prevention programmes. The alcohol abuse prevention programmes should aim at:

- Correcting the misconceptions, misinterpretations, incorrect values, beliefs, reasons for drinking and expectations from alcohol. The programmes should aim at early identification of the alcohol abuser, the results of and the consequences of alcohol misuse.
- Building on the "integrated drinking" values which black communities hold already, to limit occasions where drinking is acceptable.
- Development of competence, knowledge, self-help skills of the youths in order to enhance their self-esteem and to improve the youth's ability to deal with everyday life.

6.4.3. PRACTICE

- * Primary health care should facilitate "seed money" for community development projects from the Reconstruction and Development allocations.
- * Community health nurses who have a specific approach to primary health care need to be re-educated towards a more comprehensive and an integrative approach to primary health care.

6.4.4. FINANCIAL SUPPORT

- * The Government of National Unity of South Africa through the Reconstruction and Development (RDP) has affirmed that alcohol abuse problems exist in South Africa and this problem has to be prevented.
- * The Government has to provide "seed money" to assist the community based alcohol abuse prevention projects for their initiation and sustenance. Without this financial support, the meaningful community based projects cannot function.

6.5. CONCLUSION:

From the foregoing discussions and from my experience from the study, I agree with Rootman (in WHO, 1985) who says that people are receptive to alcohol education and intervention. Their attitudes about alcohol use are subject to change. The community based prevention efforts often complement the services and strengthen the total effort to reduce the problem of alcohol misuse.

The black communities in South Africa have a long way to go towards a quality of life that will promote health. Prevention of alcohol misuse is just one small aspect and can be addressed most usefully by including it in a Comprehensive Primary Health Care approach.

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APPENDIX 1

WORKSHOP PLAN PREVENTION OF ALCOHOL MISUSE AMONG THE YOUTHS IN CLERMONT TOWNSHIP

1. SECTION 1 : OBJECTIVES OF THE WORKSHOP

- 1.1. To examine the attitudes, values perceptions and myths of black youths towards alcohol use or misuse.
- 1.2. To correct the negative or harmful attitudes, values, myths and perceptions of youths about alcohol use or misuse.
- 1.3. To impart knowledge to black youths about alcohol issues.
- 1.4. To enable the youth to become more aware:
 - a) of the powerful influence of the media or advertising on the choices regarding alcohol.
 - b) that advertisers use a range of techniques in an attempt to promote their product.

- 1.5. To introduce participants participatory research in their community settings.
- 1.6. To empower the participants with problem-posing or solving, decision-making, adaptive or coping, cognitive skills, to identify and counter-argue negative social influences that contribute to alcohol use or misuse.
- 1.7. To support positive behavioural change among the participants.
- 1.8. To assist the participants to develop strategies to prevent alcohol use or misuse among adolescents.
- 1.9. To assist the participants in their interventions in alcohol related situations by role plays and through experiential learning.

2. SESSION 1 : GETTING STARTED

2.1. INTRODUCTION

A working relationship in any workplace is vital, especially in an alcohol awareness workshop where elements like: openness, verbal participation and confidentiality are emphasized. To develop a working relationship, the participants must know each other by name, work or school, interests, likes, dislikes and other peculiarities that they may have.

2.2. OBJECTIVES OF SESSION 1

To enable participants to:

- a) Clarify why alcohol use or misuse is an issue for the team.
- b) Get to know each other's background in greater detail, for example, profession or school background, likes and dislikes.
- c) To encourage group identity.
- d) To develop confidence and trust between participants or team members.
- e) To negotiate the nature, content and style of future meetings in relation to developing group norms or rules, time schedules and negotiating tasks or responsibilities.

2.3. MATERIALS

The following materials were required for the session:

- * Sheets of newsprint.
- * Sheets of paper with drawings of various animals.
- * Masking tape or prestick.
- * Posters.
- * Hand-outs.

* Pens and pencils.

(Tacade, 1988)

2.4. THE PROCESS

The following process was used to facilitate the participants to get acquainted with each other:

STEP 1 : TO HELP PARTICIPANTS TO REMEMBER THEIR NAMES BY USING THE ASSOCIATION TECHNIQUE

The participants are taught to help remember their names by associating the name with a fruit, vegetable, object or with an animal, for example, the participants had to say to the person next to him/her: "My name is PAULA, I went to the market and bought PAW PAW." The one who has been told the name, will introduce him/herself to the person next to her/him by saying "My name is PEARL, I went to the market and bought PEARS because Paula went to the market to buy PAW PAW."

This introduction of the self and of others to the group goes on until all the participants are introduced and have introduced each other to the group. Members are allowed to remind the other the name when forgotten.

STEP 2 : DESCRIBING LIFE EVENTS

Each person was asked to describe in a graphic form, the events of their lives, which made them what they are today (character, profession or school and social status). The participants are allowed 15 minutes to describe their "journey of life".

STEP 3 : GROUP FORMATION BY TECHNIQUE OR ASSOCIATION OF CHARACTER OR LIFE EVENTS WITH ANIMAL

- a) After describing their "journey of life" the participants were asked to look at pictures of various animals displayed and to choose the animal that would most closely depict their character as described in their "journey of life".
- b) Participants were asked to group themselves according to the animals they had chosen. Sometimes an individual may be the only one who has picked a specific animal. Such individuals are encouraged to form a group of single animals.
- c) Each animal group had the following tasks:
 - * Select a group chairperson.
 - * Share their "journey of life".
 - * Link their character they have described with the animal chosen.

- * Discuss their learning experiences in the getting acquainted exercise.
- * Each leader of the group introduced his or her members in the plenary and shared their journeys of life with all the other participants.

STEP 4 : LEARNING EXPERIENCE AWARENESS DISCUSSIONS

Participants had to share at the plenary, their experiences during the getting started phase and during the group formation phase.

STEP 5 : HOPES AND FEARS GAME

Brainstorms as a group and identify:

- a) The things the participants hoped to get out of the workshop, for example, to gain more information about alcohol misuse and to discuss factors that contribute to alcohol misuse.
- b) To discuss the things that participants fear about participating in the workshop, for example, workshop will take up too much time.
- c) Write the points identified on a flip chart.

- d) Use the points identified, in the brain-storming session to discuss as a group, the following issues (45 minutes).

STEP 6 : DISCUSSIONS AND RECORDINGS ON

- a) How far does the team agree or disagree with the hopes that the individuals identified?
- b) Which concerns could be allayed and which have no easy solutions?
- c) What are the teams expectations for change in terms of the life or work of the participants and of the whole team?
- d) Are these expectations for change realistic?

STEP 7 : ACTION POINTS

Decide as a team whether to continue to work towards the agreed objectives, expectations and hopes or to add or eliminate some.

STEP 8 : ORGANISING TASKS OR RESPONSIBILITIES

- a) Decide whether the group will incorporate into discussions the following: racial, gender, political, cultural, social and/or religious issues or perspectives.

- b) Decide on the membership of the group namely: all willing participants who are above the age of 12 years, black females and males who live in Clermont township.
- c) Decide when, where, and for how long to meet.
- d) Decide who else to involve or consult at various stages of the workshop.
- e) Decide how the sessions will run, for example, who will act as facilitator and co-facilitators.
- f) Check if all participants understand the concept of group-work.
- g) Decide on the methods of learning and planning, namely: self-directed, experiential learning and participatory involvement.
- h) Negotiate the issues or topics that the participants need to learn about.
- i) Negotiate a set of rules for the workshop.
- j) To stimulate discussion of the ground rules for the workshop, display Poster 1 "Ground Rules", a set of ground rules suggested by a group of 11 year olds in the National Curriculum Council Department in the United Kingdom (Tacade and Portman Group, 1992).

There are many other "ground rules" that may be added, like confidentiality and punctuality. Other questions for consideration include:

- a) If the "ground rules" are broken by any individual, whose responsibility is it to point this out? Is it the facilitators, or the participants' responsibility?
- b) What are the sanctions or courses of action to be taken if the "ground rules" are broken?
- c) Has anyone in the group used, written or negotiated "ground rules" in their teaching or learning or in his or her life experiences.
- d) What are the reflections or experiences of the participants about the value of setting "ground rules" for home or school or work management?
- e) Participants can proceed if everyone understands that the "ground rules" for the workshop are negotiated, to enhance the learning experience (Tacade and Portman Group, 1992).

STEP 9 : CONCLUDING AND SHARING ACTIVITY

*** OBJECTIVE**

To allow participants an opportunity to:

- a) Cement group relationships established during the first day of the workshop.
- b) Conclude the first day of workshop on a more personal level.
- c) Share personal thoughts and feelings.

*** SHARING MATERIALS**

Ask all members of the group to bring an envelope or a bag for the first or the final session of the workshop. The bag should contain three items, namely:

- * An item which makes participants happy.
- * An item which makes participants sad.
- * An item the participants would like to share with the group.

For example, an item for "happy", could be a family photograph, hobby, clothing item or school report or prize or award. An item for "sad", could be a newspaper article, a photograph, or a family or personal object like a letter, a dressing or wedding ring. An item to "share", could be sweets, drink, poem, story, song, audio/visual tape recording or a hobby. (Duration - 15 minutes).

3. SESSION 2 : AIMS OF ALCOHOL EDUCATION

3.1. OBJECTIVES

To provide a process whereby participants can discuss and clarify the aims of alcohol education.

3.2. PROCESS

STEP 1 : ESTABLISH AIMS OF ALCOHOL HEALTH EDUCATION

Since the leader should not impose his or her aims for the alcohol education workshop, the group was involved in the establishment of the priority objectives. The participants were asked to choose the aims they like and prefer. The following statements were shown to the participants:

- a) To enable people to make decisions about alcohol use or misuse.
- b) To develop knowledge and understanding about alcohol as a drug.
- c) To stop young people from drinking alcohol beverages.
- d) To delay the onset of alcohol use.

- e) To examine personal attitudes and values that will influence decisions about alcohol use.
- f) To encourage sensible, appropriate and safe drinking behaviour.
- g) To practice skills and strategies needed to deal with alcohol situations.
- h) To promote individuals' self-confidence, self-esteem and worth.
- i) To create a learning "climate" which is people centred, encourages participatory approaches, where peoples' knowledge and experiences are valued.
- j) To introduce participants to participatory research.
- k) To help participants to conduct and to utilise alcohol-related research results for the benefit of their community based projects.
- l) To place alcohol in the political, social and economical environment in which it exists.
- m) To raise especially, the young peoples' competence to look after themselves and to be able to influence the policies which will secure a safe and health environment in which to live.

- n) To write additional statement(s) of one's choice.

STEP 2 : RATING AIMS OF ALCOHOL EDUCATION ACCORDING TO ORDER OF IMPORTANCE

- * Participants to work in pairs or threes. It is helpful if participants work on the floor, or at tables, because their patterns would be shared with the whole group.
- * Initially the pairs or threesome should discard the FOUR statements that they think are not important so the nine remaining statements should fit into the 'Diamond 9'.
- * Group members to rank the statements using the structure of the 'Diamond 9'. X represents the following order of importance:

X at the top of the 'Diamond 9': MOST IMPORTANT.

X on the second top level of 'Diamond 9': IMPORTANT.

X at the middle of 'Diamond 9': NEUTRAL.

X towards the lower level of 'Diamond 9': UNIMPORTANT.

X towards the lower level of 'Diamond 9': OF LESSER
IMPORTANCE.

NOTE: X on the lower poles of 'Diamond 9' represents: NOT
IMPORTANT (Tacade and Portman Group, 1992).

STEP 3: ESTABLISHING OF SELF-DIRECTED LEARNING APPROACHES

Encourage the participants to:

- a) Take responsibility for their learning.
- b) Develop self-confidence and judgement.
- c) Exercise informed choices.
- d) Work in groups.
- e) Experience leadership.
- f) Offer, respond and argue a case.
- g) Defend sensible and personal view or decision.
- h) Share outcomes with larger group members (Tacade, 1988c).

4. SESSION 3: EXPLORING PARTICIPANTS' ATTITUDES TOWARDS ALCOHOL:

4.1. OBJECTIVE

To explore the participants' attitudes towards alcohol use.

4.2. ADDITIONAL MATERIAL

A photocopy of a questionnaire for each participant on attitudes and clinic statements on alcohol use and misuse.

4.3. PROCESS

STEP 1 : INDIVIDUAL EXPLORATION OF ALCOHOL USE ATTITUDES

- * Remind participants about the workshop "ground rules" about confidentiality, and the right to talk or not to talk before the participants explore and express their attitudes about use or misuse of alcohol.
- * Ask each participant to complete the questionnaire sheet individually, and to share their views with their neighbour.

STEP 2 : PLENARY EXPLORATION OF ALCOHOL ATTITUDES

- * As a whole group, ask for responses to several of the questions, for example, question number 2.
- * Begin a discussion, prompting with the following:

- a) How many of the participants replied under the columns: "strongly disagree", "agree", and "strongly agree"?
- b) What are the reasons for your view points?
- c) In the light of the group discussion, has anyone modified his or her attitudes about alcohol use or misuse?
- d) Can the attitude exploring method be used in a classroom or community workshop?
- e) How can the method be altered?
- f) Can the method suit all ages or classes?

5. SESSION 4: WHY DO YOUNG PEOPLE DRINK ALCOHOL?

5.1. OBJECTIVES

To explore why participants think most young people drink alcohol beverages.

5.2. PROCESS

Triggers were used for discussions:

*** POSTER NO. 3**

**WHY DO MOST YOUNG
PEOPLE DRINK
ALCOHOL?**

*** TRIGGER FOCUS QUESTIONS:**

Do the following factors have an influence on youth drinking:

- a) Parental Factors.
- b) Peer Factors.

STEP 2 : BRAINSTORM REASON FOR ALCOHOL USE

- a) Divide the participants into small groups of 5/6.
- b) Refer them to the purpose of the exercise.
- c) Then display the above revealed poster number 3.
- d) Each group will need a large sheet of paper and some felt-tip pens.
- e) Each group to brainstorm their reasons for alcohol use by youths.

- f) Remind the groups that the brainstorm technique requires accepting all contributions without question (Tacade and Portman Group, 1992) (5 minutes for the task).

STEP 3 : ADDITIONAL TASKS

- * Ask groups to decide which reasons they consider the most influential for the 11 to 14 year olds and for the 14 to 18 year olds.
- * Circle these in two different coloured pens, to represent the age groups.

STEP 4 : PLENARY SESSION

- * Bring the participants back together for a plenary session.
- * Conduct a general discussing using the following questions:
 - a) Do any of the stated reasons need further clarifications:
 - b) Are there any similarities or differences in reasons between the groups?
 - c) At the 11 to 14 year old stage and the 14 to 18 year old stage, what were considered to be the main reasons, and what led the groups to this assessment?

- d) If the groups were to decide upon the main reasons for the young people at +18, what would be the reasons?
- e) How can these assessments be used to develop a focus for the alcohol programme for the young people?

**STEP 5 : ADDITIONAL TASK - ALTERNATIVE DRUGS
 USED BY YOUTHS**

- * Take another sheet of paper, brainstorm the following issues:
- * Why do young people use other drugs such as solvents like benzine, glue and petrol? Brainstorm this idea in the same groups for another five minutes.
- * Evaluation and conclusions - compare the two sheets, that is, of alcohol and other solvents:
 - a) Are there any similarities?
 - b) Are there any differences?
 - c) What are the settings for drug taking - are they individual or groups?
- * This discussion should lead the group to a fuller understanding of what kind of drugs the young people use, with whom they have contact when they take certain drugs and the reasons youths give for using alcohol.

- * Identify the similarity or dissimilarity in the reasons by youths for taking alcohol and certain other drugs.

6. SESSION 5 : PERSONAL ALCOHOL CONTACT OR USE

6.1. OBJECTIVES

- * To identify individuals especially the youth who are using alcohol.
- * To identify individuals who need help for alcohol use or misuse.
- * To empower the individuals and youths with helping skills be rehearsal or practice and role play with a peer who has an alcohol abuse problem who needs help.

6.2. PROCESS

STEP 1 : DISCUSSIONS ON FIRST PERSONAL ALCOHOL CONTACT OR USE

- * Participants to close eyes and sit for two to three minutes.
- * Participants to think about personal contract with alcohol or any drug (including prescribed drug, tobacco, benzine and petrol)

from the age of 10 years.

- * Discussion on these contacts for 5 to 10 minutes.
- * Remind the participants that any group member has the right to remain silent, although hopefully it was felt that all would feel able to contribute openly.
- * Participants to discuss how they would try to bring about change to any contact with alcohol or drugs among peer, for example, on school or social outings, residential with youngsters or adults within settings, school, home, shebeen, tavern, hotel, restaurants. (5 to 10 minutes).

STEP 2 : EMPATHY, NON-JUDGEMENTAL HELPING APPROACH

- * To ensure that adequate empathy is expressed with a youngster or adult who had taken a drug, of whatever nature, these concepts are explored for further guidance and referral to be given to those who expressed need for help.
- * Discuss the difference between sympathy and empathy.
- * Explain and discuss the meaning of a non-judgemental approach or a judgemental approach during the helping process.

STEP 3 : SKILLS EMPOWERMENT

- * Teach participants helping skills.
 - * Participate to practice or rehearse and role play helping skills to a friend with an alcohol misuse problem.
- (10 minutes).

7. SESSION 6 : IMPARTING KNOWLEDGE ON:

- a) Facts about young people and alcohol : Hand-out 2.
- b) Research on young people on alcohol : Hand-out 3.
- c) Alcohol knowledge quiz: answers: Hand-out 4.
- d) Alcohol knowledge quiz: answers: Hand-out 5 to be handed out at the end of the knowledge imparting activity (Tacade and Portman Group, 1992).

7.1. OBJECTIVES

- * To provide participants with basic information about young people and alcohol.
- * To provide participants with specific information about alcohol and alcohol education.

- * To experience and discuss different ways of imparting information to participants.
- * To raise debates about alcohol related incidents and how these might be dealt with.

7.2. ADDITIONAL MATERIALS

- * TACADE alcohol: Tour of Knowledge Playing Card Game (Tacade, 1988b).
- * Alcohol Related Situations Cards (Tacade, 1993).

7.3. ACTIVITIES

- * Activity: Individually, then in pairs, complete the alcohol quiz. Whole group activity using the photocopied alcohol-knowledge, quiz and answers.
- * Activity: In groups, playing the Alcohol Tour of Knowledge Card Game (20 minutes).
- * Activity: Small group activity of case studies of the alcohol use by students using the Alcohol Situations Cards (15 minutes). (Tacade and the Portman Group, 1993).

7.4. STEPS 1 : IMPARTING KNOWLEDGE

- * Before imparting knowledge distribute hand-out 1 on alcohol quiz questions to each participant individually to identify participants' knowledge about alcohol use before imparting the alcohol knowledge.
- * Distribute hand-out 2 on Facts on Young People and Alcohol. Stimulate discussions and learning these facts.
- * Discuss and learn about safe or sensible drinking units.
- * Distribute and discuss hand-out 3 on Research on Young People and Alcohol.
- * Allow participants time to read the hand-outs during the workshop or to take the hand-outs home to read.
- * Leader to help participants to work in two or threesomes.
- * Leader to help to explain and discuss the facts and the research on alcohol and youth.
- * Distribute hand-out 4 on Alcohol Knowledge Quiz: Questions, after imparting knowledge.
- * Distribute hand-out 5 on Alcohol Knowledge Quiz: Answers, after the participants have answered the quiz questions. (Tacade and Portman Group, 1992).

STEP 2 : TO ENHANCE LEARNING ON ALCOHOL FACTS AND RESEARCH

- * Bring the group back together to discuss the following:
 - Find out if any of the statements were surprising?
 - How can participants establish research project into the attitudes and behaviour of the youth in relation to alcohol in own community?
 - Have the participants' views on the aims of alcohol education and the reasons why young people use alcohol changed in the light of these statements?

STEP 3 : ALTERNATIVE OR ADDITIONAL KNOWLEDGE IMPARTING STRATEGY

7.2. OBJECTIVE

The purpose of this activity is to offer an alternative teaching strategy that provides information on alcohol facts and research through a card playing game. The activity constitutes fun and learning.

7.3. ADDITIONAL MATERIAL

Alcohol Tour of Knowledge Play Card Game. This is an alternative method of imparting information about alcohol, especially for the youth. The game raises debates among the players about alcohol facts. The play card pack contains 48 question cards, and 48 answer cards. By following the game instructions, the participants are asked questions on facts about alcohol. Participants are given a chance to answer. When the answer is true or false, it will be indicated to the players in the instructions. The instructions of playing are contained in the card pack (Tacade, 1988b).

8. SESSION 7 : EFFECTS OF ALCOHOL ON THE BODY:

8.1. OBJECTIVES

- * To determine the knowledge of the participants about the extreme effects of alcohol misuse to the human body.
- * To illustrate, discuss and impart knowledge about some of the extreme effects of alcohol misuse to the human body.
- * To explain the effects on the body which can arise as a result of either short-term acute overdose, or long-term excessive consumption.

8.2. THE PROCESS

STEP 1 : BRAINSTORMING THE EFFECTS OF MISUSE ON THE BODY

- * Draw an outline of human torso on a large sheet of paper.**
- * Make 14 large colourful labels.**
- * Write on each label one of the following effects:**
 - a) Short-term acute overdosage:**
 - Lessens driving ability .**
 - Vomiting.**
 - Blurs vision and decreases awareness.**
 - b) Long-term excessive alcohol consumption:**
 - Cirrhosis of the liver.**
 - Cancer of the oesophagus.**
 - Heart disease and heart attack.**
 - Obesity.**
 - Hepatitis.**
 - Damaged mental capacity.**
 - Gastric ulcers.**
 - Malnourishment.**

- Shrinkage of ovaries.
- Cancer of the mouth.
- Shrinkage of the penis and testicles.
- Facilitator or the participants may wish to add to or alter the list in order to highlight other effects.

STEP 2 : ILLUSTRATION OF EFFECTS OF ALCOHOL MISUSE TO THE BODY

- * Pin up on the wall the drawing of a large outline of a torso.
- * Hand out label to each of the 14 members of the group.
- * Have 14 strips of masking tape available, and read out each label, ask the appropriate group member to place his or her label on the relevant part of the torso.
- * Offer help to those participants who may need help in locating some parts of the anatomy.
- * Stress the fact that some of these effects are the results of long-term heavy use of alcohol, and others are the effects of short-term acute overdoses, for example, short-term acute overdose lessens driving ability, blurs vision, decreases awareness and can cause vomiting. The other effects are the results of long-term heavy alcohol use (Tacade and the Portman Group, 1992).

9. SESSION 8: CASE STUDIES OF ALCOHOL USE BY YOUTHS:

9.1. OBJECTIVES

- * To give the participants an opportunity to visualise alcohol related situations or incidents in their community with the aid of photographs.
- * To trigger discussions about strategies that are currently utilised to deal with the situations.
- * To brainstorm on the strategies that could be utilised in the future to resolve the problem.

9.3. ADDITIONAL MATERIAL

A variety of 1 to 15 photographs of young people in alcohol related situations in the community.

9.4. PROCESS

STEP 1 : VISUALISATION OF YOUTHS IN ALCOHOL RELATED SITUATIONS

- * Divide the participants into small groups of four or five.

- * Hand out a separate alcohol related situation, for example, photograph number 1, of the 15 photographs to each small group.
- * Ask each group to discuss the situation using the following trigger questions or:
- * The facilitator may display a poster of the following trigger questions:
 - a) Discuss the situation on your card/s.
 - b) What are the implications for the use of alcohol by the youth?
 - c) What are the implications for education about alcohol for the youth?
 - d) How can the situation be resolved?

STEP 2 : PLENARY

- * After 10 to 15 minutes bring the whole group back together.
- * In turn, ask each small group to read out the alcohol related situations on the card/s. Allow feedback and discussion on the

main points under discussion (Health Promotion Wales and Tacade, 1993).

10. SESSION 9: DEFINITION OF THE CONCEPT: HEALTH OR STATE OF WELL-BEING:

10.1. INTRODUCTION

A workshop is a forum for development and formation of concepts. The word concept, may be more meaningfully referred to in this context as a "consensus of perception." The activity was included in the workshop in the hope that participants would learn to talk about health as a subject that is being perceived by all in the same way. Everyone, the health educators, researcher and community members are concerned about health and alcohol misuse as social issues. The workshop aimed at discussing the interrelatedness on these concepts.

10.2. OBJECTIVES

- * To develop a shared perception of the concept "HEALTH".
- * To develop a working definition for health.
- * To recognise the communities' views regarding the factors that contribute or enhance the health status.

- * To develop a shared perception of any subject especially subjects that are health related need discussion with other participants.

10.3. ADDITIONAL MATERIALS

An assortment of pictures from local magazines, drawings or photographs depicting diverse aspects of ordinary life.

10.4. PROCESS

STEP 1 : DESCRIPTION OF HEALTH RELATED PICTURES

- * At plenary session, scatter a mixture of 50 pictures depicting diverse aspects of ordinary life on the floor, in the centre of the participants.
- * Participants to sit in a circle to surround the pictures on the floor.
- * Participants to pair up for the activity.
- * Each participant to move around the pictures and select one which reminds him/her of health.

STEP 2 : DISCUSSION ON HEALTH PICTURES

- * Co-facilitators to pool the descriptions of the pictures in radial form on a newsprint in front of the class.
- * Draw a circle around and at the centre of the descriptions.
- * Underline between the two circles.
- * Participants to be encouraged to identify the figure drawn, reveals a figure of a "wheel" where each of the radial components form the "spokes".

STEP 3 : COLLATING THE VARIETY OF DEFINITIONS FROM GROUPS

Participants moved into groups and using the "wheel and health" provided numerous definitions of health.

STEP 4 : DEVELOPING A CONSENSUS DEFINITION

- * To develop a consensus perception of the concept health the participants to underline the common words from the definitions provided by the different groups.
- * Use different coloured pens for writing each common word.

- * Identify with different pen the common words that were identified by each group.
- * Prepare a common definition of health from the common words.
- * Group to agree to a final functional definition for the workshop.
- * Group to discuss and explain their functional definition until all the participants have a shared understanding of health and to understand the factors that maintain healthy living styles or to understand factors like alcohol misuse which disturb the health equilibrium.
- * Group to compare the groups' definition with the World Health Organisation, viz: health is a state of complete, physical, social spiritual and mental well-being and not mere absence of disease or infirmity in a health environment.
- * The participants to note similarities and differences, additions, inclusions and limitations of the definition of the workshop and that of the WHO, including the political, socio-economic and psycho-social aspect of health.
- * Stress the fact that it is not the definition that is important,

rather it is important that people develop a shared perception and understanding of health.

11. SESSION 10 : DEFINING THE TERM ALCOHOLISM:

11.1. OBJECTIVE

- * To explore how alcoholism is defined and is explained by the participants.
- * To develop a working definition of alcoholism.
- * To develop a shared perspective of the meaning of alcoholism.
- * To discuss or impart knowledge about alcohol use, misuse, abuse or alcoholism
- * To develop strategies to prevent alcohol misuse among the youths.
- * To plan the implementation and evaluation of the alcohol abuse preventive strategies for youths.

11.2. ADDITIONAL INFORMATION

- * Video tape recording and photographs of alcohol related situations in the community.

11.3. PROCESS

STEP 1 : EXPLORE AND EXPLAIN THE CONCEPT ALCOHOLISM

- * Explore and explain the term alcoholism.
- * Clarify views about term alcoholism.
- * View the video tape recording about alcohol related situations.
(25 minutes).

STEP 2 : BRAINSTORM DEFINITION OF ALCOHOLISM

- * Brainstorm and collate group ideas about several definitions for alcoholism.
- * Record on a large sheet of paper all the definitions for alcoholism provided by the group members.
- * Develop a consensus definition for alcoholism for the workshop using the method used above.

- * Compare and contrast the workshop definition of alcoholism with definition/s in the literature.

12. SESSION 11 : INFLUENCE OF THE MEDIA ON ALCOHOL CHOICES:

12.1. ADDITIONAL MATERIALS

- * Trigger questions simulation : Within your agency you have been asked to consider a range of other agency advertisements. For each advertisement, consider the ways that are used to make alcohol appear attractive and to encourage people to buy the product. This is often referred to as promoting the "image" of the product.
- * Trigger questions: Does the advertisement use any of the following techniques?:
 - Sex appeal.
 - Wealth.
 - Superman or woman or a supernatural character.
 - Attractiveness.
 - Strength.
 - Comfort.
 - Warmth.
 - Relaxation.

- Normality.
 - Use of media "personalities".
 - Humour.
 - Add any other technique/s.
- * What else is used with the intention of making the advertisements "work"? That means to encourage people to buy drink?
- * What does the advertisement not say or show, for example:
- Cost or price.
 - Risk/s.
 - Damage to individual, family and community.
 - Add any other/s.

12.2. PROCESS

- * To help the participants to become more aware of the influence of the media on alcohol consumption.

STEP 1 : AWARENESS ON INFLUENCE OF ADVERTISING ON ALCOHOL CONSUMPTION

- * Explain the objectives of the session to participants.
- * Divide participants into eight groups and distribute copies of non-alcohol advertisements to each group. Magazines were

used, with alcohol and non-alcohol advertisements in the magazine being compared.

- * Refer to the trigger question sheets and to the objectives of this session.
- * Ask each group to invent a name for their advertising agency, for example, Morris & Morris Advertising Agency.
- * Allow about 20 minutes for the groups/agencies to complete their task.
- * Groups to consider a number of advertisements according to the trigger questions.

STEP 2 : BRAINSTORMING ON INFLUENCE OF MEDIA ON ALCOHOL CONSUMPTION

- * Ask one "advertising agency" to join with another "advertising agency".
- * Agency to take turns to share their feedback on their analysis of the advertisements.

STEP 3 : PLENARY

- * Bring the groups back together as a whole class.

- * Brainstorm, and write up a list of the main features and techniques used in the advertisement.
- * Discuss which are the most powerful and influential features and techniques used for advertising and why.
- * Re-form the "agency" groups and set the task of designing an advertisement this time for a non-alcoholic drink.
- * This point of the session may need a further session. There needs to be a display made of the non-alcoholic drinks, and a discussion about which is the most effect image, and why (Tacade, 1988a).

13. SESSION 12 : INTRODUCTION TO PARTICIPATORY RESEARCH

13.1. INTRODUCTION

In daily life all human beings want to make sense of the experience encountered. The following are factors / forces we encounter in the world: The physical, cultural, social, economical, psychological, spiritual, emotional, biological, chemical and sexual. The human experience is a complex affair and is difficult to understand. Like all human beings, the scientific researcher is trying to understand, explain, predict or control phenomena or existence. To be able to do this, the

scientist goes about this task in a more orderly and systematic fashion than is typical of our everyday life.

13.2. OBJECTIVES OF THE SESSION

To learn and discuss about the following issues:

- * Characteristics of scientific research.
- * Sources of knowledge.
- * Advantages and disadvantages of the sources of knowledge.
- * Inductive and deductive reasoning.
- * Function of research.

13.3. PROCESS

STEP 1 : DISCUSS THE CHARACTERISTICS OF SCIENTIFIC KNOWLEDGE

This knowledge by scientific researcher in the scientific enquiry or research has the following characteristics:

- * It is scientific knowledge.

- * It is systematic, not haphazard.
- * It is tested.
- * It is logical, rational or well reasoned.

STEP 2 : DISCUSS THE SOURCES OF KNOWLEDGE

- * Think about something that you know.
- * Write what you know on the board for all to see, for example, there is life after death.
- * Question the statement, for example, where do you get that knowledge?

STEP 3 : DISCUSS THE ADVANTAGES AND DISADVANTAGES OF THE SOURCES OF KNOWLEDGE

Explain and discuss the following aspects:

- * Tradition: When certain "truths" are accepted as "givens", for example, Christians believe that God / A Supreme Being created the universe and continues to oversee its activities. Tradition or customs is then one source of information.

- a) Advantages of tradition as source of knowledge: tradition is efficient in the sense that each individual is not required to begin anew in an attempt to understand the world or certain aspects of it.
- b) Tradition or custom facilitate communication by providing a common foundation for their validity.
- c) Disadvantages of tradition. Tradition may interfere with ability to perceive the possibility of challenging customs.
- d) The value of traditions must be assessed or appraised before putting them as truths.

* Authority : Explain that the human being often turn to specialised sources for answers to questions and problems. If we have a legal problem, we seek the services of the lawyers. When students have difficulty with their school or work, they turn to their teacher, or written authorities, that is, books and journals for knowledge. A common source of answers to questions or solutions to problems, is a person who has expertise in a well-defined area.

- a) Explain the advantages of authority as source of knowledge: Is with the rapid accumulation of knowledge and technological changes, it would be impossible to

eliminate the methods of authority as a source of knowledge and understanding.

- b) Explain the disadvantages of authority as source of knowledge is that authorities are not infallible (they can make mistakes).

* Experience (personal) as a source of knowledge. Explain the following advantages of experience as the source of knowledge, the ability to:

- a) Generalise knowledge.
- b) Recognise regularities.
- c) Make predictions based upon observations, is considered an important characteristic of human behaviour.

* Explain the following limitations of knowledge from experience:

- a) Individual's experience may be too restricted to develop generalisations.
- b) Two individuals may perceive or experience the same object differently. Whose experience constitutes the truth?

- c) Alternatives are tried successfully in the trial and error approach until we find one answer to our question or solution to our problems.
- d) Trial and error is fallible (has mistaken) and is inefficient.
- e) The method is haphazard and unsystematic.
- f) Knowledge obtained is often unrecorded and hence inaccessible to the subsequent problem solvers and information seekers.

* Logic reasoning as a source of knowledge:

- a) Explain the solutions to many problems are solved by means of logical thought processes. Logical reasoning as a method of knowing combines experience, intelligence and the formal systems of thought.
- b) Explain that inductive reasoning is a process of developing generalisations from specific observations.
- c) Explain that deductive reasoning is a process of developing specific predictions from general principles.

- * Explain that research has the inductive and deductive characteristics or functions which seek to:

- a) Describe.
- b) Explain.
- c) Predict.
- d) Control.

14. SESSION 13 : SCIENTIFIC RESEARCH / METHOD:

14.1. OBJECTIVES

Try to be able to:

- * Explain the term scientific research.
- * Discuss the steps in designing a research project.
- * Explain the term participatory research.
- * Explain the process of research identification.
- * Discuss sources for locating research problems.
- * Explain the criteria for evaluating research problems.
- * Prioritise the research problems using the following techniques:

- a) Community profile by field visit or by using.
- b) Pictures, photographs and news articles of community situations from the local newspapers.

* Explain the sources of literature review.

14.2. PROCESS

STEP 1 : EXPLAIN THE TERM SCIENTIFIC RESEARCH

This is the most advanced method of acquiring knowledge that this has been developed by human beings. This method of obtaining information is more reliable than the traditional, authority, experience, inductive or deductive reasoning. Research as a method of understanding has a capacity for self-evaluation. Research uses strategies to minimize the biases or researchers emotions from affecting the scientific results. To research is to examine carefully. Scientific research refers to a general set of orderly or systematic, diligent and disciplined procedures used to acquire dependable and useful information.

STEP 2 : DESIGN A RESEARCH PROJECT

- * Set the objectives of the research to be done.
- * Ask what research has been done.

* Ask the following questions:

- a) What needs to be known?
- b) How, where and when can it best be measured?
- c) What can interfere with good measurements?
- d) What do the results mean?

STEP 3 : EXPLAIN PARTICIPATORY RESEARCH PROCESS

This is a people centred learning process that can transform the community members' patterns of awareness. It assists community members equalise the distribution of power and resources and increases participation in developmental activities (Brown and Tandon, 1985). Influential concepts in participatory research are education and conscientization or rural and poor urban communities by engaging the adults or youths in critical analysis of the causes of problems like alcoholism, the causes of powerlessness and impoverishment in their communities. The researcher together with the community members jointly bring inquiry, education and action on the problems like alcohol abuse among the young. The problem is of mutual interest for both parties that is to the researcher and to the participants. Both parties become learners, that is, the researcher together with the community members. Participatory research strives to utilise all efforts to solve specific social and organisational problems and combines all efforts to develop a more logical general understanding of the community's social

problems. The values and ideology emphasized in participatory research are empowerment, equity, self-reliance and understanding.

Participatory research encourages dialogue. Participants to take initiative in analyzing, discussions, clarified agreement and common concerns among participants. Problem solving exercises requires participants to work collectively. Participants learn by experience about the skills needed for joint action.

STEP 4 : RESEARCH PROBLEM IDENTIFICATION

Ask the following questions:

- a) The "what" of the research.
- b) What needs to be known?, or
- c) What needs to be researched?

STEP 5 : EXPLAIN SOURCES FOR LOCATING RESEARCH PROBLEMS

The following are the sources for locating research problems:

- * Experience: Research problems come as a person's everyday experiences. If one ever asks the questions: "why are things done this way" and "I wonder what would happen if...". One is well along the way to developing a research problem.

- * Literature: that is, books, journals, newspapers.
- * Theory: Theory is an abstract, generalised explanation of phenomena.
- * Patterns with trends.

STEP 6 : PARTICIPATE IN FORMULATING A RESEARCH PROBLEM

- * Divide the participants into four groups.
- * Ask each group to formulate research questions on alcohol abuse in their community.
- * Each group to list the agreed alcohol related research problems.

STEP 7 : EXPLAIN THE CRITERIA FOR EVALUATING RESEARCH PROBLEMS

There are no fixed rules for making a final selection for a research problem, however, some criteria should be kept in mind in the decision process. The four most important criteria are:

- * The significance of the problem: How important is the problem? Will it help to have the answers to the research problem or question/s.

- * **Measurability:** Can the variables be defined and measured?
- * **Feasibility:** Can we do the research? Do we have the time and the timing, availability of the respondents, facilities and equipment, money requirements, and the co-operation of other individuals, for example, employers and the experience and competencies of the researcher.

STEP 8 : PARTICIPATE IN PRIORITIZATION OF RESEARCH PROBLEM

- * **Facilitate research problem prioritization.** The group must participate in conducting a community profile by means of a visit to the research field or community.
- * **Participate in organisation of health development programme,** for example, the alcohol prevention programme for youths.
- * **Use photographs, pictures and news articles of the community** from local newspapers to conduct a community profile if participants are unable to do a physical visit to the research field or community. The pictures must depict the alcohol related situations in the community if the research problem is about prevention of alcohol. The value of using pictures and photographs as a discussion trigger, has been explained in the above text. Explain the additional value of using pictures, namely:

- a) Pictures can show something that has existed in the past or will exist in the future.
- b) People need less training to produce pictures with health related problems common in their environment.
- c) Pictures or field visits help participants in describing and analyzing the patterns and conditions of their own lives, lifestyles and in the development of their own communities.
- d) Pictures help participants to understand the research results and to help participants to formulate solutions to the problems.
- e) Participate in creating and using community profile as a useful data collecting technique for community entry and for community participatory research process.
- f) Follow the guidelines for the community assessment or profile, see guide descriptions in the text.
- g) After jointly identifying the community's common concerns or problems and prioritising the research problem, do a review of the related research, theory, and reading on the topic to help bring the problem into

sharper focus and to aid in the formulation of appropriate research questions (Fleuerstein, 1986).

STEP 9 : EXPLAIN THE SOURCES OF LITERATURE REVIEW

- * Primary sources: from the point of view of the research literature, it is the description of an investigation written by the person who conducted it, for example, articles appearing in journals are original research reports, books and reports.
- * Secondary sources: is a description of a study or studies prepared by someone other than the original researcher, for example, review articles which summarize the literature on a topic.

15. SESSION 14 : COLLECT MORE INFORMATION FOR RESEARCH:

15.1. OBJECTIVES

To be able to:

- * Explain the reasons why more than the existing information is needed.
- * Explain the uses, advantages and disadvantages of the different data collecting techniques available for research.

- * Choose jointly, the suitable data collecting techniques for use by the participants in their own research project.
- * Help the participants formulate a suitable data collecting technique.
- * Help the participants implement the data collecting technique during the data collecting process.

15.3. PROCESS

STEP 1 : TRIGGER QUESTIONS : WHY DO WE NEED MORE INFORMATION FOR THE RESEARCH?

More information is needed than the existing collected information. The existing information is collected by means of passive observation while visiting the research field and by using alcohol related community pictures and photographs during community profiling. More facts and statistics are needed for the topic.

STEP 2 : EXPLAIN THE DIFFERENT DATA COLLECTING METHODS AVAILABLE

- * Explain that the following are the different data collecting methods that are available for research purposes: surveys, interviews, workshops, case studies, observation methods and questionnaire measurements and tests methods.

- * Explain the specific data collecting techniques that are suitable for specific kinds of research processes, for example, for collecting unrestricted amounts of information for qualitative research, the case study method, with the use of workshops, would be the ideal data collecting technique or method.
- * Explain that each technique has its uses, advantages and disadvantages as described in the text.

STEP 3 : PARTICIPATE IN CHOOSING A SUITABLE DATA COLLECTING TECHNIQUE

- * Research a consensus in choosing an appropriate technique for data collection according to the nature of the research project to be conducted.
- * Help participant to do a pilot study to try out the data collecting process so as to detect the potentials and weaknesses of the instrument and to be able to improve it before conducting the research process.
- * Conduct the training of the participants who will conduct the data collecting process in the following research aspects: The ability to:
 - a) Introduce themselves to the respondents.
 - b) Explain the objectives of the research.

- c) Explain the instructions of the instrument.
- d) Answer the respondents' questions.
- e) Time and maintain the respondents' anonymity.
- f) Collect the responses from direct respondents.
- g) Thank the respondents for the time given.

16. SESSION 15 : EXPLAIN THE DIFFERENT TYPES OF SAMPLING:

16.1. OBJECTIVE

To be able to:

- * Explain the term sampling to the participants.
- * Explain the need to do sampling.
- * Choose kind and how big a sample to use.
- * Explain that different kinds of research project use different types of sampling processes.
- * Explain the different types of sampling.
- * Explain how bias can spoil sampling.
- * Give meaning and utility to research findings.

STEP 1 : DEFINE TERMS SAMPLING AND SAMPLE

- * Sampling: means looking closely at part of something in order to learn more about the whole thing, for example, if you want to know how a big pot of food tastes, take a teaspoon and taste. You do not need to eat the whole pot.

- * Sample: according to Feuerstein (1986) a small group, representing a big group in all ways. An example of geographical sampling where the sample decreases in size:
 - a) Citizens of South Africa.
 - b) People of Natal.
 - c) People of Durban.
 - d) Residents of Clermont.
 - e) Young people of Gugulethu Youth Centre.

**STEP 2 : WHY DO WE NEED TO SAMPLE WHEN WE DO
 A SURVEY?**

In most cases it is not possible to include ALL people, or households, or farmers in a survey because the population is too LARGE and there is not enough time or enough staff to interview everyone, or it would be too expensive. A carefully chosen sample can provide information about the whole community.

**STEP 3 : CHOOSING WHAT KIND AND HOW BIG A
SAMPLE TO USE**

* How big a sample to take?: The following table was designed by Feuerstein (1986) to help one to decide.

TOTAL NUMBER IN GROUP	SUGGESTED NUMBER IN SAMPLES	PERCENTAGES
100	15	15
200	20	10
500	50	10
1000	50	5

* How big a sample to take?. A simple way to sample the assessment of malnutrition: If one wants to know how many under 5 year olds are malnourished, number of children to be measured will depend on the number of how many people live in the community. Here is a list that will help you to know which houses to visit in the community:

How big is the community?

PEOPLE IN THE COMMUNITY	CHILDREN IN THE COMMUNITY	CHILDREN TO MEASURE	HOUSES TO VISIT
100	20	20	ALL HOUSES
500	100	100	ALL HOUSES
1 000	200	200	ALL HOUSES
2 000	400	200	EVERY 2ND "
5 000	1 000	200	EVERY 5TH "
8 000	1 600	200	EVERY 8TH "
10 000	2 000	200	EVERY 10TH "
20 000	4 000	400	EVERY 10TH "
50 000	10 000	400	EVERY 25TH "

STEP 4 : EXPLAINING THE VARIOUS TYPES OF
SAMPLING

- * Most common sample methods.
- * Systematic sampling:
 - a) Give every household or person a number.
 - b) Select systematically every fifth or tenth person or house and include them in your samples.

c) Obtain the sample size you need for the survey in this way.

- * Simple random sampling: When records or lists of people and households exist, for example, from a census, a certain number of them can be chosen, using a table of the random numbers. The numbers of the person or household which corresponds to the number selected from the table is then chosen for the sample. Then, another number is chosen and another until the desired total for the sample is reached.
- * Purposive sampling: This method involves using one's own judgement to choose for a particular purpose, exactly who will be included in the sample. It could be a specific group of the community, for example, teachers or a particular neighbourhood (Feuerstein, 1986).

STEP 4 : EXPLAIN HOW BIAS CAN SPOIL SAMPLING

Bias in sampling means unfair influence or prejudice. The very act of choosing is biased or influenced by the reasons you have for making that particular choice, for example, community may be near to where the researcher stays, community willing to work with or easy to work with than other communities, so they may be selected mainly on that reason.

STEP 5 : EXPLAIN THE SIMPLE WAYS TO AVOID BIAS

- * If using a census as a sampling frame, try and make sure it is as accurate and complete as possible.
- * Remember that some administrative boundaries may not reflect cultural differences such as ethnical characteristics, language, etc.
- * Give the best possible training to those who will be carrying out the survey.
- * Try to allocate sufficient money, time and resources. The avoidance of bias has been further discussed in the text.

STEP 6 : GIVING MEANING AND UTILITY TO RESEARCH FINDINGS

- * Teach and facilitate the participants to analyze the data collected, to draw conclusions or recommendations from the research process.
- * Help the participants to formulate an alcohol preventive programme or strategies for youths as a result of research findings.
- * Facilitate the participants in research writing.

- * Help participants to share research report and findings with interested parties, namely: the community members at large, professionals and funders by means of meetings and through report articles in the local newspapers (Feuerstein, 1986).

APPENDIX 2.1



University of Natal

Faculty of Social Science
Department of Nursing

King George V Avenue Durban 4001 South Africa
Telephone (031) 8162499 Fax (031) 8162214
Telegrams University Telex 621231SA

24-11-1993.

MRS. P.MKHIZE.

THE CHIEF PROFESSIONAL NURSE.

(MATRON)

KWA-DABEKA CLINIC.

DEAR MRS.P.MKHIZE

REQUESTING PERMISSION TO USE THE GUGULETHU YOUTH CENTRE FOR
RESEARCH WORKSHOPS FOR THE ADOLESCENTS UTILISING THE CENTRE.

Following our discussions about my research on the prevention
of alcohol abuse among the adolescents in Clermont and kwa-Dabeka
township.

I hereby request to conduct two-weeks workshops on alcohol
awareness for the youths who utilise the adolescents' services
of the Gugulethu Youth Centre from the 06-12-1993.

Thanking you anticipation

Yours sincerely

L.L. MTEMBU. (MRS.)

DOCTORAL CANDIDATE (NURSING).

APPENDIX 2.2.**DRAFT CONSTITUTION OF THE GUGULETHU
YOUTH CLUB****1. NAME**

The name shall be the "GUGULETHU YOUTH CLUB" (hereinafter referred to as the "CLUB").

2. HEAD OFFICE / LOCATION

It shall be located at Gugulethu Youth Health Centre (hereinafter referred to as the "CENTRE") B93 Main Avenue, CLERNAVILLE, 3602, South Africa.
Telephone Number 031-7076113.

3. THE PHILOSOPHY OF THE CLUB

We believe that we are unique, special, deserve the best and expect to be treated as such and treat others as such.

4. AIMS OF THE CLUB

To develop all the youth into mature, independent and self-sufficient adults.

5. THE OBJECTIVES OF THE CLUB

- 5.1. To establish and maintain unity amongst the youth whilst acknowledging the differences there are as individuals through group activities, projects and meetings.
- 5.2. To empower youth in community and each other with skills and knowledge to deal with life through workshops, developmental courses and meeting other youth clubs/groups.
- 5.3. To help each other identify our strengths and shortcomings, promote talents through involvement in group activities, workshops and feedback.
- 5.4. To seek knowledge and information so as to be empowered and develop socially, morally, intellectually and otherwise.
- 5.5. To have communication skills so as to establish, improve and maintain good interpersonal relationships with our parents and other people.
- 5.6. To create health awareness in the youth community through organising workshops, staging plays, music, dance and meeting other youth groups.

6. MEMBERSHIP

- 6.1. Membership of the club shall be open to all the youths from local schools, churches and community.
- 6.2. Membership fees of R1.00 per year shall be paid to the treasurer and the particulars of members taken by the secretary.
- 6.3. Members shall be committed to the aims and objectives of the club.

7. THE STRUCTURE OF THE CLUB

7.1. The Executive and Administration Committee:

7.1.1. It shall constitute the following members:

- * Chairperson
- * Vice-Chairperson
- * Secretary
- * Vice-Secretary
- * Treasurer
- * Four additional members.

7.1.2. The executive committee members shall be in the office for a period of one year, that is, April to March, after which new members will be in the office.

7.1.3. The annual general meeting will be held in August, whereby new executive committee members will be voted in.

7.1.4. Any vacancy occurring in the committee shall be filled by an election which shall be held at the first meeting after the vacancy has occurred.

7.2. The Club Members.

Club members shall constitute all the registered members of that current year.

7.3. Board Members.

7.3.1. There shall be five board members who are members of the community, professionals or adults in the centre. The board shall include at least one person working at the centre.

7.3.2. A meeting shall be held once every three months.

8. **POWERS OF THE EXECUTIVE COMMITTEE**

8.1. The executive committee members shall announce and conduct all meetings.

- 8.2. The executive committee members shall organise the activities of the club.
- 8.3. The executive committee shall form a working group with such duties in paragraph 8.2 above.

9. **FINANCE**

- 9.1. All funds contributed through annual registration donation and projects, for example, fund raising projects, shall be collected by the treasurer and be deposited into the bank account - Perm Savings Account.
- 9.2. Petty cash of less than R20.00 shall be stored in the safe at the centre.
- 9.3. At every general meeting every second Sunday the club financial statements shall be read by the treasurer.

10. **DISCIPLINE**

- 10.1. Members who transgress the rules as laid down by the club shall pay a fine of 20 cents, for example, arriving late, using abusive language, etc.
- 10.2. Members who do not come to the meetings shall pay a 50 cents fine.

- 10.3. Any member who is absent at the meeting or arrives late shall write a letter to the secretary to apologise. No verbal apologies will be considered.

11. **AMENDMENT OF THE CONSTITUTION**

- 11.1. The constitution shall be amended at a meeting by the club members according to the changing needs of the community provided that a notice of such an amendment shall be circularized in writing to all members of the club.
- 11.2. The amendment shall be approved by at least a two third majority by the registered members of the club at the meeting.

12. **MEETING**

- 12.1. The executive committee members shall hold a formal meeting on the first Sunday of every month. The secretary shall take minutes.
- 12.2. The club shall convene a formal meeting every second Sunday of the month where the secretary shall record the minutes.
- 12.3. Informal meetings and imparting knowledge and information to the members shall take place every Thursday and proceedings there shall be recorded by the secretary or vice-secretary.

13. RECORDS

13.1. The club shall keep the following records accurate and up-to-date:

- * Activity Register.
- * Attendance Register.
- * Financial Records.
- * Inventory Record.
- * Meeting Record.

13.2. Records referred to in paragraph 13.1. shall be checked by the executive committee and board members at the board meeting as per paragraph 7.3.

14. DISSOLUTIONS

14.1. The club shall be dissolved if it is agreed to at the meeting by two thirds of the registered club members.

14.2. All members should be notified in writing and reasons thereof stated clearly.

15. PROPERTY

15.1. In the event of dissolution as per paragraph 14 above, the executive committee will appoint a legally approved body which in turn will appoint a liquidator to wind up the affairs of the club.

15.2. Proceedings thereof shall be donated to the available welfare organisation in Clermont Township at that time.

15.3. Such proposal shall be in writing, dated and signed.

16. INTERPRETATION OF THE CONSTITUTION

The responsibility for the interpretation of the terms of this constitution or any other matter arising in connection therewith shall be vested in the executive committee and its decision shall be final and binding.

COMPILED ON THIS DATE : 25 APRIL 1994.

APPENDIX 2.3

SEX:

EDUCATIONAL STD:

AGE:

RELIGION:

INSTRUCTION: PLEASE TICK (✓) CORRECT ANSWERS

PEER PRESSURE INFLUENCES DRINKING AMONG YOUTHS

	YES	NO	DON'T KNOW
DO YOUR FRIENDS PERSUADE YOU TO DRINK?			
AM I AFRAID TO REFUSE DRINK WHEN FRIENDS OFFER ME?			
DO YOU FEEL YOU WILL LOSE YOUR FRIENDS IF YOU REFUSE OFFERS OF ALCOHOL?			
DO YOU FEEL LEFT OUT AT A PARTY WHERE ONLY ALCOHOL IS ALLOWED?			

	YES	NO	DON'T KNOW
DO YOU FEEL THAT FRIENDSHIP WITHOUT ALCOHOL IS NO FRIENDSHIP?			
DO YOU FEEL EMBARRASSED BECAUSE YOUR FRIENDS ARE NOISY DUE TO ALCOHOL?			
DO YOU FEEL PROUD AFTER REFUSING A DRINK FROM FRIEND?			
DO YOU BELIEVE THAT YOUR FRIENDS CAN COMMIT A CRIMINAL OFFENCE DUE TO ALCOHOL?			
DO YOUR FRIENDS KNOW ABOUT THE DANGERS OF ALCOHOL MISUSE?			
DO YOU LISTEN TO YOUR FRIENDS WHEN THEY TALK TO YOU ABOUT THEIR ALCOHOL PROBLEMS?			

THANK YOU FOR ANSWERING

SALEMA APOSTOLIC CHURCH OF ZION IN⁴⁴² S.A.

APPENDIX 3.1

Moderator, J.C.

3096, CLEHMONT ROAD
CLEHMONT TOWNSHIP
3802 CLEHNAVILLE

23.02.1994

The Moderator
Bishop M.J.
3096 Clehmunt Rd.
P.O. Box
3802 Clehnaville

The chairman
Zionseleeni Club

P.O. Clehnaville

3802

Dear Sir

I'm glad to inform you that your request has been accepted.

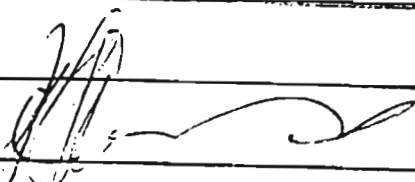
Your previous letters were handed to me.

I will request you and your club members to use Salema Apostolic church but there should be no disorder in the church please

Hope my request will be considered

Thank you

yours faithfully



APPENDIX 3.2

SAMPLE OF ZIPHEMBELENI CLUB RESEARCH QUESTIONNAIRE

TITLE: DOES THE INVOLVEMENT OF YOUTH IN HARD WORK ACTIVITY PREVENT YOUTH FROM ABUSING ALCOHOL IN CLERMONT?

INSTRUCTION: INDICATE WITH AN X TO THE CORRECT QUESTION.

QUESTION / STATEMENT	YES	NO	UNCERTAIN
1. DOES THE INVOLVEMENT OF YOUTHS IN HARD WORK ACTIVITY PREVENT THE YOUTHS FROM ABUSING ALCOHOL?			
2. DOES THE LACK OF RECREATIONAL FACILITIES IN CLERMONT PREVENT THE YOUTHS FROM ABUSING ALCOHOL?			
3. DOES HIGH RELIGIOSITY PREVENT THE YOUTHS FROM ABUSING ALCOHOL?			
4. DO STREET CHILDREN END UP ABUSING ALCOHOL?			
5. SHOULD PARENTS MONITOR THEIR CHILDRENS' TIME SCHEDULE?			
6. DOES LONELINESS RESULT IN YOUTHS ABUSING ALCOHOL?			
7. WILL THE YOUTHS' FUTURE BE BLEAK IF THEY ABUSE ALCOHOL?			
8. DO YOUTHS WHO HAVE DRINKING FRIENDS END UP ABUSING ALCOHOL?			
9. DOES ALCOHOL MISUSE RESULT TO RETARDATION OF PROGRESS OF HARD WORK ACTIVITY?			
10. DOES CONTINUED EDUCATION PREVENT THE YOUTHS FROM ABUSING ALCOHOL?			
THANK YOU FOR ANSWERING THE QUESTIONNAIRE			

APPENDIX 3.2.

SAMPLE OF ZIPHEMBELENI CLUB RESEARCH QUESTIONNAIRE
ZULU VERSION

ISIHLOKO : INGABA KUMSEBENZI WEZANDLA UYAVIKELA INGANE
EKUPHUZENI UTSHWALA?

INSTRUCTION: BHALA-X-KWIMPENDULO ELUNGILEYO: UMBOZO/ISTATEMENT	YEBO	CRA	ANGAZI
1. INGABA UMSEBENZI WESANDLA UYAVIKELA INGANE EKUPHUZENI UTSHWALA NGOKWEQILE?			
2. INGABA UKUNGABIKHONA KWEZINDAWO ZOKUNCEBELEKA eCLERMONT KUNYAZVIKELA IZINGANE EKUPHUZENI UTSHWALA GOKUQILE?			
3. INGABA IMITHETHO YESONTO IYAZIVIKELA IZINGANE EKUPHUZENI UTSHWALA NGOKWEQILE?			
4. INGABA IZINGANE EZI NGUVANZI EMIGAQWENI ZIGCINA ZIPHUZA?			
5. KULUNGGILE YINI UKUBA ABAZALI BAHLELELE IZINGANE ISIKHATHI KULOKHO EZIKWENZAYO?			
6. INGABA ISIZUNGA EZINGANENI SENZA UKUBA IZINGANE ZIPHUZE UTSHWALA NGOKWEQILE?			
7. INGABA IKUSASA LINGABALIHLE UMA IZINGANE UPHUZA UTSHWALA NGOKWEQILE?			
8. INGABA INTSHA ENABANGANE ABAPHUZAYO NAYO IGCINA ISIPHUZA?			
9. INGABA UPHUZO LUTHIKAMEZA IMIPHUMELA YENQUBEKELA PHAMBILI EMSEBENZINI OWENZIWAYO?			
10. INGABA UKUQHUBEKA NENFUNDO KUYALUVIKELA UPHUZO?			
NGIYABONGA NGEZIMPHENDULO ZAKHO.			

APPENDIX 3.3.

PROPOSAL

SEWING MACHINES, EQUIPMENT AND FUNDING REQUEST

NAME OF CLUB: ZIPHEMBELENI CLUB

ADDRESS: C/O MRS XXX

TELEPHONE:

GROUP ORGANISER:

- * Mrs L.L. . R.N., R.M., C.H.N., R.N.Educ., R.N. Admin., Master Soc.Sc.
Doctoral Candidate, Researcher, Department of Nursing, University of Natal,
Durban.
- * Mr B.B. Community Developer, Kwa-Dabeka Clinic.
- * Ms Z.Z. Social Worker, Sibusisiwe Child and Family Welfare, Clermont.

COLLABORATORS:

- * Mrs V.V. Ziphembeleni Club Representative.
- * Mrs V.N. Salima Apostolic Zion Women's Group (23 adults and youths, four employed and the rest unemployed).
- * Mr X.L. Chairman of the Gugulethu Youth Centre Club (80 high school going youths).
- * Mr BM. Representative voice for the grass root people. Fannin area, Clermont.
- * Mrs I.D. Community Developer from the Zenzele Society. Clernaville Road, Clermont.

1. BACKGROUND

Ziphembeleni Club is a community based, health promotion club in the area of Fannin in the Clermont Township near Durban. The Club was started on the 4 June 1993 under the leadership of Mr T.H. who is a Health Advisor employed at Kwa-Dabeka Clinic, and Mr B.M. who represents the voice of the people of Clermont Township. The club has a constitution of 30 members, both sexes ages range between 18 to 68 years.

2. AIMS

To be able to:

- * Identify the factors that contribute to the low socio-economic problems of Clermont.
- * Develop and formulate priorities and community based strategies / programmes to resolve their social problems.
- * Participate in group projects that facilitate the transformation of the social, economic and political environment of Clermont.
- * Implement and evaluate the problem solving strategies.
- * Enhance the unused potential and eagerness of the club members towards self/community development.
- * Promote, protect and improve the quality of health and life of the Clermont community members through participation in handwork and skills development.
- * Network and form partnership with other community based projects.

3. OBJECTIVES / ACTION PLANS

To:

- * Conduct a research project, to analyze the causes of poverty in Clermont.
- * Raise/apply for funds and donation to buy sewing and knitting machines, fabric, cotton/wool, candle-making, paper furniture and gardening equipment.
- * Raise and save money to facilitate club members to make a financial loan from the Ithala Bank which considers loans for small business industries.
- * Create jobs for the unemployed club members by sewing, crocheting, cooking, baking, paper furniture making, candle-making and gardening to earn a living.
- * Raise funds/apply for subsidy/sponsorship for the midday food snack in the form of bread, milk and tea while sewing.
- * Organise educational, recreational and healthy living skills empowerment activities like traditional and western dances, music, beauty, modelling of sewn samples, running, aerobics, keep-fit, karate competitions and films for community members, especially the youths to prevent idleness.

- * Teach and conduct sewing, knitting and crocheting lessons at R40.00 for a six week course to community members, including the youths.
- * Register the Club as a fund raising club to enable it to acquire a permit to fund raise.
- * Continue the project on an independent basis in the future.
- * Evaluate the project.
- * On-going reporting and final report to the funding agency
- * Disseminate information by presentations and publication at local, national and international level.

4. LIMITATIONS OF THE CLUB

Club Members:

- * Unemployed. Have no financial income.
- * Lack funds to buy the fabric, not enough sewing machines and equipment to continue and maintain the sewing project.
- * Lack food/snack in the form of tea, soup, bread, milk and sugar during the lunch break.

5. CLUB'S POTENTIAL

5.1. Continuing Skills Training/Education

Since 18 February 1994 the club members have been under continuous supervision and life skills training programmes which included an intensive two week alcohol prevention workshop. The training was conducted by Mrs L.L. who is a doctoral candidate of psychiatric nursing. The programme is an on-going community based skills empowerment programme with a focus on the prevention of the following health issues, namely: alcohol/drug abuse, poverty, unemployment and lack of housing. The training assists club members to analyze the causes of poverty in the communities and to assist club members to formulate community based strategies/methods to resolve poverty in their disadvantaged communities through community and group effort, community partnership/involvement, commitment, education and action. The sewing project is an attempt by the unemployed club members to create job opportunities for themselves by sewing and selling the articles.

5.2. Continuing Health Education Programmes

The club members receive continuous training on health promotion and education from Mr T.H. who is the health advisor employed by the Kwa-Dabeka Clinic. This training enables the members to be

aware of healthy lifestyles and to impart this knowledge to their fellow community members.

5.3. Continuing Skills Training

The club members:

- * Attend on-going, that is, once a month, skills training / workshops on sewing, knitting, cooking, baking and gardening lessons from Mrs D.D., the community developer in Clermont.
- * Have already established the sewing, knitting and gardening project.
- * Need support and maintenance financially and donation of sewing/knitting, overlocking, candle-making machines, gardening equipment, fabric, cotton and needles.
- * The club members are undergoing training and workshops on hand-sewing machine refinement skills, patch-making, fabric/painting colour matching and paper-furniture technology.
- * Have established a contract to sew and sell for a factory industry. The club needs the abovementioned machinery to facilitate the factory's sewing/buy and sell contract.

5.4. Research

The club has conducted a research project which lasted for two months from 18 February 1994 to 18 April 1994 on the need for involvement of the Clermont youths in handwork activities to prevent idleness among youths. The research findings were as follows:

- * The parents are not involved in how their children spend their spare time and on what activities.
- * There are no recreational facilities in the townships.
- * This lack of involvement of youths in community projects results in idleness and exposure to alcohol misuse.

The recommendation was that parents should involve the community youth in their sewing, wood, knitting, leather craft, painting and gardening community projects. Research report indicated below.

TIME FRAME : 1994

TASKS	MONTHS 1-3	MONTHS 4-7	MONTHS 8-12	MONTHS 13-30	MONTHS 31-36	MONTHS 40+
APPLY FUNDS	RESEARCH IDENTIFY PROBLEM	IMPROVE SEWING PROJECT	START SEWING PROJECT	BUY OVERLOCKI NG MACHINE	BUY CANDLE- MAKING MACHINE	BUY MORE SEWING AND KNITTING MACHINES
RE-ASSESSMEN T			-----			
PLAN				-----		
IMPLEMENT					-----	
EVALUATIO N						-----
WRITE REPORT	-----					
FUTURE PLAN						

BUDGET

PURCHASE ITEMS	ACTUAL EXPENDITURE	MOTIVATION
-----------------------	-------------------------------	-------------------

EQUIPMENT:

1. LEATHER	R 1000.00	THERE IS A DEMAND
2. TIMBER FOR ARTS	R 2000.00	FROM THE COMMUNITY FOR LEATHER AND TIMBER WORKS.
3. SEWING MACHINES	R 5000.00	
SUB TOTAL	<u>R 8000.00</u>	

OFFICE EXPENDITURE:

1. RENT/ELECTRICITY	R 1300.00	THE CHURCH HALL IS
2. POST AND TELE- COMMUNICATION.	R 430.00	RENTED VENUE.
3. PRINTED MATTERS.	R 100.00	
4. RECORD BOOKS AND JOURNALS.	R 30.00	
5. REPLACEMENTS.	R 500.00	
6. AFFILIATION FEES.	R 80.00	
7. MAINTENANCE.	R 1380.00	
8. PURCHASES (GARDEN TOOLS)	R 1000.00	
9. SEEDS/FERTILIZER.	<u>R 500.00</u>	
SUB TOTAL	<u>R 4500.00</u>	

TRANSPORT EXPENSES

1. TRAVELLING AND	R 8000.00
ACCOMMODATION.	<u>R 8000.00</u>
SUB TOTAL	<u>R16000.00</u>

DOMESTIC EXPENSES

1. FOOD AND GROCERIES.	R 1000.00
2. MEDICAL.	R 1000.00
3. PURCHASES.	<u>R 1000.00</u>
SUB TOTAL	<u>R 3000.00</u>

GRAND TOTAL: **R31 000.00**

I HEREBY CERTIFY THAT THE ABOVE FIGURES ARE CORRECT:

_____	_____
TREASURER	DATE

_____	_____
SECRETARY	DATE

_____	_____
CHAIRMAN	DATE

APPENDIX 3.4.

RESEARCH REPORT - ZIPHEMBELENI GROUP

RESEARCH TITLE:DOES THE INVOLVEMENT OF YOUTH IN HANDWORK ACTIVITY PREVENT YOUTHS FROM ABUSING ALCOHOL?

1. BACKGROUND

The Ziphembeleni Club is a community health development club in the Fannin area of Clermont Township near Durban. The Club started on 4 June 1993 under the leadership of Mr C.D, a community health developer who is employed by the Natal Provincial Administration attached to Kwa-Dabeka Health Unit. The Club was developed with the objective of developing and promoting the health of the Clermont people through health education and teaching health promotion strategies. Mr B.M. was the first community member who was contracted by Mr D.D. to assist in organising the group members. Ziphembeleni Club started with an enrolment of 21 members and currently has a membership of 25 members. The Researcher Mrs L.L. and Social Worker Ms Z.Z., were introduced to the club members by Mrs D.L. on 18 February 1994.

2. OBJECTIVES OF THE ZIPHEMBELENI CLUB

- * To promote and maintain health for families and community members of Clermont through health education and through health promotion

and protection.

- * To learn strategy skills to promote health for members, families and for the Clermont community as a whole.
- * To be involved in handwork activity, namely: sewing, cooking, gardening and leather craft. To raise funds by selling goods to the public so as to gain money for members to be able to support themselves.
- * To financially maintain the members, family members and the committee members with the money gained from the small business activity and to solve the problem of poverty and disease through health promotion.

3. AIM OF THE RESEARCH INVESTIGATION

The researcher, together with the Ziphembeleni Club, with the assistance of the social worker and the community health developer, agreed that alcohol abuse is a problem in the Fannin area of Clermont Township. All parties came to an agreement that through partnership among all the parties, alcohol abuse among youths in Clermont can be prevented. All parties agreed that workshops and research into alcohol abuse problems should be conducted and from there preventive intervention into the alcohol abuse problem can be implemented.

4. OBJECTIVES OF THE RESEARCH INVESTIGATION

To investigate the involvement of youths in handwork activity as a strategy to prevent alcohol misuse among the youths of the Fannin area of Clermont Township in Durban.

5. REASONS FOR THE RESEARCH INVESTIGATION

The researcher, together with the members of the Ziphembeleni Club, believe that being involved in handwork activity prevents individuals from abusing alcohol because through work the individual gets an income and with the income one's state of health and lifestyle is improved and if one's state of health and lifestyle is improved, then one does not suffer from poverty which has been observed to be the cause of alcohol abuse. Handwork activity prevents idleness and loneliness which is a cause of alcohol abuse in both young and old.

6. METHODOLOGY

The members of the Ziphembeleni Club decided to conduct the research amongst the youths of Fannin area in Clermont. The members decided to conduct the investigation among the population of 200 youths, both sexes to be included, and from the age group 14 years to 30 years. A sample number of 25 youths/respondents were selected as ideal for the 25 members of the

Club.

7. QUESTIONNAIRE AS INSTRUMENT (SEE ATTACHED QUESTIONNAIRE)

The club members, under the guidance of the researcher, developed a new questionnaire as an instrument to collect data. The questionnaire consisted of ten closed ended questions and statements which investigated the attitudes of youths about the involvement of groups in handwork activity as a strategy to prevent alcohol abuse amongst the youths.

8. OUTCOME OF RESEARCH INVESTIGATION

- * The instrument was tested amongst 25 youths in the Fannin area.
- * Each of the 25 members of the Ziphembeleni Club distributed personally and collected the data from the 25 respondents of the Fannin area of Clermont during the Easter weekend 28 March 1994 to 8 April 1994.

9. DATA ANALYSIS

- * All 25 responses were analyzed in partnership of the club members under the leadership of the researcher.

- * Tables and percentages were utilised to represent the findings or results of the research.

10. FINDINGS FROM THE RESEARCH INVESTIGATION

Both sexes of the youths agreed that involvement in handwork activity prevents alcohol abuse among the youths.

11. THE FOLLOWING ATTITUDES WERE IDENTIFIED FROM THE INVESTIGATION

- * Lack of recreational facilities in the Fannin area of Clermont results in youths abusing alcohol.
- * High religiosity among the youths prevents youths from abusing alcohol.
- * Street children end up abusing alcohol.
- * Parents should monitor their children's time management.
- * Youths who abuse alcohol face a bleak future.
- * Youths whose friends are drinking end up drinking.
- * Alcohol abuse retards progress in handwork activity.

12. RECOMMENDATIONS

The club members set the following goals:

- * To work and unite as the Ziphembeleni Club.
- * To be involved in handwork activities like sewing, crocheting, cooking, baking, knitting and leather craft.
- * To seek and apply for donations of financial assistance and sewing machines.
- * To prevent alcohol abuse among the youths in the Fannin area of Clermont by involving the youths to become members of the Ziphembeleni Club.
- * To conduct and sell sewing, knitting and crocheting lessons at R40.00 for a six week course to the youths and to the community as a way of raising funds for the Club.
- * To register the club as a fund raising club.

ADDRESS: MRS V

SALEMA APOSTOLIC ZION CHURCH HALL
3096 CLERMONT ROAD
CLERNAVILLE
3602

TEL: (031) 7071896

1. PROJECT:

ZIPHEMBELENI CLUB

2. NAMES OF THOSE WHO CARRIED OUT THE INVESTIGATION (28 CLERMONT TOWNSHIP COMMUNITY MEMBERS WHO ARE MEMBERS OF THE ZIPHEMBELENI CLUB WITH THE ASSISTANCE OF THE WORKSHOP AND RESEARCH FACILITATOR AND THE GROUP ORGANISER

- * Mrs. Clermont Road.
- * Mrs. Clermont Road.
- * Mrs. Clermont Road.
- * Mrs. Clermont Road.
- * Ms. Clermont Road.
- * Ms. Clermont Road.
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- * Mr. Clermont Road.
- * Mrs. Clermont Road.
- * Mrs. Kings Road.
- * Mr. Clermont Road.
- * Ms. Clermont Road.
- * Ms. Clermont Road.
- * Mrs. KwaDabeka.
- * Mrs. Clermont Road.
- * Mr. Community Health Developer, KwaDabeka Health and Welfare.
- * Ms. Workshop Facilitator, Social Worker, Sibusisiwe Child and Family Health and Welfare, Clermont.
- * Mr. Central Clermont.
- * Mrs. Clermont.
- * Ms. Clermont.
- * Mrs. Community Developer, Clermont (Zenzele Society).
- * Mrs. Researcher, University of Natal, Department of Nursing, Durban (Telephone No. 031-2602499).

3. RESEARCH / WORKSHOP FACILITATOR

Facilitator- Mrs. (Doctoral candidate, Nursing).

Co-Facilitator - Ms. Social Worker, Sibusisiwe Child and

Family Welfare, Clermont.

Group Organiser- Mr. Community Health Developer, KwaDabeka
Clinic.

Duration of Research

Investigation 2 Months - 18 February to 18 April 1994.

Date of Research

Report Writing 18 April 1994.

Gugulethu Youth Club
90 Gugulethu Youth Health Centre
P.O. Box 371
Clermontville
5602.

20 July 1994

Dear Sir / Madam

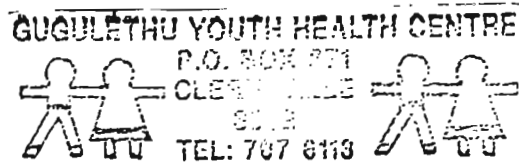
I am writing this letter on behalf of the Club & request you to be one of the five board members of our club.

We are a group of teenagers / youth from Clermont Township that is interested in development of the youth.

Kindly find the constitution of the club herein. We shall be grateful to hear from you before the 30th August 1994.

Thanking You
I am
Yours faithfully

(Chairperson)





BP SOUTHERN AFRICA
BP SUIDELIKE AFRIKA

BP Southern Africa (Pty.) Ltd
 BP Centre 214 West Street
 Durban 4001
 P.O. Box 1806 Durban 4000
 Tel.: 366-4911 Telex: 6-22115 SA
 Tel. addr. "Boopee"

BP Suidelike Afrika (Edms.) Bpk.
 BP-Sentrum Weststraat 214
 Durban 4001
 Posbus 1806 Durban 4000
 Tel.: 366-4911 Telex: 6-22115 SA
 Tel. addr. "Boopee"

SSSN/PY

14 September 1994

Ms S.
 Media Link
 804/808 Colonial Tower
 33 West Street
 DURBAN
 4001

Dear Madam

APPLICATION FOR FUNDING FROM ZIPHEMBELENI SEWING CLUB

Your letter dated 3 August 1994 refers and we apologise for the delay in replying.

The project has merit and BP supports this initiative but it unfortunately falls outside the scope of our operations.

May we suggest that you contact the following organisation to see if they can help:

Mrs. P
 Christian Women's Movement
 51 Ecumenical Centre
 20 St. Andrews Street
 Durban 4001
 Tel. 031 305 1968; Fax 031 301 6611

However, thank you for your confidence in BP. We wish you well in your endeavours to help the community.

Yours faithfully

S.S.

PUBLIC RELATIONS MANAGER

Directors/Direkteure: *G.A.H. Gaskin (Chairman/Voorsitter)
 G.R. Barr R.K. Brooke-Sumner
 C. McK McClelland *D.H.W. Payne
 E.T. Phaswana *K.R. Seal
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