DEVIANT BEHAVIOURS OF ADOLESCENT STUDENTS WHO ABUSE ALCOHOL IN SECONDARY SCHOOLS IN VHEMBE DISTRICT

By

MUKHUBA LANGANANI PRISCILLA

A dissertation submitted in partial fulfillment of the requirements for the degree of

MASTER OF EDUCATION IN EDUCATIONAL MANAGEMENT

in the

DEPARTMENT OF CURRICULUM STUDIES AND EDUCATIONAL MANAGEMENT

SCHOOL OF EDUCATION

UNIVERSITY OF VENDA

SUPERVISOR: DR AP KUTAME
CO-SUPERVISOR: DR M MPETA

2013

UNIVEN LIBRARY
Library Item : 20141793

© University of Venda

University of Venda
Creating Future Leaders

DECLARATION

I, the undersigned, hereby declare that the work contained in this dissertation is my own original work and that I have not previously submitted it in any part at any university for a degree.

Signature: Mukhuba L.P **Date:** 11-08-2014

© University of Venda

University of Venda
Creating Future Leaders

ACKNOWLEDGEMENTS

I would like to thank God who gave me the strength to finish this work and also thank all those who contributed in ensuring the successful completion of the study. Special thanks go to:

- Dr AP Kutame and Dr M Mpeta for their patience, encouragement and positive criticism throughout the study.
- Prof LO Amusa for the advice and supporting materials throughout the study.
- The person who assisted in analysing the data.

I would like to thank all the friends for the undying encouragement in challenging times.

To my sons Maanda and Fhumulani as well as the rest of my family, you have always been supportive. I thank the Almighty God for you.

© University of Venda

University of Venda
Creating Future Leaders

ABSTRACT

Deviant behaviours of adolescent students who abuse alcohol appear to be increasing dramatically. However, little is known concerning deviant behaviours of adolescent students who abuse alcohol in the Vhembe District of Limpopo Province. This cross-sectional study examines the deviant behaviours of adolescents abusing alcohol in secondary schools around Vhembe District of Limpopo Province in South Africa. This study investigates the characteristics of deviant behaviours of adolescent students who abuse alcohol and the effects of alcohol misuse among adolescent students in Vhembe District. A sample of 150 learners was selected from ten secondary schools in the district. The learners at this level were required to describe any action related to alcohol use and abuse. A quantitative design was used for the study. A self-administered questionnaire was used to collect data from the respondents. I personally administered the questionnaire to the selected learners the data was analyzed using the Statistical Package for Social Science (SPSS) focusing mainly on the descriptive statistics of frequencies means and standard deviations. The results from the studies reflect that it is true that students in secondary schools show some characteristics and effects of alcohol abuse in their behaviour. I recommend that future studies should focus on the causes and prevention of alcohol abuse among adolescent students who abuse alcohol in secondary schools around Vhembe District of Limpopo Province.

Key words: Deviant behavior, adolescent, alcohol abuse, binge, alcoholic characteristics and effects.

© University of Venda

University of Venda

TABLE OF CONTENTS

		Page
Declaration		i
Acknowledgements		ii
Dedication		iii
Abstract		iv
List of Tables		viii
Chapter 1: Introduction and Background of the Study		
1.1	Introduction	1
1.2	Problem Statement	3
1.3	Aims of Study	4
1.4	Research Questions	4
1.5	Definition of Terms	4
1.6	Research Design and Methodology	5
	6.1 Population	6
	6.2 Sampling	6
1.7	Data Collection Instrument	7
1.8	Data Collection Procedure	7
1.9	Data Analyses	8
1.10	Significance of Study	8
1.11	Delimitation of Study	8
1.12	Ethical Consideration	9
1.13	Outline of Chapters	9
1.14	summary	10
Chapter 2: Literature Review		
2.1	Introduction	11
2.2	Alcohol Misuse	13
2.3	Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools	15
2.4	Effects of Alcohol Abuse	19
	2.4.1 Academic impairment	19

© University of Venda

University of Venda
Creating Future Leaders

2.5.2 Cognition and alcohol 19
2.5.3 Alcohol's effects on the brain 21
2.5.4 Blackouts 22
2.5.5 Physical illnesses 23
2.5.6 Health problems 25
2.5.7 Long-term effect of Alcohol Abuse 27
2.5.8 Unintended and unprotected sexual activity 28
2.5.9 Sexual assaults 29
2.5.10 Impaired driving 30
2.5.11. Impaired athletic performance 33
2.5.12 Property damage and vandalism 33
2.5.13 Social development 34
2.5.14 Suicide 38
2.3 Summary 40

Chapter 3: Research Methodology

3.1 Introduction 41
3.2 Aim of the Study 41
3.3 Research Questions 41
3.4 Research Design 42
3.5 Population and Sampling 43
3.5.1 Population 43
3.5.2 Sampling 43

3.6 Data Collection 44
3.3.1 Gaining access to collect data in different schools 44
3.3.2 Respondent briefing 45
3.3.3 Questionnaires 45
3.3.4 Pre-test 46
3.7 Data Analysis 46
3.8 Ethical Consideration 47

© University of Venda

University of Venda
Creating Future Leaders

Chapter 4: Data Analysis

4.1Results and Discussions 48

4.2 Biographical Information 48

4.3 Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools 51

4.4 Effects of Alcohol Abuse among Adolescent Students who Abuse Alcohol in Secondary Schools 58

4.5 Summary 63

Chapter 5: Introduction, Conclusion and Recommendations

5.1 Overview of the Study 64

5.2 The Research Problem Revisited 65

5.3 Key Research Findings 65

5.4 Recommendations 68

5.5 Suggestions for Further Research 70

5.6 Concluding Remarks 70

Reference 71

Appendices 102

© University of Venda

University of Venda
Creating Future Leaders

LIST OF TABLES

	Page
Table 4.1: Sex of Respondents	48
Table 4.2: Ages of Respondents	49
Table 4.3: Grades of Respondents	50
Table 4.4: Curriculum Phases of Respondents	50
Table 4.5: Behavioural Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools	51
Table 4.6: Health Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools	53
Table 4.7: Psychological Characteristics of Students who Abuse Alcohol in Schools	54
Table 4.8: Emotional Characteristics of Students who Abuse Alcohol in Secondary Schools	55
Table 4.9: Academic Impairment of Students who Abuse Alcohol in Secondary Schools	56
Table 4.10: Physical Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools	57
Table 4.11: Behavioral Effects of Alcohol Abuse among Adolescent Students in Secondary Schools	58
Table 4.12: Health Effects of Alcohol Abuse among Adolescent Students who Abuse Alcohol in Secondary Schools	59
Table 4.13: Socio-Economical Effects of Alcohol Abuse among Adolescent Students in Secondary Schools	61
Table 4.14: Psychological Effects of Alcohol Abuse among Adolescent Students in Secondary Schools	62

© University of Venda

University of Venda
Creating Future Leaders

CHARPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

In the Vhembe District of the Limpopo Province of South Africa the use of alcohol during the teenage and young adult years is a common phenomenon. The use of alcohol by adolescent students is a concern to most people in the community and even in schools. Gouws mentioned that alcohol is a drug adolescents try even before they reach high schools (Gouws, Kruger & Burger, 2000). Alcohol usage initiation rates for children rises quickly from age 10 up to about age 13 when they reach more than 50 percent then subsequently initiation rates begin to slow again (Kosterman et al., 2000). Kosterman (2000) adds that adolescence stage is the transitional period where learners think that they are free and independent. They spend more time with their peers and have more time to socialize. Then they start engaging themselves in drinking alcohol.

Core (2005) students sometimes drink because they think alcohol makes it easier to meet other people, relaxes their social inhibitions, and helps them have fun. Taylor and Miller (1995) mentioned that alcohol is a prevalent substance that is used worldwide and it is also responsible for pervasive health, social and economic consequences, more so, when teenagers are involved. The accidental death and crimes committed while under the influence of alcohol have created social as well as health problems (Taylor & Miller, 1995).

Alcohol use and abuse by students at schools is a great problem in the Vhembe District and has negative consequences on school performance and learning, as well as the general well-being of students. Such consequences include poor performance, dropout rate and social misfits. These are broadcast on television and radio education

© University of Venda

University of Venda
Creating Future Leaders

programmes and also published in letters and journals. Yet students continue to use and abuse alcohol (Mvimbi, 1999).

There is a concern that most of the learners drop out from schools because of lack of commitment to education and that when they involve themselves in alcohol abuse it can lead to increased rates of teenage pregnancy. In some of the taverns around the Vhembe District, adolescent boys and girls are found there during school hours. A concern was raised on (Radio Phalaphala FM and also SABC 1 "YIZO YIZO") that students are missing classes and go to shebeens and taverns and buy alcohol because those shebeens are near the school surroundings. The parents and community members are worried and suggested that all shebeens and taverns near schools should be closed (Radio Phalaphala FM)

Alcohol is associated with the three leading causes of death amongst teenagers, i.e. accidents, homicides and suicides (National Center for Substance Abuse, 2003). Youths aged between 15 and 20 are the leading causes of motor vehicle crashes due to alcohol abuse (National Highway Traffic Safety Administration, 2001). Adolescents are at an increased risk through their relative lack of driving experience (National Institute on Alcohol Abuse and Alcoholism, 2001).

The sexual behavior of young people is also highly influenced by the use of alcohol and drugs, which is believed to impair decision making skills and negatively impacts on behaviour (Wood, 1997). Worldwide trends indicate that when a country has undergone drastic socio-economic and political change as has happened in South Africa, these changes often reverberate with a sphere of risk behaviour (RHO, 2004). South African young people are especially at risk of HIV infection as they begin engaging in sexual intercourse at a young age, have multiple partners, make little use of contraceptives, and have low sexual negotiation skills due to alcohol abuse (RHO, 2004). Condom use when students are drunk continues to suffer from stigmatization and peer-pressure and

© University of Venda

University of Venda
Creating Future Leaders

coercion limits their ability to abstain from sex, leading to promiscuity, infidelity and even prostitution (RHO, 2004).

During adolescence, young people are confronted with changes such as role expectations and physical changes as well as a need to conform to their peer groups. This conformity and other adolescent characteristics such as a need to experiment, may lead them into risky behavior. Unplanned pregnancy, sexual transmitted diseases (STDs), and HIV/AIDS amongst adolescents are all health-related consequences of risky sexual behavior when adolescents abuse alcohol (Petersen & Crockett, 1986).

Little data exists on deviant behaviour of adolescents who abuse alcohol in secondary schools in the Vhembe District. Therefore, the purpose of the study is to examine the characteristics and effects of adolescent students who abuse alcohol in secondary school in the Vhembe district.

1.2 PROBLEM STATEMENT

Deviant behaviours of adolescent students who abuse alcohol appear to be increasing dramatically because the media and during parents meetings in school we listen of lot complaints about adolescent students who abuse alcohol. however, little is known concerning the characteristics of adolescents who abuse alcohol in the Vhembe District. Therefore, this study examines the characteristics and effect of adolescent students who abuse alcohol in secondary schools in the Vhembe District.

© University of Venda

University of Venda
Creating Future Leaders

1.3 AIMS OF THE STUDY

Given the situation as sketched above, it is apparent that an investigation into the characteristics of the deviant behaviour of adolescents in the Vhembe district of the Limpopo Province needs to be conducted. This study attempts to:

- To investigate the characteristics of adolescent students who abuse alcohol in secondary schools in the Vhembe district.
- To investigate the effects of adolescent students who abuse alcohol in secondary school in the Vhembe District.

1.4 RESEARCH QUESTIONS

The research questions guiding the study are:

- What are the characteristics of deviant behaviours of adolescent students who abuse alcohol in secondary schools in the Vhembe district?
- What are the effects of alcohol abuse on adolescent students in secondary schools in the Vhembe district?

1.5 DEFINITION OF TERMS

The key concepts in this research project are:

- **Deviant behavior:**

A person would be considered to be acting defiantly in society if they are violating what the significant social norm in that particular culture is according to Pfuhl, Erdwin and Jr (1980).

- **Adolescence:**

Adolescence is the transition between childhood and adulthood. During this time, significant changes occur in the body, including rapid hormonal alterations and the

© University of Venda

University of Venda
Creating Future Leaders

formation of new networks in the brain (Sear, 2002). Newman, (2003) adolescent is marked by a myriad of bio-psychosocial shifts, including rapid physical changes, emotional and cognitive maturation, and enhanced sensitivity to peer relations.

- **Alcohol abuse:**

Alcohol abuse is a use of alcoholic beverages to excess, either on individual occasions ("binge drinking") or as a regular practice (Michaud, 2007).

- **Behaviour:**

Behaviour is the manner of conducting oneself (The Merrriam Webster Unabridged Dictionary).

- **Binge drinking**

Binge drinking is defined as episodic excessive drinking (Stolle, Sack & Thomasius, 2009).

1.6 RESEARCH DESIGN AND METHODOLOGY

A study by Huysamen (1994) noted that a research design is the plan or blueprint according to which data are collected to investigate the research hypothesis or question in the most economical manner.

A study by Babbie and Mouton (1998) emphasized that a research design is a plan or blueprint of how research will be conducted. It is an overall approach used to investigate the problem.

The methodological design is the logic through which a researcher addresses the research questions (Mason, 2002) and gains data for the study (Denzin & Lincoin, 2000).

© University of Venda

University of Venda
Creating Future Leaders

Quantitative research is an inquiry that is grounded in the assumption that features of the social environment constitute an objective reality that is relatively constant across time and settings. The dominant methodology is to describe and explain features of this reality by collecting numerical data on observable behaviors of samples and by subjecting these data to statistical analysis (Gay, 1996).

The researcher used quantitative design. As such, questionnaires were utilized to collect data from students and teachers.

1.6.1 Population

The population for a study is that group about whom one wishes to draw a sample (Babbie, 2005). According to Walsh (2001), population is the whole class of people or living things that the researchers wish to investigate. For the purpose of my study the population consisted of 150 students from secondary schools in the three identified circuits, namely Luvuvhu, Sibasa and Dzindi in the Vhembe District of Limpopo Province of South Africa.

1.6.2 Sampling Procedures

According to O'Leary (2004) sampling is a process whereby we select some of the elements with the intention of finding out the population from which they are taken. Lohr (2010) reiterated that a sample is a subset of a population. A total of 150 students constitute the sample for this study. A random sampling procedure was used to select learners in Grade 8, 9, 10 and 11 from government secondary schools in the Vhembe District of the Limpopo Province.

Schools were selected representing geographic strata. Within each school, two classes in each of Grades 8, 9, 10 and 11 were randomly chosen and 38 students were randomly selected from a combined list of the students in two classes. To take care of

© University of Venda

University of Venda
Creating Future Leaders

the attrition due to absentees, dropouts, or transferees, five additional students per grade were selected as replacements. The reason for this procedure was to have good and equal representation of the sample.

1.7 DATA COLLECTION INSTRUMENT

Trochim, (2006) a questionnaire is a paper and a pencil instrument that the respondent completes

Data was collected using a self-administered questionnaire available in English. The questionnaire consisted of two sections. Section A of the questionnaire was used to gather biographical data of the participants while Section B was used to gather data on the perceived characteristics of adolescent students who abuse alcohol. Questionnaires for all participants consisted of closed-ended questions.

1.8 DATA COLLECTION PROCEDURE

The questionnaires for students were distributed by the researcher with the help of some other teachers whom the researcher asked for help and students were given a week to complete questionnaires with the help of parents or guardians.

Prior to the main research, a pre-test was conducted at a selected school, which did not form part of the sample. The pilot study consisted of participants similar to participants of the research study. Feedback from the pilot study enabled the researcher to rectify any unclear statements or questions in the questionnaire. Subsequently, copies of the questionnaires were delivered to the 10 selected schools and the purpose of the study and the significance as well as the instructions for the completion of the questionnaire was explained.

© University of Venda

University of Venda
Creating Future Leaders

1.9 DATA ANALYSIS

This can be regarded as a presentation about data collected in a more accurate and credible manner, and thereby data is put together in a chronological order (Rubin & Rubin, 2005). Data from the questionnaires were computed and analyzed through the Statistical Package for Social Science (SPSS) using descriptive statistics. The analyses were executed in consultation with a statistical analyst to exclude any misleading interpretations. Analysis of information obtained from individual questionnaires was done through identifying common themes from the participants' description of their experiences. Irrelevant information was separated from deemed relevant and the latter broken into phrases or sentences to reflect a single, specific thought. A cyclical approach of data analysis was used to analyze the collected information.

1.10 SIGNIFICANCE OF STUDY

It is envisaged that the results of this study will have important implications for understanding and preventing adolescent alcohol risky behaviour in South Africa. This study will reinforce the importance of interrelatedness of multiple factors with respect to alcohol risky behaviour of adolescent students in schools in South Africa. The findings will inform public policy, schools, teachers and school personnel, community and parents in establishing and strengthening intervention programmes and initiatives that could help prevent deviant behaviour of adolescent students who abuse alcohol in schools and possibly, reduce the consequences associated with this problem.

1.11 DELIMITATION OF STUDY

The study is delimited to Grade 8, 9, 10 and 11 in ten schools in the Vhembe District of the Limpopo Province in South Africa. Most of adolescent students are found in those classes and they are mostly influenced by peer pressure.

© University of Venda

University of Venda
Creating Future Leaders

1.12 ETHICAL CONSIDERATIONS

Permission to carry out the research in the schools was sought from the Vhembe District Department of Education and principals of schools were informed. Letters were written asking for permission from the guardians or parents of the minor participants. A consent form accompanied the questionnaires. Students in Grades 8, 9, 10 and 11 were chosen to participate in the study

Parents were asked permission to allow their children to take part in the study. Parents were given an option of withdrawing their children from the study, if they did not wish to participate in the study. Students too, were informed that they could choose not to participate in the study or to omit answering certain questions without any repercussions. Anonymity and confidentiality was maintained.

1.13 OUTLINE OF CHAPTERS

The following chapters pertain to this research study:

Chapter One provides a background to the study. It consists of the statement of the problem, objectives of the study, research questions, significance of study, the delimitation of the study, definitions of key terms, division of the study and a concluding paragraph.

Chapter Two gives an account of the literature relevant to this study. Information concerning deviant behaviour of adolescent students who abuse alcohol was conducted in order to form a point of departure for developing the dissertation.

Chapter Three deals with a discussion of the research methodology that was used during the study.

© University of Venda

University of Venda
Creating Future Leaders

Chapter Four consists of the presentation and discussion of the data collected from the questionnaires.

Chapter Five consists of conclusions, recommendations, and suggestions for further research.

1.14 SUMMARY

While deviant behaviours of adolescent students who abuse alcohol in secondary schools appears to be increasing, little is known concerning deviant behaviours of adolescent students who abuse alcohol in the Vhembe District. Therefore attention needs to focus on the characteristics and effects of alcohol abuse among adolescent students who abuse alcohol. What follows in Chapter Two is the empirical study of the research.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews literature pertaining to deviant behaviour of adolescents abusing alcohol in secondary schools. Specifically, it reviews characteristics and effects of adolescent students who abuse alcohol in secondary schools in the Vhembe District of Limpopo Province.

Gouws (2000) mentioned that alcohol is usually the first drug adolescents try even before they reach high school. There is an assumption that many people do not think of alcohol as a drug, because the use of alcohol is so embedded in everyday life. Gouws (2000) mention that many people think alcohol provides a "high" but it actually depresses the central nervous system. Its effect on the nervous system is to relieve inhibitions, making a person feel more spontaneous and socially at ease (Gouws et al., 2000).

Alcohol initiation typically occurs between 13 and 15 years of age and the earlier children initiate the use of alcohol, the greater their risk of engaging in problem behaviours such as delinquency, school failure, and substance abuse (Hawkins & Catalano, 1992; Kaplow, Curran & Dodge, 2002). Males have been found to have a higher frequency of alcohol use, to drink more heavily, and to initiate use earlier compared with females (Barnes, Welt & Hoffman, 2002; Cardenal & Adell, 2000; Mason & Windle, 2001; Thomas, Reifman, Barnes & Farell, 2000).

According to the Theory of Triadic Influence (TTI) all behaviours have roots in the three domains; the people's characteristics, social situations and cultural environment (Flay & Petraitis, 1994). Personal, social and environmental factors have been found to be

© University of Venda

University of Venda
Creating Future Leaders

associated with alcohol use among adolescents (Hawkins, Catalano & Miller, 1992; Komro & Flay, 1997). Social influences favoring adolescent alcohol use include low socioeconomic status and minimal parental education, family disruption and conflict, weak family bonds, low parental supervision, parental permissiveness and lack of rules about alcohol use, family history of alcoholism, peer alcohol use, perceived adult approval of use, and perceived peer approval of use.

Students sometimes drink because they think alcohol makes it easier to meet other people, relaxes their social inhibitions, and helps them have more fun (Core institute, 2005). According to Johnston and O'Malley (1986) adolescents who consume alcohol drink because of boredom or because alcohol helps them escape their problems. At later stage when students are sober they still phase those problems which they are experiencing. Adolescent students also use alcohol as a coping strategy for emotional problems (more common in adolescent girls). Excessive drinking among peers, poor relationship with parents, alcohol abuse by parents, genetic conditions combined with a background of negative environmental factors increase the harmful use of alcohol (Stolle & Thomasius, 2009).

Risky drinking behaviour may be the contributing factor in many different academic, emotional, physical, social and legal problems experienced by undergraduates (NHS Choices, 2009). It concerns those activities, engaged in by the majority of adolescents that are potentially harmful, such as drinking, smoking, substance use, various types of anti-social behaviour and what might be called risky sexual behavior (Coleman & Hagel, 2007). Risky behavior is an action entailing some chance of a loss. To the extent that they represent conscious actions, risky behaviour reflects choices among alternative courses of action (Raiffa, 1968; Von Winterfeldt & Edwards, 1986; Yates, 1990; 1992).

Alcohol use during adolescence and by young adulthood remains a prominent public health problem in the United States. The National survey results indicate that 28.6 percent of 12th graders and 40.1 percent of college students reported binge drinking

© University of Venda

University of Venda
Creating Future Leaders

(i.e., consuming five or more drinks in a row) during the 2 week period preceding the survey (Johnston & O'Malley, 2003).

Alcohol use among adolescents and college students is also associated with a broad array of risk behaviours, including tobacco use and drinking and driving. Studies on school campuses have shown that students who do not drink nevertheless experience adverse secondhand effects of drinking, including victimization (e.g. verbal or physical threats and actions) and personal intrusion (e.g. disruption of sleep or study habits) by those who have been drinking (Wechsler, Rigoti, Gledhill-hoyt & Lee, 1998).

Between 1987 and 1996, surveys have shown that the average age of initiation to alcohol use decreased by more than 1.5 years, from 17.8 years in 1987 to 15.9 years in 1996 (Office of National Drug Control Policy, 2000). In 1999, more than 32 percent of young people reported beginning to drink before age 13 (Center for Disease Control and Prevention [CDC], 2000). Earlier initiation of alcohol use (prior to age 15) has been associated with increased risk for alcohol–related problems later in life (Grant & Dawson, 1997).While for some, drinking may be a singular problem behavior, research suggests that for others it may be an expression of general adolescent turmoil that includes other problem behaviours and that these behaviours are linked to unconventionality, impulsiveness, and sensation seeking (Floyd, O'Connor, Sokol, Bertrad & Cordero, 2005).

2.2 ALCOHOL MISUSE

Alcohol misuse refers to using alcohol in such a way that it causes harm to the user and those close to them physically, psychologically and socially (NHS Choices, 2009).Alcohol abuse is a pattern of drinking that results in harm to one's health, interpersonal relationships, or ability to work. According to Gelder, Mayou and Geddes (2005) alcohol abuse is linked to suicide and depression.

© University of Venda

Alcohol use begins before a student arrives at college. Pressure to misuse alcohol may be intensified when a student starts college and is interacting with new peers, is exposed to new norms about alcohol use, and parents are less present (Johnston, 2003). In high school, those seniors who are college bound are less likely to report heavy drinking than their classmates who do not plan to go on to college. Once students arrive on campus, however, they catch up to and pass the young adults who do not attend college (Johnston & O'Malley, 2003).

Some adolescent students may use substances to compensate for a lack of rewarding personal relationship in order to maintain friendship (Mackenzie, 1993). Mackenzie (1993) indicates further that instead of developing a sense of empowerment from healthy personal development, the substance using adolescent is likely to acquire a superficial and false self-image as he becomes more deeply entrenched in drug experience (Mackenzie, 1993). Teens who exhibit low self-esteem are assumed to also exhibit self-rejection and be willing to engage in activities that are risky and illegal (Warheit, Biafora, Ziimmerman & Gill, 1995).

Certain manifestations of alcohol misuse include failure to fulfill responsibilities at school, school or home; drinking in dangerous situations, such as while driving; legal problems associated with alcohol use; and continued drinking despite problems that are caused or worsened by drinking. Alcohol abuse can lead to alcohol dependence (Diagnostic and Statistical Manual of Mental Disorders, 2000).

Alcohol abuse is a use of alcoholic beverages to excess, either on individual occasions ("binge drinking") or as a regular practice (Michaud, 2007). For some individuals, children or pregnant women, for example almost any amount of alcohol use may be legally considered "alcohol abuse," depending on local laws. Heavy alcohol abuse can cause physical damage and death (Diagnostic and Statistical Manual of Disorders, 2000).

© University of Venda

University of Venda
Creating Future Leaders

Alcohol abuse has both short-term and long-term risks. If a person has driven while drunk or regularly binge drinks (more than 5 standard drinks in one drinking session), they are considered to have been involved in alcohol abuse. Short-term abuses of alcohol include, but are not limited to, violence, injuries, unprotected sexual activities and additionally, social and financial problems (Michaud, 2007).

2.3 CHARACTERISTICS OF ADOLESCENT STUDENTS ABUSING ALCOHOL IN SECONDARY SCHOOLS

As young adults experience major life changes, they may begin to use alcohol as a means of coping with stressful situations. Acting Surgeon General, Kenneth Moritsugu indicated in a 2007 US Department of Health and Human Services news release that those who begin drinking "before the age of 15 are five times more likely to have alcohol-related problems later in life."It may be difficult to distinguish between normal adolescent behaviour and that which indicates that alcohol dependency is a factor. Changes in behaviour such as a sudden drop in school grades, stealing, verbal or physical abuse towards others, excessive mood swings and lying are warning signs. Alcohol smell on breath or clothing plus secretive behaviour may also indicate excessive alcohol use.

The student experiences deterioration in scholastic performance. The student achieves low grades and may display hostile, defiant and un-co-operative behaviour towards others in school. The student may also experience a drop in motivation, concentration, general achievement, interest in sport and extra-mural activities. Under these circumstances of alcohol abuse school is of no interest to the student and truancy often results (Donald, Lolwana & Lazarus, 2002).

Wechsler (1995) mentioned nearly one-third of high-risk drinkers had missed class and 21 percent had fallen behind in their school work because of their drinking. Among frequent high-risk drinker students who had engaged in high-risk drinking three or more

© University of Venda

University of Venda
Creating Future Leaders

times in the previous two weeks over 60 percent had missed class and 46 percent had fallen behind in school because of their drinking (Wechsler, 1995).

Sacerdote (2001) and Hanushek, Kain, Markman and Rivkin (2003) point out that belonging to a deviant peer group can lead the student to high rates of school absenteeism, low commitment to studies and low levels of educational achievement. A study by Baker, Sigman and Nugent (2001) stated that truancy is one of the early warning signs that youth are headed for potential delinquent activity, social isolation and or educational failure.

Truancy and other irregular behaviours go hand in hand with alcohol abuse in adolescence and youth, with a number of articles mentioning truancy as a predictor of the consumption of alcohol and other drugs (Laukkanen, Shemeika, Viinamaki, Polkki, Lehton, 2001; Hallfors ,Vevea, Iritani, Cho, Khatopoush, & Saxe, 2002; Chou, Ho Ch, Chench & Chen, 2006).

Alcohol use and drug abuse are factors which interfere with the cognitive capacity of students and their attitudes at school, with these being powerful indicators for low educational attainment, school absenteeism and dropping out of school (Yamada, Kendix, Yamada, 1996: Roebuck, Chriestopher, Michael & Dennis, 2004; Duarte, Escario & Molina, 2006).

Personal characteristics, as well as other sources of negative effect (stressful life events or personal failures) are powerful risk factors for alcohol abuse and drug abuse in adolescence and for other deviant behaviours (Bates & Labouvie, 1997; Colder & Chasin, 1997; Laukkanen, Shemeika, Viinamaki, Polkki & Lehton, 2001; He, Kramer, Houser, Chomitz & Hscker, 2004).

Antisocial behaviour and personality attributes, such as tolerance of deviance and drug use have been found to be highly related to adolescent delinquency, including

© University of Venda

aggressive behaviors (Mash, 1992). Impaired intra and interpersonal functioning in adolescents such as low self-esteem have also been linked with aggression. The students may experience extremes of behaviour. He may either become extremely aggressive or unusually docile. On the other hand, he may be defiant, co- operative, moody, cranky, or verbally abusive and on the other hand, he may be jovial, pliable, sociable and agreeable (Marsh, 1992).

Lying about where they have been or making up stories about what they have been doing can be an indicative characteristic of drug or alcohol abuse (Melton, 2011). There are some children and adolescents who are not bothered by lying or taking advantage of others. Other adolescents may frequently use lying to cover up another serious problem, e.g. an adolescent with a serious drug or alcohol problem will lie repeatedly to hide the truth about where they have been, who they were with, what they were doing and where the money went (American Academy of Child and Adolescent Psychiatry, 2004).

According Centers for Disease Control and Prevention (hpp/ /www.cde.gov)alcohol abuse is a pattern of drinking that could result in health or social problems. However, alcohol dependence, or alcoholism, refers to a disease that is characterized by abnormal alcohol-seeking behaviour that leads to impaired control over drinking.

Short-term effects of alcohol abuse include:

- Distorted vision, hearing and coordination
- Altered perception and emotions
- Impaired judgment
- Bad breath, hangovers
- Loss of appetite
- Vitamin deficiencies
- Stomach ailments
- Skin problems

© University of Venda

- Sexual impotence
- Liver damage
- Heart and central nervous system damage
- Memory loss

However, if that you are drinking too much, it is more important to get the support in order to break the habit, rather than concentrating on where the blame lie (NHS Choices, 2009).

Stress, use of other substances, deviant behaviour, and peer alcohol usage are typically strong and stable predictors of adolescents' alcohol usage (Denovan, 1999). Peer pressure influences individuals to abuse alcohol; however most of the influence of peers is due to inaccurate perceptions of the risks of alcohol abuse (Geld et al., 2005).

Risk factors include having a psychiatric condition such as schizophrenia, depression, or anxiety disorders may lead to alcohol abuse. All drugs affect a "reward mechanism" in the brain. If a person feels good each time he or she uses a drug, it tends to make them want to use the drug again (Gelder et al., 2005).

Martin and Hummer (1989) suggest that many fraternities create a social environment in which sexual coercion is normalized because women are perceived as commodities available to meet men's sexual needs. Alcohol is used to encourage reluctant women to have sex.

Regardless of what parents may teach their children about alcohol, some genetic factors are present from birth and cannot be changed (Schuckit, 2009). Genes appear to influence the development of drinking behaviors in several ways. Some people, particularly those of Asian ancestry, have a natural and unpleasant response to alcohol that helps prevent them from drinking too much. Other people have a naturally high tolerance to alcohol, meaning that to feel alcohol's effects, they must drink more than others (Schuckit, 2009).

© University of Venda

University of Venda
Creating Future Leaders

2.4 EFFECTS OF ALCOHOL ABUSE

2.4.1 Academic Impairment

In 1992-94 22% students performed poorly on a test (26% of drinkers), and 28% had missed a class during the last year (33% or one third of drinkers) due to alcohol or other drug use (Presley, Meilman & Cashin, 1996). Wechsler (1998) did a survey and report that in 1997 (30% of drinkers) miss a class within the current academic year as a result of drinking and (23% of drinkers) reported getting behind in school work during the current year as a result of drinking.

Perkins (1992) found one-third of students reporting they had missed classes or examinations or had performed poorly on assignments due to their drinking during the academic year. The more students drink, the more likely they suffer negative consequences (Perkins, 1992). Those consequences can range in severity from having a hangover, performing poorly on a test, or missing class, to getting into an argument or fight or driving under the influence (Perkins, 1992).

2.4.2 Cognition and Alcohol

Brain damage is a common and potentially severe consequence of long-term, heavy alcohol consumption (Evert & Oscar-Berman, 1995). Even mild-to-moderate drinking can adversely affect cognitive functioning (i.e., mental activities that involve acquiring, storing, retrieving, and using information) (Evert, & Oscar-Berman, 1995).

Persistent cognitive impairment can contribute to poor job performance in adult alcoholics, and can interfere with learning and academic achievement in adolescents with an established pattern of chronic heavy drinking (Giacola & Moss, 1998). A small but significant proportion of the heaviest drinkers may develop devastating, irreversible brain-damage syndromes, such as Wernicke-Korsakoff syndrome, a disorder in which

© University of Venda

University of Venda
Creating Future Leaders

the patient is incapable of remembering new information for more than a few seconds (Oscar-Berman, 1990).

It stands to reason that cognitive impairment also may impede recovery from alcoholism, although evidence has not conclusively shown this to be the case. For example, Morgenstern and Bates (1999) studied whether deficits in a patient's learning and planning abilities, core aspects of many treatment strategies, affected recovery from alcoholism. They found that impairment was not a significant predictor of poor treatment response. On the other hand, evidence does support the possibility that brain damage, whether resulting from or predating alcohol use, may contribute to the development and progression of alcoholism (Bowden, Crews & Bates, 2001).

Most alcoholics exhibit mild-to-moderate deficiencies in intellectual functioning (Parsons, 1998), along with diminished brain size and regional changes in brain-cell activity. The most prevalent alcohol-associated brain impairments affect visuo-spatial abilities and higher cognitive functioning (Oscar-Berman, Shagrin, Evert, & Epstein, 1997).

Visuo-spatial abilities include perceiving and remembering the relative locations of objects in 2 and 3 dimensional space. Examples include driving a car or assembling a piece of furniture based on instructions contained in a line drawing (Giacola & Moss 1998). Higher cognitive functioning includes the abstract-thinking capabilities needed to organize a plan, set it in motion, and change it as needed (Giacola & Moss, 1998).

Most alcoholics entering treatment perform as well as non-alcoholics on tests of overall intelligence (Parsons & Nixon, 1986). However, alcoholics perform poorly on neuropsychological tests that measure specific cognitive abilities (Parsons & Nixon, 1986). For example, an alcoholic who has remained abstinent after treatment may have no apparent difficulty filing office documents correctly, a task that engages multiple brain

© University of Venda

University of Venda
Creating Future Leaders

regions. However, that same person might be unable to devise a completely different filing system, a task closely associated with higher cognitive functioning.

2.4.3 Alcohol's Effect on the Brain

Exposing the brain to alcohol during this period of adolescence may interrupt key processes of brain development, possibly leading to mild cognitive impairment as well as to further escalation of drinking (Spear, 2002).

Subtle alcohol–induced adolescent learning impairments could affect academic and occupational achievement (Spear, 2002). Brown (2000) evaluated short–term memory skills in alcohol dependent and nondependent adolescents ages 15 to 16. The alcohol dependent youth had greater difficulty remembering words and simple geometric designs after a 10 minute interval (Brown, Tapert, Granholm & Delis, 2000). Consumption of alcohol leads to the release of endorphins in brain areas, causing feelings of reward and comfort (Testino, 2008).

Memory problems were most common among adolescents in treatment who had experienced alcohol withdrawal symptoms (Brown, Tapert, Granholm & Dellis, 2000). The emergence of withdrawal symptoms generally indicates an established pattern of heavy drinking. Their appearance at a young age underscores the need for early intervention to prevent and treat underage drinking (Brown, 2000).

Although the prevalence of high risk drinking declines after early adulthood (Johnston, O'Malley, & Bachman, 2002), alcohol induced brain damage may persist. Memory impairment has been found in adult rats exposed to alcohol during adolescence (Spear, 2002). In addition, sophisticated imaging techniques revealed structural differences in the brains of 17 year old adolescents who displayed alcohol induced intellectual and behavioral impairment. Specifically, the hypothalamus part of the brain important for learning and memory was smaller in alcohol dependent study participants than it was in

© University of Venda

University of Venda
Creating Future Leaders

nondependent participants (De Bellis, Clark & Beers, 2000). Adolescents who began drinking at an earlier age had proportionately smaller volumes compared with those who began later (De Bellis, 2000) suggesting that the differences in size were alcohol.

2.4.4 Blackouts

A blackouts an amnesia-like period that is often associated with drinking. A person may be functioning normally, but later, the person has no memory of occurrences (The Journal of Nervous Mental Disease, 4/04). When blood alcohol levels rise slowly, people are less likely to experience blackouts, even if they eventually become intoxicated (Health Behaviors of Adults, 1999).

Blackouts are commonly associated with the consumption of large amounts of alcohol; however, surveys of drinkers experiencing blackouts have indicated that they are not directly related to the amount of alcohol consumed. Respondents reported they frequently recalled having "drunk as much or more without memory loss", compared to instances of blacking out (Goodwin, Crane & Guze, 1969). Subsequent research has indicated that blackouts are most likely caused by a rapid increase in a person's blood-alcohol concentration (Goodwin, 1969). One study, in particular, resulted in subjects being stratified easily into two groups, those who consumed alcohol very quickly, and blacked out, and those who did not black out by drinking alcohol slowly, despite being extremely intoxicated by the end of the study (Ryback, 1970).

The phenomenon of alcohol-induced “blackouts”; or memory loss during periods of heavy drinking is a common consequence found among alcoholics but has also been found in other populations of drinkers as well (Buelow & Koeppel, 1995). It is not always clear whether such reports include partial forgetting, or perhaps mistaking blackout if undefined as passing out (Buelow & Koeppel, 1995). Nevertheless, in the nationwide College Alcohol Survey (Wechsler, 1998), 22% of students (27% of drinkers) reported at least one incident of having forgotten where they were or what they did due to drinking

© University of Venda

University of Venda
Creating Future Leaders

in the past year. Similarly, 26% of respondents (31% of respondents who drank) in the Core Survey indicated that they had "had a memory loss" due to drinking or other drug use in the past year (Presley, Meilman & Cashin, 1996).

Upward to almost half of all students in several studies of regionally diverse single institutions reported having had such experiences within their lifetime (Buelow & Koppel, 1995; Sarvela, Taylor, Drolet & Newcomb, 1988; Werner, 1993). Meilman, Stone, Gaylor & Turco (1990) found 4.4% of students reporting a blackout within the last week in a random sample attending a private university in rural New England.

Memory loss during periods of heavy drinking, a common occurrence among alcoholics, is also reported by a significant number of students who drink. In continues assessment (CAS) 10 percent of non-binge drinkers, 27 percent of occasional binge drinkers, and 54 percent of frequent binge drinkers reported at least one incident in the past year of having forgotten where they were or what they did while drinking (Wechsler, 2000).

2.4.5 Physical Illnesses

Injuries to oneself as a result of one's drinking are not an uncommon consequence. The College Alcohol Study found 9% of students (12% of drinkers) in this category within a 1-year period nationwide (Wechsler, 1998), and the Core Survey (Presley, 1996) revealed 13% (15% of drinkers) reporting injury to self as a consequence of alcohol or other drug use within the year. Perkins (1992) found one of five students having experienced this consequence within the academic year at a private northeastern college where more than 95% of students drank alcohol.

Short-term health-related consequences of heavy drinking such as hangovers, nausea and vomiting are experienced by a large minority, if not the majority, of students on most campuses (Presley, 1996). The Core Survey of students at 89 schools across the nation produced a self-report result of 40% with at least one hangover (47% of drinkers)

© University of Venda

University of Venda
Creating Future Leaders

and (56% of drinkers) having nausea or vomiting as a result of alcohol or other drug use within the year (Presley, Meilman & Cashin, 1996).

Chronic alcohol misuse and abuse has serious effects on physical and mental health. Chronic excess alcohol intake, or alcohol dependence, can lead to a wide range of neuropsychiatric or neurological impairment, cardiovascular disease, liver disease, and malignant neoplasms. The psychiatric disorders which are associated with alcoholism include major depression, dysthymia, mania, hypomania, panic disorder, phobias, generalized anxiety disorder, personality disorders, schizophrenia, suicide, neurologic deficits (e.g. impairments of working memory, emotions, executive functions, visuospatial abilities, gait and balance) and brain damage. Alcohol dependence is associated with hypertension, coronary heart disease, and ischemic stroke, cancer of the respiratory system, and also cancers of the digestive system, liver, breast and ovaries. Heavy drinking is associated with liver disease, such as cirrhosis (Cargiulo, 2007). In one study at a New England university where almost all students (97%) drank alcohol within the year, 29% of the student sample reported that anywhere from .5 to 24 hours of their normal functioning were lost "in recovery" from drinking in the last week (Meilman , Stone, Gaylor & Turco, 1990).

Alcohol poisoning as a result of excessive consumption and occasional fatalities that result from these extremely high blood alcohol levels are not unfamiliar incidents in campus health centers and local hospital emergency rooms (Meilman, 1990). However, evidence of these tragic consequences is found only in news headlines and anecdotal reports (Meilman, 1990).

Longer term consequences of heavy alcohol use to one's health may include reduced resistance to illnesses (Engs & Aldo-Benson, 1995). Self-reported illnesses were correlated with drinks consumed per week among undergraduates enrolled in a general education course at a large mid-western university (Engs & Aldo- Benson, 1995).

© University of Venda

Although light to moderate consumption was not significantly associated with increased health risks, consuming an average of 22 drinks or more per week was associated with increased upper respiratory infections, and consuming 28 drinks or more was associated with greater acute illness on an aggregate measure, thus suggesting that heavy alcohol consumption contributes to lowered resistance to common illnesses among students (Engs & Aldo-Benson, 1995).

Alcohol has a diuretic effect, which means that the body loses too much water and causes dehydration. This affect strong relationship appears to exist between alcohol use among youth and many social, emotional, and behavioral problems, such as using illegal drugs, fighting, stealing, driving under the influence of alcohol and/or other drugs, skipping school, feeling depressed, and deliberately trying to hurt or kill themselves NHS Choices (2009).

It is clearly an important public health goal to delay the initiation of alcohol use among young adolescents for the benefit of their current and long-term health. Alcohol also stimulates the production of insulin, which reduces blood sugar levels and causes drowsiness, weakness and trembling (Grant & Dawson, 1997).

2.4.6 Health Problems

Heavy drinking is linked to suicide, murder, fatal accidents and many fatal diseases. It can increase ones' chances of developing cirrhosis of the liver, and it is associated with many different types of cancer, including cancer of the breast, mouth, larynx (voice box) and liver (NHS Choices, 2009). As well as being directly related to many serious diseases, drinking large amounts of alcohol can also lead to poor sexual performance, and it can harm an unborn baby (NHS Choices, 2009).

In (2009) NHS Choices of alcohol misuse it was mentioned that sometimes, alcohol misuse starts because social drinking can get out of hand. Other times, alcohol misuse

© University of Venda

can start due to problems in life, such as depression, bereavement or financial problems. Ex-drug users can also begin using alcohol in the belief that it won't be a 'problem' in the same way that their drug was.

Excessive alcohol consumption can affect physical and mental health, your work, and ones' social and personal relationships. Alcohol affects your physical coordination, causing slurring of speech, blurring or double vision and loss of balance. You are more likely to find yourself in dangerous situations if you have been drinking a lot, as alcohol affects your judgment and you may do things you would not consider doing when sober. For example, a recent report showed that a quarter of all young prisoners had been drinking when they committed their crime (NHS Choices, 2009).

Other high-risk behavior associated with heavy alcohol consumption is casual and unprotected sex, which can lead to unplanned pregnancy or sexually transmitted infection, fights and arguments, accidents at home and on the road NHS Choices (2009). Binge drinking, or drinking large amounts of alcohol in a short space of time, can lead to unconsciousness, coma, and sometimes death. Vomiting while unconscious can cause someone to choke on their vomit and suffocate (NHS Choices, 2009).

Sexual risk behavior and alcohol misuse significantly contribute to ill health and have negative effects on well-being among young people (Jepson, 2010). Despite considerable acute and chronic health and social consequences relating to child alcohol consumption, cross-sectional studies on alcohol use and risky sexual behavior in South African adolescents are sparse, limited largely to urban settings (Pluddemann, Flisher, McKetin, Parrry & Lombard, 2010; Ladikos, 2000; Flisher, 1996; Peden, Van der Spuy, Smith & Bautz, 2000).

© University of Venda

University of Venda
Creating Future Leaders

2.4.7 Long-term Effects of Alcohol Abuse

Long-term use of alcohol in excessive quantities is capable of damaging nearly every organ and system in the body (UCSF, 2012). Alcohol should be regarded as a recreational drug with potentially serious adverse effects on health and it is not recommended for cardio-protection in the place of safer and proven traditional methods such as exercise and proper nutrition (Sellman, Connor, Robinson & Jackson, 2008).

Substance abuse interferes with a good nutrient supply to the brain and may result in brain damage, which is done in a cognitive and formal manner. Excessive alcohol use causes the brain to age prematurely and the learner may lose up to 10 years of his life. Brain disorders commonly associated with alcoholism are Weenicke's Syndrome, Koraskoff's Psychosis and Marchiafava's Disease (Bezuidenhout, 2004).

There is clinical evidence of increased incidence of infections among alcoholics Roselle (1992). For example, it is well known that chronic alcoholics have increased incidence of bacterial pneumonia (Nelson, Shellito, Mason & Summer, 1992; Winterbauer, Bedon & Ball, 1969). Chronic alcoholism is also associated with tuberculosis (Jacobson, 1992). Urinary tract, sexually transmitted, upper respiratory, and streptococcal infections are commonly reported (Faigel, 1990; Christmas & Berwitz, 1989).

The consumption of alcohol is associated with acute and chronic health outcomes including cardiovascular diseases, liver damage, cancers, psychiatric conditions, as well as intentional and unintentional injuries (Global Status Report, 2004). Besides direct health risks, alcohol consumption is also correlated with negative social and behavioral outcomes. In adolescents, heavy alcohol consumption is associated with premature and violent deaths, for example traffic accidents risky sexual behavior (Pentland, Hutton & Jones, 2005; Pechansky & Scivoletto, 2004), poor academic performance, learning difficulties and school dropouts (Bachman, O'Malley, Schulenberg, Johnston, Freedman-Doan, Messersmith, 2008; Townsend, Fisher & King, 2007; Dewey, 1999).

© University of Venda

Additionally, heavy alcohol use during puberty appears to be related to damage to the development of cognitive and emotional abilities (Spear, 2002, Tapert, 2002) and an elevated risk of later dependence and misuse (Andersen, Due, Holstein & Iversen, 2003; Kandel, Johnson & Bird, 1997). Alcohol-related risks to cognitive functions seem to be higher in adolescents than in adults (Andersen, 2003). Consuming alcohol at an earlier age, perhaps leading to an increased risk of neurological damage in this time of cognitive vulnerability.

Many college students who drink heavily experience negative short-term health consequences such as hangovers, nausea, and vomiting. Longer-term health consequences of heavy alcohol use may include reduced resistance to infection (Engs & Aldo-Benson, 1995) and increased vulnerability to lifelong alcohol problems and its attendant physical consequences such as cirrhosis of the liver (Vaillant, 1996).

2.4.8 Unintended and Unprotected Sexual Activity

In recent years, research has considered the potentially increased risk of engaging in sexual activity unintentionally as well as the increased risk of not using protection against pregnancy or sexually transmitted diseases. At a college in New York, Perkins (1992) found that one-quarter of the students reported engaging in either unintended or unprotected sexual activity at least once as a result of drinking during the academic year, with 15% of males and 10% of females reporting multiple occurrences. Wechsler and Isaac (1992) found that heavy episodic drinkers in Massachusetts colleges were about three times as likely as other drinkers to engage in unplanned sexual activity. Meilman (1993) found that one in five undergraduates at a southeastern college acknowledged having participated in sexual intercourse as a result of being under the influence of alcohol since coming to college, and 17% of undergraduates had abandoned safe sex techniques under the influence of alcohol (9% had done so on more than one occasion).

© University of Venda

University of Venda
Creating Future Leaders

Studies by (Wechsler, Rigotti, Gledhill-hoyt, Lee, 1998) 23% of drinkers had engaged in unplanned sexual activity during the academic year 11% of drinkers reported not using protection due to their drinking. Approximately one in twenty five women binge drink during pregnancy, which can lead to fetal alcohol syndrome and fetal alcohol spectrum disorders (Floyd, 2005).

2.4.9 Sexual Assaults

Sexual assault, including rape, occurs most commonly among women in late adolescence and early adulthood, usually within the context of a date (Abbey, 2001). In one survey, approximately 10 percent of female high school students reported having been raped (Abbey, 2001). Research suggests that alcohol use by the offender, the victim, or both, increases the likelihood of sexual assault by a male acquaintance (Abbey, 2002).

Research has associated adolescent alcohol use with high risk sex (for example, having multiple sexual partners and failing to use condoms). The consequences of high risk sex also are common in this age group, particularly unwanted pregnancy and sexually transmitted diseases, including Human Immunodeficiency Virus (HIV) Acquired Immune Deficiency Syndrome (AIDS) (Grunbaum, Kann & Kinchen, 2001). High risk sex and drinking is affected by the quantity of alcohol consumed. The probability of sexual intercourse is increased by drinking amounts of alcohol sufficient to impair judgment, but decreased by drinking heavier amounts that result in feelings of nausea, passing out, or mental confusion (Sen, 2002).

Studies by Frintner and Rubinson (1993) found that 27% of random sample of female undergraduates at a mid-western university were victims of sexual assault, attempted sexual assault, sexual abuse or at least one incidence of battery, intimidation or illegal restraint. Of women who were victims, 55% had been drinking at the time. Among drinking women who had experienced sexual assault or attempted sexual assault, 60%

© University of Venda

reported their judgment had been moderately or severely impaired at the time due to drinking (Frintner & Rubinson, 1993).

Similarly, Harrington and Leitenberg's (1994) research on 1,090 female undergraduates attending four New England universities revealed that 25% had been victims of sexual aggression by an acquaintance since age 16 and more than half of the victims were at least somewhat drunk when victimized. In a study of 1,025 single white female students between the ages of 17 and 23 at another large midwestern university, higher scores on a global measure of experiencing sexually coercive behaviours were linked to heavy drinking (Gross & Billingham, 1998).

Explanations for the association between female students' drinking and increased risk of sexual victimization most often point to (1) increased consensual sexual activity prior to the forced activity, as alcohol contributes to more casual sexual behaviour that may be misinterpreted by the male as an invitation to further sexual contact; (2) the cultural stereotype of a drinking woman as “loose” and therefore more likely available for sexual contact; (3) the victim's diminished ability to communicate clearly her choice to reject sexual advances when she is intoxicated; and (4) the diminished ability of the victim to defend herself physically or flee from an aggressor.

2.4.10 Impaired Driving

Binge drinking during adolescence is associated with traffic accidents and other types of accident, violent behaviour as well as suicide (Floyd, O’Connor, Sokol, Bertrand & Cordero, 2005). Zero tolerance laws in all states make it illegal for youth under age 21 years to drive with any measurable amount of alcohol in their system (i.e., with a blood alcohol concentration (BAC) ≥0.02 g/dL) (Hedlund, Ulmer & Preusser, 2001). In 2009 10% of high school students reported driving a car or other vehicle during the past 30 days when they had been drinking alcohol. In addition, 28% of students reported riding

© University of Venda

in a car or other vehicle during the past 30 days driven by someone who had been drinking alcohol (CDC, 2010).

National Survey data reveal approximately one-third driving under the influence of alcohol during the academic year (Pesley, 1996 & Wechsler, 1998). According to Engs, Diebold & Hanson (1996), 17% of males and 10% of females who were light to moderate weekly drinkers reported having driven while drunk at least one time during the year, whereas 56% of males and 43% of females who were relatively heavy weekly drinkers reported having done so. Students arrested for drinking while intoxicated were reported 1.7% (2.0% of all drinkers) in the core survey (Presley, Meilman & Cashin, 1996).

The main cause of death among adolescents as a result of binge drinking is road traffic accidents; a third of all fatal road traffic accidents among 15- to 20-year-olds are associated with drinking alcohol (Stolle & Thomas, 2009). Riding a bicycle without a helmet is more common in adolescents who are binge drinkers and additionally adolescents who binge drink more commonly drink while driving or are the passenger of a drunk driver (Stolle & Thomas, 2009). It has been found that 50 percent of all head injuries in adolescents in the USA are associated with alcohol consumption (Stolle & Thomas, 2009).

Motor vehicle crashes are the leading cause of death among youth ages 15 to 20 (National Highway Traffic Safety Administration, 2001). National Institute on Alcohol Abuse and Alcoholism (2001) adolescents already are at increased risk through their relative lack of driving experience and drivers younger than 21 are more susceptible than older drivers to the alcohol induced impairment of driving skills. The rate of fatal crashes among alcohol involved drivers between 16 and 20 years old is more than twice the rate for alcohol involved drivers 21 and older (Yi, Williams & Dufour, 2001).

© University of Venda

The driving behaviours of teens are influenced by many factors, including their personal levels of knowledge, awareness and experiences; characteristics of and conditions found in the motor vehicle; and the various conditions of the community in which the teen and his/her family live (Braver, 2003).

Individual characteristics that have been found to be related to motor vehicle morbidity and mortality among teens include race, age, gender, cognition, driving experience, and level of acculturation (Braver, 2003). Other risk factors for motor vehicle crashes among youth include current bio-physiological condition (for example, motor skills, sleep deprivation, and psychiatric/neurological status), mental status (for example, mood, thoughts, feelings) (O'Malley & Johnston, 2003) and behavioural dispositions (for example, risk taking, impulsivity) that the individual brings to the situation (Zuckerman & Kuhlman, 2000).

Inexperience and immaturity both contribute to high crash rates involving teen drivers (Mcknight & Mcknight, 2000). Adolescent drivers tend to engage in numerous risky behaviors, including speeding, which has been found to significantly correlate with a greater risk for crashes (Elander, West & French, 1993). They are more likely to engage in other risk taking behaviors such as following too closely, unsafe accelerations, and rapid lane changes (Preusser, Ferguson & Williams, 1998).

According to 2004 NHTSA data, 17% of young drivers 16–20 years of age had a blood alcohol concentration at or above 0.08%, the level at which all states define drunk driving (National Highway Traffic Safety Administration 2006). Driving safety changes rapidly as novice drivers gain experience and skill (Mayhew, Simpson & Pak, 2003). However, lack of driving skill may be less important than poor judgment (Vermick, Li & Ogaitis, 1999) which develops more slowly than motor skills with extensive driving experience, and critical brain maturation.

© University of Venda

University of Venda
Creating Future Leaders

2.4.11 Impaired Athletic Performance

Leichliter (1998) has shown those athletic team members and, even more so, team leaders consume more alcohol per week than non- athletes. These athletes were more likely to consume in a heavy episode fashion and generally incurred more negative consequences as a result (Leichliter, 1998). There are no data in the research literature on student athletes that specifically assess impaired athletic performance due to their drinking (Leichliter, 1998). It can only be inferred that there is significant performance loss, given relatively high consumption levels each week by some athletes that could be detrimental to their physical capacities (Leichliter, 1998).

2.4.12 Property Damage and Vandalism

Weschler, Dowdall, Daveport and Castillo (1995) reported that 12% of students claimed to have sustained property damage due to other students drinking. A consistent 8% of students admit damaging property or pulling for a fire-alarm in connection with their drinking during the year in several nationwide surveys conducted throughout the 1990's (Engs & Hanson, 1994; Presley, 1996 & Wechsler, 1998). More than 25 percent of college administrators from schools with relatively low drinking levels and more than half of administrators from schools with high drinking levels reported that their campuses have a "moderate" or "major" problem with vandalism and property damage (Wechsler, 1995).

Strains in "town/gown" relations (between the community and the campus) over student alcohol consumption may damage the institution's reputation (Wechsler, 1995). Similarly, failure and dropout rates due to student alcohol misuse can damage a college's academic image, resulting in the loss of tuition and the capacity to attract high-caliber students. Other factors affecting an institution include the cost of the added time, demands on, and stress experienced by college personnel who must deal with student

© University of Venda

alcohol misuse (Weschler, 2005). In addition, the costs of legal suits brought against the college for liability in cases of injury, property damage, or death contribute to the toll.

2.4.13 Social Development

Early alcohol use may have long–lasting consequences (Grant & Dawson, 1997). People who begin drinking before age 15 are four times more likely to develop alcohol dependence at some time in their lives compared with those who have their first drink at age 20 or older (Grant & Dawson, 1997).

Students who abuse substances may have difficulty in establishing their identity, developing relationships or skills, gaining physical and emotional independence and preparing for the future responsible adulthood. Substance abuse halts the student's maturity causing him to continue immature behaviour into adulthood (Much, 2002).

Alcohol intake can make the students talkative and friendly or aggressive and angry. Alcohol alters perceptions, emotions, movement, vision and hearing. In addition to this it can make people do embarrassing things like throwing up or urinating on themselves (Rutherford, 2004). Furthermore, alcohol intake causes a student to become more angry and stubborn or get into a rage without much provocation (Rutherford, 2004).

The students have not learnt to express control, suppress or hide his emotions in line with expectations of his peer group, his cultural group and his community (Rutherford, 2004). Substance abuse can weaken a person's inhibitions, dull common sense, bring out sexually aggressive behaviour and make the learner more egocentric (Shatz, 2004). Learners sometimes attempt to hide feelings and emotions by abusing substances. The "high" that the substance abuser experiences can be a very happy or "spaced out" feeling or a feeling that he has special powers like the ability to fly or get rid of all his problems (Brown, 2000).

© University of Venda

Substance abuse interferes with ability to suppress emotions. The secondary school students may display anger, rage, stubbornness and jealousy in an open and less refined manner (Brown, 2000). Dagga use has been noted for blunting emotions and for making the students paranoid. He will most probably end up becoming suspicious and fearful of the people around him causing him to bed-wet, stammer, boast, be anxious or engage in noisy behavior, which are symptoms of suppressed fear (Bowman, 2002). Jealousy may be displayed by anger, rage and the use of force rather than by teasing, lying and bullying. Addiction begins to control the life of the students and he tends to withdraw from all previous relationships with others. The addict finds it difficult to simultaneously maintain and satisfy the need for substance and for intra- and extra familial relationships (Izenberg & Lyness, 2002).

Substance abuse can make a students feel happy, relaxed, less shy and more talkative but it can also make the learner more bold and aggressive (Gavin, 2004). The learner may stop acting responsibly and may end up in conflict situations with other (arguments and fights), affecting his present and future interactions with those around him (Gavin, 2004).

The substance abuser finds it difficult to cope with stressful events and according to the expectations of the family members and this, leads to conflict. The students may experience aggression resulting in him leaving home or committing suicide (Miranda, 2004). Some substance- abusing individuals exhibit unacceptable behavior such as mugging, stealing, handbag snatching and violence to acquire money to satisfy and maintain their habit whilst others may resort to prostitution (Bezuidenhout & Joubert, 2003).

Substance abuse in school will probably brand the students as an outcast, limiting his opportunities to acquire friends (Rutherford, 2004). Rutherford (2004) said that since "birds of same feather flock together" the students will most probably have friends with similar habits in his peer group. Rutherford (2004) continues saying that the greater the

© University of Venda

learner's involvement with friends, that consume alcohol, the greater his chances of becoming addicted. Substance abuse is a very expensive pastime and students may lie, cheat and steal to finance their habit (Bezuidenthout, 2004). These are not qualities that parents, adults and educators would want learners to be familiar with.

Substance abuse is associated with crime and misconduct that disrupts the maintenance of an orderly and safe school atmosphere conducive to learning (Bezuidenhout, 2004). Students who abuse substance create a climate of apathy, disruption and disrespect for others. They transform schools into a market place for dope deals, which is associated with the destruction of school property and class disorder, which may affect the development of the student's inner moral sense and conscience (Bezuidenhout, 2004).

Substance abuse impairs the student ability to make healthy choices and decisions according to acceptable norms, putting the students at greater risk (Lifescope, 2004). The student may begin to believe that the use of substances, make him feel good and he will have a better time if he uses it. This incorrect assumption can have direct consequences for him.

The student strives to be part of the peer group and will do everything expected of him (Gavin, 2004). To him, this is the correct behaviour and acceptable norm. Substance abuse to him may appear correct and normal. He most often will justify his behaviour because everyone else is doing it. The student may lie to keep his habit a secret to avoid punishment, creating greater moral complications. Youth with poor home support tend to seek support and understanding outside home so they associate with good or bad company (Gavin, 2004).

When college students abuse alcohol, damage to the campus environment or residence hall including vomit and litter are common aftereffects. In one national study, 8 percent of all students (11 percent of drinkers) admitted damaging property or pulling a fire

© University of Venda

alarm in connection with their drinking (Engs & Hanson, 1994). Findings from the CAS and Core studies were similar. Occasional binge drinkers were almost 3 times more likely and frequent binge drinkers nearly 10 times more likely to report having damaged property when compared with students who do not binge drink (Wechsler, 2000).

Excessive drinking is also a contributor to fights and interpersonal and sexual violence. It is estimated that each year 600,000 college students aged 18 to 24 are assaulted by another student who has been drinking and 70,000 college students aged 18 to 24 are victims of alcohol-related sexual assault or date rape (Hingson & Howland, 2002).

Sleep loss and interrupted study time on the part of students affected by others' drinking are common. In continues assessment (CAS), 61 percent of non-bingeing students living on campus said they had experienced sleep or study disturbances because of drinking (Wechsler, 1998). In the same study, 50 percent of non-bingeing students living on campus also said that at least once during the past year they had to "babysit" another student who drank too much (Wechsler, 1998).

Students who abuse alcohol also risk personal injury and even death. Although it is difficult to unambiguously attribute injuries to drinking in some studies, personal injuries to students as a result of heavy drinking have been documented (Perkins, 1992, Presly, 1996, Wechsler, 2000). The U.S. Department of Education has evidence that at least 84 college students have died since 1996 due to alcohol poisoning or alcohol-related injury. However, it is believed that the total is much greater, since reporting is incomplete.

Certainly when alcohol-related traffic crashes are taken into consideration, estimates are much higher. A recent study estimates that more than 1,400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries and 500,000 students between the ages of 18 and 24 sustain unintentional alcohol-related injuries each year (Hingson, 2002).

© University of Venda

University of Venda
Creating Future Leaders

2.4.14 Suicide

Suicide ("to kill oneself") is the act of intentionally causing one's own death. Suicide is often committed out of despair, the cause of which is attributed to a mental disorder such as depression, bipolar disorder, schizophrenia, alcoholism, or drug abuse (Hawton & Van Heeringen, 2009).

Violence and suicide combine to become the third-most-common cause of death associated with binge drinking among adolescents. The suicide risk in adolescents is more than 4 times higher among binge drinkers than non-binge drinking adolescents (Stolle & Thomasius, 2009).

Substance abuse is the second most common risk factor for suicide after major depression and bipolar disorder (Frank, Jerome, Levin, Jerome, Piccirilli, Richard, Perrotto, Richard, Culkin & Joseph, 2001). Both chronic substance misuse as well as acute substance abuse is associated with suicide (Giner, Carballo & Guija, 2007). This is attributed to the intoxicating, disinhibiting, and dissociative effects of many psychoactive substances. When combined with personal grief, such as bereavement, the risk of suicide is greatly increased (Faden & Barbara, 2003). More than 50% of suicides have some relation to alcohol or drug use and up to 25% of suicides are committed by drug addicts and alcoholics. This figure is even higher with alcohol or drug use among adolescents, playing a role in up to 70% of suicides. It has been recommended that all drug addicts or alcoholics undergo investigation for suicidal thoughts due to their high risk of suicide (Miller, Mahler & Gold, 1991). An investigation in the New York Prison Service found that 90% of inmates who committed suicide had a history of substance abuse.

Alcohol abuse is associated with a number of mental health disorders, and alcoholics have a very high suicide rate (Chignon, Cortes, Martin & Chabannes, 1998). It has been found that drinking 6 drinks or more per day results in a six fold increased risk of suicide

© University of Venda

(O'Donohue, William, Byrd, Michelle, Cummings, Nicholas, Henderson & Deborah, 2005). High rates of major depressive disorder occur in heavy drinkers and those who misuse alcohol. Controversy has previously surrounded whether those who misused alcohol who developed major depressive disorder were self-medicating (which may be true in some cases), but recent research has now concluded that chronic excessive alcohol intake itself directly causes the development of major depressive disorder in a significant number of alcoholics (Fergusson, Boden & Horwood, 2009).

There is documented evidence that alcohol misuse may potentially lead to thoughts of suicide and suicide attempts among college students (Presley, 1996) but it is also plausible that suicidal thoughts may lead to increased drinking since, for some, depression increases the tendency to drink heavily. Over one million people die by suicide every year. The World Health Organization (WHO) estimates that it is the 13th leading cause of death worldwide (Bruce, Forrensic Examiner & Summer, 2006) and the National Safety Council rates it sixth in the United States. It is a leading cause of death among teenagers and adults under 35 (CIS, 2006).

Although links between suicide and substance abuse can be found in the research and clinical literature of psychopathologies, there are very little empirical data to draw on from the studies of broad college populations (Presley, 1996). Although most reports are anecdotal, some systematic survey evidence of the potential for alcohol misuse to result in this extreme consequence is suggested by national Core Survey data (Presley, 1996). Specifically, 5.1% of respondents (6.1% of drinkers) confided that they had suicidal thoughts, and 1.6% (1.9% of drinkers) revealed that they had actually tried to commit suicide within the last year due to drinking or other drug use. It must be noted, of course, that the measure used is a self-perceived assessment of the causal order (Presley, 1996). It is certainly plausible that suicidal thoughts may lead to elevated drinking, as depression increases the propensity to drink heavily.

© University of Venda

Alcohol use interacts with conditions such as depression and stress to contribute to suicide, the third leading cause of death among people between the ages of 14 and 25 (Anderson, 1999). In one study, 37 percent of eighth grade females who drank heavily reported attempting suicide, compared with 11 percent who did not drink (Windle, Miller-Tutzauer & Domenico, 1992).

1.3 SUMMARY

It is important to consider that teens may face their own frustration and difficulties regarding the use of alcohol, brought on by factors such as peer pressure. Using drugs including drinking alcohol will not make anyone happy or popular or help in learning the skills needed for growing up. In fact, doing drugs can cause failure in all these things. Some people who are shy in social situations use alcohol to loosen up and frequently end up making fools of themselves and doing things that they later regret.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research design and methodology through which the problem can be investigated. Research methodology is the general planning of how the research project is going to be conducted. The planning includes the selection and description of the site, the role of the researcher, initial entry for observation, time and length of the study, the number of participants and how they were selected, data collection, and analysis strategies (McMillian & Schumacher, 1997).

3.2 AIM OF THE STUDY

This study is aimed at achieving the following:

- To investigate the characteristics of deviant behavior of adolescent students who abuse alcohol in secondary schools around Vhembe District of the Limpopo Province in South Africa.
- To investigate the effects of alcohol misuse among adolescent students around Vhembe District of the Limpopo Province in South Africa.

3.3 RESEARCH QUESTIONS

The research questions guiding the study are:

- What are the characteristics of deviant behaviors of adolescent students who abuse alcohol in secondary schools around Vhembe District?
- What are the effects of alcohol misuse among adolescent students in secondary schools around Vhembe District?

© University of Venda

University of Venda
Creating Future Leaders

3.4 RESEARCH DESIGN

Huysamen (1994) noted that a research design is the plan or blueprint according to which data are collected to investigate the research hypothesis in the most economical manner. Babbie and Mouton (1998) emphasized that a research design is a plan or blueprint of how the research will be conducted. It is an overall approach used to investigate the problem.

The design indicates the plan of action and the road map towards accomplishing the aims and objectives of the research and the research survey design is a structured approach to data-collection which addresses the research hypothesis and associated investigative questions forming the core of the research. The research design according to White (2005) should specifically focus on two aspects which are:

- The research approaches: this is a quantitative approach of which the researcher has used. The data was in the form of numbers and research finding was illustrated in the form of tables.
- The research methods: those which allow the researcher to conduct the research in such a way that the researcher will find answers to the research questions and associated investigative questions.

Quantitative research is an inquiry that is grounded in the assumption that features of the social environment constitute an objective reality constant across time and settings. The dominant methodology is to describe and explain features of this reality by collecting numerical data on observable behaviors of samples and by subjecting these data to statistical analysis (Gay, 1996).

The study employed quantitative design involving students. A quantitative approach was used to establish universal context-free generalizations. Questionnaires were used to collect data from students and teachers concerning characteristics of adolescent

© University of Venda

students who abuse alcohol in secondary schools and effects of alcohol abuse among adolescent students in secondary schools.

3.5 POPULATION AND SAMPLING

3.5.1 Population

Walsh (2001) stated that a population is the whole class of people or things that the researchers wish to investigate. According to Babbie and Mouton (2006) a population is regarded as the theoretically specified aggregation of study elements from which the sample is actually selected.

The population for a study is a group about whom one wishes to draw a conclusion (Babbie, 2005). It is almost impossible to study all members of the population, as it is never possible to observe them due to various reasons. With any survey, it is necessary to clearly define the target population, which Collins and Hussey (2003), define as 'any precisely defined set of people or collection of items which are under consideration'. The population for my study consisted of 150 learners in Grade 8, 9, 10 and 11 in ten secondary schools in Vhembe District.

3.5.2 Sampling

A sample comprises the individual, items, or events selected from a larger group referred to as a population. Of purpose of the sampling is to gain information about the population by using the sample (De Vos, 1998; Gay & Airasian, 2000).

Sampling is the process of selecting a number of individuals for the study in such a way that they represent the larger group from which they were selected.

© University of Venda

O'Leary (2004) refers to sampling as a process whereby we select some of the elements with intention of finding out something about the population from which they are taken. Lohr (2010) reiterated that a sample is a subset of a population.

A random sampling procedure was used to select students in Grades 8, 9, 10 and 11 at government secondary schools in Vhembe District, Limpopo Province. Schools were stratified according to clusters representing geographic strata. The number of schools selected in strata was proportional to the total number of students in all the schools in a given stratum. Two classes in each were simple randomly chosen and 38 students were randomly chosen in two classes.

3.6 DATA COLLECTION

Before any data collection takes place, researchers must negotiate for permission to do so with the person in charge of the institution or setting where they want to collect data. These may include principals, educators, governing bodies, or supervisors (Sowell, 2001).

Data was collected using questionnaires. A self-administered questionnaire was distributed to the students. The questionnaires of students were distributed to the students by the researcher during regular school periods in the absence of teachers or other school personnel.

3.6.1 Gaining Access to Collect Data in Different Schools

The researcher applied for permission to conduct the research (Appendix A). The Department of Education Vhembe District granted permission for the research to be conducted (Appendix B). Prior to the data collection, a letter was sent to parents asking both for their permission and for their own collaboration in giving time to respond to the

© University of Venda

questionnaires during the project. The ten schools were contacted to inform the principals about the intended study and encourage them to participate.

3.6.2 Respondent Briefing

Prior to the data collection, the respondents received briefing by the researcher. The respondent briefing included the following:

- A description of the nature of the study.
- A description of what participation was involved in terms of activities and duration.
- A statement indicating that participation is voluntary and can be terminated at any time without penalty.
- A list of potential risks and / or discomfort that a participant may encounter.
- The guarantee that all responses will remain confidential and anonymous.
- An offer to provide detailed information about the study (example, a summary of findings) upon its completion.
- A place for participants to sign and date the consent form, indicating agreement to participate.

3.6.3 Questionnaires

McMillan and Schumacher (2001) explain that a questionnaire is a quantitative data collection method. A questionnaire is relatively economical, has the same questions for all participants and can ensure anonymity. Vermeulen (1998) points out that sound planning is necessary for the compilation of a good questionnaire. The type, order and number of questions should be so planned that the responses obtained shed more light on the research topic.

According to Emory and Cooper (1995), one of the three primary types of data collection methods is a self-administered questionnaire.

© University of Venda

The questionnaires for students consisted of closed-ended questions (Appendix D). The questionnaire is divided into three sections. Section A deals with demographic of respondents, Section B deals with characteristics of adolescent students who abuse alcohol in secondary schools and Section C deals with effects of alcohol abuse among adolescent students in secondary schools. The researcher personally delivered the questionnaires to schools. Teachers were given and the researcher collected the questionnaires after a week.

3.6.4 Pre-Test

A pre-test was conducted with a group of participants, five students, similar to the participants of the research study from a school not included in the sample, before distributing them to the sample. The purpose of the pre-test was to evaluate and improve the quality of questionnaires and changes were made to the instructions.

3.7 DATA ANALYSIS

This can be regarded as a presentation about data collected in a more accurate and credible manner, and thereby data is put together in a chronological order (Rubin & Rubin, 2005).

Data analysis and presentation in quantitative research indicates the statistical techniques to be used in data analysis and specifies how the data will be presented. Educational research projects often make use of descriptive statistics when analyzing their quantitative data (White, 2005).

Data from the questionnaires was computed and analyzed through the Statistical Package for Social Science (SPSS), using descriptive statistics. The analyses were executed in consultation with a statistical analyst to exclude any misleading

© University of Venda

interpretations. Analysis of information obtained from individual questionnaire was done through identifying common themes from the participants' description of their experiences. Irrelevant information was separated from that deemed relevant and the latter broken into phrases or sentences, to reflect a single, specific thought. A cyclical approach of data analysis was used to analyze the collected information.

3.8 ETHICAL CONSIDERATION

Parents were informed through a letter about the nature and purpose of the study. Students too, were informed that they could choose not to participate in the study or to omit answering certain questions without any repercussions. Anonymity and confidentiality were assured. The University of Venda Ethics committee approved the study. Permission was granted by The Department of Education Vhembe District of Limpopo Province in South Africa for the research to be conducted in ten different schools.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 4

DATA ANALYSIS

4.1 RESULTS AND DISCUSSIONS

In the previous chapter, a description of the research design and methodology was presented. This chapter focuses on data presentation and interpretation.

The demographic variables in this study are: gender, grade level of the students and phases of study.

4.2 BIOGRAPHICAL INFORMATION

The demographic results presented include the following: sex, grade and curriculum phases.

4.2.1 Sex of Respondents

The results showing the sex of respondents are shown in Table 4.1 below:

Table 4.1: Sex of Respondents

Sex of respondents	Frequency	Percent
Female	73	51.8
Male	68	48.2
Total	**141**	**100**

© University of Venda

Table 4.1 shows a total of 150 respondents, comprising 73 (51.8%) females and 68 (48.2%) males are involved in this study. Out of 150 questionnaires distributed 141 responded and 9 questionnaires were not returned. The sample is drawn from ten secondary schools.

4.2.2 Ages of the Respondents

Results showing the age of respondents are presented in Table 4.2

Table 4.2: Ages of Respondents

Ages	Frequency	Percent
15-20 years	129	91.5
21-25 years	11	7.8
26-30 years	1	.7
Total	**141**	**100**

Table 4.2 shows the majority of the respondents fall between the age15-20 years making (91.5%). These are the adolescent years when the young ones experiment with different ideas one of which is indulgence in alcohol. Very few respondents aged 26-30 years constitute (0.7%) of the total responses participated in the study. These ages are outside the adolescent years. The result agrees that majority of adolescent in this study are between 15 years and 20 years. According to O'Malley (1998) alcohol initiation typically occurs between 13 and 15 years of age and the earlier children initiate the use of alcohol.

4.2.3 Grades of the Respondents

Results showing the grades of respondents are showing below in Table 4.3.

© University of Venda

Table 4.3: Grades of Respondents

Grades	Frequency	Percent
Grade 7-8	1	7
Grade 9-10	73	51.8
Grade11-12	60	42.6
Grade12 and above	7	5.0
Total	**141**	**100**

Table 4.3 shows majority of respondents are in Grade 9-10 (51.8%).These grades fall within the scope of the study. Most of the students in those grades are adolescent.

4.2.4 Curriculum Phases of the Respondents

Results showing different curriculum phases of respondents in Table 4.4

Table 4.4 Curriculum Phases of Respondents

Curriculum phases	Frequency	Percent
Foundation	4	2.8
Intermediate	7	5.0
Senior phase	102	72.3
GET	2	1.4
FET	26	18.2
Total	**141**	**100**

Table 4.4 shows majority of participants were in the senior phase (72.3%) and the least of participants were in the GET (1.4).

© University of Venda

Most of adolescent learners were found in Grade 9 to 10 and those Grades are found in Senior Phase and FET Band. Studies such as O'Malley (1998) confirmed that alcohol initiation occurs between 13 and 15 years of age and the earlier children initiate the use of alcohol, the greater their risk of engaging in problem behaviours such as delinquency, school failure, and substance abuse (Hawkins, 1992; Kaplow, 2002). In addition it has been confirmed that males have been found to have a higher frequency of alcohol use, to drink more heavily and to initiate use earlier when compared to females (Barnes, Welte & Hoffman, 2002; Cardenal & Adell, 2000; Mason & Windle, 2001; Thomas, 2000).

4.5 CHARACTERISTICS OF ADOLESCENT STUDENTS WHO ABUSE ALCOHOL IN SECONDARY SCHOOLS

Results showing characteristics of adolescent students who abuse alcohol in secondary schools are discussed in the sections that follow.

4.5.1 Behavioral Characteristics of Students who Abuse Alcohol in Secondary Schools.

Behavioral characteristics of adolescent students who abuse alcohol in secondary schools are losing things, slumbering, stealing and lying.

Table 4.5: Behavioral Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools

Behavioral Characteristics	True	False
Loses things	68.1	31.9
Slumbering	64.5	35.5
Stealing	73.0	27.0
Lying	74.5	25.5

© University of Venda

Table 4.5 above shows behavioral characteristics of adolescent students who abuse alcohol in secondary schools. The majority of respondents (68.1%) affirmed that adolescent students who abuse alcohol are likely to lose things when drunk.

The majority of respondents (64.5%) agree that adolescent students who abuse alcohol slumber or experience blackout. When blood alcohol levels rise slowly, people are less likely to experience blackouts, even if they eventually become intoxicated (Health Behaviours of Adults, 1999).

The majority of respondents (73.0%) agree that adolescent students who abuse alcohol steal so that they can buy alcohol. Fish Hoek Drug Crisis Centre (2004) confirm that the students may begin to tell lies, keep secrets, steal or borrow money or engage in sneaky and suspicious behaviour. Wechsler, (1995) indicates that among frequent high risk drinker students who had engaged in high risk drinking three or more times in the previous two weeks over 60% had missed classes and 46% had fallen behind in school because of their drinking. Changes in behavior such as sudden drop in school grades, stealing, verbal or physical abuse towards others, excessive mood swings and lying are warning signs (Department of Health and Human Services, 2007).

The majority of respondents (74.5%) agree that adolescent students who abuse alcohol tell lies about where they are or when in need of extra funds. Bezuidenhoud (2004) mentioned that substance abuse is a pas time and students may lie, cheat and steal to finance their habit.

Marsh (1992) indicates that the students experience extremes of behaviour. He/she may either become extremely aggressive or unusually docile.

© University of Venda

University of Venda
Creating Future Leaders

The majority of respondents (73.0%) affirmed that adolescent students who abuse alcohol engage themselves in stealing, dropout from school (70.2%), missing classes (73.0%) and lying (74.5%).

The majority of respondents (67.4%) affirmed that adolescent students who abuse alcohol in secondary schools engaged themselves in fighting. This is also supported by research (Wood, 1997) that a strong relationship appears to exist between alcohol use among youth and many social, emotional and behavioral problems such as using illegal drugs, fighting, stealing, driving under the influence of alcohol and or other drugs, skipping school, feeling depressed, and deliberately trying to hurt or kill themselves.

The majority of respondents (67.4%) affirmed that adolescent students who abuse alcohol in secondary schools have low-esteem and have poor self-control. This is supported by (Warheit, Biafora, Zimmerman & Gill, 1995) who suggest teens who exhibit low self-esteem are assumed to also exhibit self- rejection and be willing to engage in activities that are risky and illegal.

4.3.2 Health Characteristics of Students who Abuse Alcohol in Secondary Schools

Results showing characteristics of adolescent students who abuse alcohol in secondary schools such as lack of appetite and hangover are presented in Table 4.6.

Table 4.6: Health Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools

Health Characteristics	True	False
Lacks appetite	56.7	43.3
Hangover	68.8	31.2

© University of Venda

Table 4.6 above shows that majority of respondents (68.8%) agree that hangover and lack of appetite form part of the health characteristics because students who abuse alcohol lack appetite while drinking and also suffer from hangover the following morning which affects their health. Centers for Disease Control and Prevention (hpp/www.cde.gov) confirm that alcohol abuse is a pattern of drinking that could result in health or social problems. Loss of appetite and hangover form part of abnormal alcohol seeking behavior that leads to impaired control over drinking.

4.3.3 Psychological Characteristics of Students who Abuse Alcohol in Secondary Schools

Table 4.7 shows the psychological characteristics of adolescent students as poor self-control, low self-esteem and forgetfulness who abuse alcohol in secondary schools.

Table 4.7: Psychological Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools

Psychological characteristics	True	False
Forgetful	57.4	42.6
Low self-esteem	67.4	32.6
Poor self-control	72.3	27.7

Table 4.7 above shows that the majority of respondents (72.3%) agree that poor self-control is a psychological characteristic. Marsh (1992) said that impaired intra and interpersonal functioning in adolescents such as low self-esteem has also been linked with aggression. The learner may experience extremes of behavior. He/she may either become extremely aggressive or unusually docile. On the other hand, he/she may be jovial, pliable, sociable and agreeable.

© University of Venda

The majority of respondents (57, 4%) affirmed that adolescent students who abuse alcohol mostly forget. This is confirmed by (Wechsler, 2000) that during the assessment 10 percent of non-binge drinkers, 27% of occasional drinkers and 54% of frequent binge drinkers reported at least one incident in the past year of having forgotten where they were or what they did while drinking.

4.3.4 Emotional Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools

The results presented in Table 4.8 show the emotional characteristics of students who abuse alcohol in secondary schools: poor self-control, low self-esteem and forgetful talk excessively, blurt out answers before questions completed, easily irritated, easily distracted and aggressive.

Table 4.8: Emotional Characteristics of Students who Abuse Alcohol in Secondary Schools

Emotional characteristics	True	False
Talks excessively	84.4	15.6
Blurts out answers before completed	67.4	32.6
Easily irritated	72.3	27.7
Easily distracted	69.5	30.5
Aggressive	73.8	26.2

Table 4.8 above shows that majority of respondents (84.4%) agree that adolescent students who abuse alcohol talk excessively while drinking. Gavin, (2004) mentioned that substance abuse can make a student feel happy, relaxed, less shy and more talkative but it can also make the learner more bold and aggressive. The majority of

© University of Venda

respondents (67.4%) agree that adolescent students who abuse alcohol blurt out answers before completed. Alcohol makes a student more talkative.

The majority of respondents (72.3%) agree that adolescent students who abuse alcohol get easily irritated while drinking alcohol. Majority of respondents (69.5%) agree that adolescent students who abuse alcohol are easily distracted while drinking. The student may experience extremes of behaviour (Marsh, 1992).

The majority of respondents (72.8%) agree that adolescent students who abuse alcohol are aggressive. The student may experience extremes of behaviour. He may either become extremely aggressive or unusually docile. On the other hand, he may be defiant, co-operative, moody, cranky, or verbally abusive and on the one hand he may be jovial, pliable, sociable and agreeable (Marsh, 1992).

4.3.5 Academic Impairment of Adolescent Students who Abuse Alcohol in Secondary Schools

The results below are academic impairment of adolescent students who abuse alcohol in secondary schools, dropout from school and missing classes presented in Table 4.9.

Table 4.9: Academic Impairment of Students who Abuse Alcohol in Secondary Schools

	True	False
Missing classes	73.0	29.0
Dropout from school	70.2	29.8

Table 4.9 above shows that the majority of respondents agree (73.0%) that students who abuse alcohol miss classes because of drinking alcohol. Wechsler, (1995)

© University of Venda

mentions that among frequent risk drinker who had engaged in high risk drinking three or more times in the previous two weeks over 60 percent had missed class and 46 percent had fallen behind in school because of their drinking.

The majority of respondents agree (70.2%) that adolescent students who abuse alcohol dropout from school because of a drinking problem. This study also confirms that adolescent students who abuse alcohol dropout from school. Yamada (1996; Roebuk, 2004; Duarte, 2006) mention that alcohol and drugs are factors which interfere with the cognition capacity of students, and in their attitudes at school, which these being powerful indicators for low educational attainment, school absenteeism and dropping out of school.

4.3.6 Physical Characteristics of Adolescent Students who Abuse Alcohol in Secondary Schools

The results in Table 4.10 below show the physical characteristics of fighting by adolescent students who abuse alcohol in secondary schools.

Table 4.10: Physical Characteristic of Adolescent Students who Abuse Alcohol in Secondary Schools

Physical Characteristic	True	False
Fighting	67.4	32.6

Table 4.10 above shows that the majority of respondents (67.4%) agree that adolescent students engage themselves in fighting when drinking. Gavin, (2004) mentions that a student may stop acting responsibly and may end up in conflict situations with others (arguments and fights) affect his present and future interactions with those around him.

© University of Venda

4.4 EFFECTS OF ALCOHOL ABUSE AMONG ADOLESCENT STUDENTS WHO ABUSE ALCOHOL IN SECONDARY SCHOOLS

Results showing behavioral effects of alcohol abuse among adolescent students who abuse alcohol in secondary schools, driving cars under influence of alcohol, accidents, troublesome and lawbreakers are presented in Table 4.11.

Table 4.11: Behavioral Effects of Alcohol Abuse among Adolescent Students in Secondary Schools

Behavioral Effects	Strongly Agree	Agree	Not Strongly Agree	Disagree	Strongly Disagree
Alcoholics	50.4	2.8	12.8	2.1	5.0
Driving cars under influence of alcohol	41.8	39.7	14.9	.7	2.8
Accidents	41.1	31.2	16.3	6.4	5.0
Troublesome	61.0	25.5	7.1	1.4	5.0
Lawbreakers	39.7	29.1	22.0	5.0	4.3

In Table 4.11 above the majority of respondents strongly agree (50.4%) that binge drinkers turned to be alcoholics whereas (2.1%) disagree. Grant and Dawson (1997) agree that early alcohol use may have long lasting consequences. People who begin before age 15 are four times more likely to develop alcohol dependence at some time in their lives compared with those who have their first drink at age 20 or older.

The majority of respondents (41.8%) strongly agree that adolescent students who abuse alcohol drive cars under influence of alcohol while (.7%) disagree. Stolle and

© University of Venda

University of Venda
Creating Future Leaders

Thomas (2009) mention that adolescents who binge drink more commonly drive or to be the passenger of a drunk driver.

The majority of respondents (41.1%) strongly agree that accidents occurred while adolescent students who abuse alcohol drive cars under influence of alcohol while (5.0%) disagree. Motor vehicle crashes are the leading cause of death among youth ages 15 to 20 years (National Safety Administration, 2001). Additionally, Stolle and Thomas (2009) the main cause of death among adolescents as a result of binge drinking is road traffic accidents. A third of all fatal road traffic accidents among 15-20 years are associated with drinking alcohol.

The majority of respondents (61.0%) strongly agree that adolescent students after abusing alcohol are troublesome and those who disagree are few (1.4 %). Floyd, 0'Connor, Sokol, Bertrand and Cordero, (2005) drinking during adolescence is associated with traffic accidents and other types of accident, violent behavior as well as suicide.

The majority of respondents (39.7%) strongly agree that adolescent students who misuse alcohol are lawbreakers after misusing alcohol while (4.3%) strongly disagree. Presly (1996) and Wechsler (1998) agree that National survey data reveal approximately one- third driving under the influence of alcohol during the academic year.

4.4.1 Health Effects of Alcohol Abuse among Adolescent Students who Abuse Alcohol in Secondary Schools

Results below show health effects of alcohol abuse among adolescent students in secondary schools: unprotected sex, liver cirrhosis and multiple partners which is presented in Table 4.12.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.12: Health Effects of Alcohol Abuse among Adolescent Students who Abuse Alcohol in Secondary Schools

Health Effects	Strongly agree	Agree	Not strongly Agree	Disagree	Strongly Disagree
Unprotected sex	53.2	30.4	9.9	1.4	1.4
Liver cirrhosis	46.8	29.8	14.9	5.0	3.5
Multiple partners	39.0	29.1	22.7	3.5	5.7

Table 4.12 above majority of respondents (53.2%) strongly agree that unprotected sex has got an effect among adolescent students who abuse alcohol, while (1.4%) strongly disagree. Perkins, (1992) found that one-quarter of the students reported engaging in either unintended or unprotected sexual activity at least once as a result of drinking during the academic year, while 15% of males and 10% of females reporting multiple occurrences.

Majority of respondents (46.8%) strongly agree that liver cirrhosis has got an effect among adolescent who abuse alcohol. Cargiulo (2007) that heavy drinking is associated with liver disease, such as cirrhosis. Majority of respondents (39.0%) strongly agree that adolescent students who abuse alcohol engage themselves with multiple partners while (3.5%) disagree. Grunbaum, Kann and Kinchen (2001) mention that adolescent alcohol use is associated with high risk sex (for example, having multiple sexual partners failing to use condom. The consequences of high risk sex also are common in this age, group particularly unwanted pregnancy and sexually transmitted diseases including (HIV/ AIDS), the link between high risk sex and drinking is affected by quantity of alcohol consumed.

© University of Venda

University of Venda
Creating Future Leaders

4.4.2 Socio Economical Effects of Alcohol Abuse among Adolescent Students in Secondary Schools

Table below shows economical effects of alcohol abuse among adolescent students who abuse alcohol in secondary schools suicide and social skills are presented in Table 4.13.

Table 4.13: Socio Economical Effects of Alcohol Abuse among Adolescent Students in Secondary Schools

Socio Economical Effects	Strongly Agree	Agree	Not Strongly Agree	Disagree	Strongly Disagree
Suicide	32.6	38.3	20.6	57.8	2.8
Social skills	27.7	31.9	28.4	4.3	7.8

Table 4.13 above shows majority of students (32.6%) strongly agree that adolescent students who abuse alcohol commit suicide while (2.8%) strongly disagree. Majority of respondents (31.9%) agree that driving behaviors of teens are influenced by alcohol abuse among adolescent students while (7.8%) strongly disagree. Brover, (2003) mention that the driving behavior of teens are influenced by many factors including their personal level of knowledge, awareness, skills and experiences, characteristics of and conditions found in the motor vehicle and the various conditions of the community in which the teen and his/her family live.

© University of Venda

University of Venda
Creating Future Leaders

4.4.3 Psychological Effects of Alcohol Abuse among Adolescent Students in Secondary Schools

The results showing below shows psychological effects of alcohol abuse among adolescent students in secondary schools, poor judgment, to understand humour and stressful life are presented in Table 4.14.

Table 4.14: Psychological Effects of Alcohol Abuse among Adolescent Students in Secondary Schools

Psychological Effects	Strongly Agree	Agree	Not Strongly Agree	Disagree	Strongly Disagree
Poor judgment	28.4	36.9	24.1	7.1	3.5
Lack understanding	37.6	26.2	24.8	7.8	3.5
Stressful life	44.0	27.7	22.0	5.0	1.4

Table 4.14 above the majority of respondents (36.9%) agree that adolescent students who abuse alcohol have poor judgment while (7.1%) disagree. Majority of respondents (37.6%) strongly agree that adolescent students who abuse alcohol lack understanding while (7.8%) disagree. Majority of respondents (44.0%) strongly agree that adolescent students who abuse alcohol has got stressful life while (1.4%) strongly disagree. Considerable literature (Bates & Labouvie, 1997; Colder , Chasin, 1997, Laukkanen (2001) confirmed that personal characteristics as well as other sources of negative effect (stressful life events or personal failures) are powerful risk factor for alcohol abuse and drug abuse in adolescence, Vermick, LI and Ogaitis (1999) mentioned that lack of driving skills may be less important than poor judgment.

© University of Venda

4.5 SUMMARY

The findings of this study are important regarding deviant behaviour among adolescent students who abuse alcohol around Vhembe District of Limpopo Province in South Africa. The causes of the problem are important so the students, parents, teachers, community members, Department of Education and other stakeholders need to help the students experiencing the problem of alcohol abuse. Equally important are the solutions to the problem which are explained in Chapter Five paragraphs 5.4. It must be realized as the study results have shown that the effects of alcohol abuse among adolescent students is a serious issue and must be dealt with appropriately.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 5

SUMMARY OF THE FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 OVERVIEW OF THE STUDY

The purpose of the study was to investigate the characteristics of adolescent students who abuse alcohol in secondary schools in the Vhembe District and to investigate the effects of alcohol abuse among adolescent students in secondary schools in the Vhembe District. The path adopted by the researcher in order to meet the objectives of the study involved two stages. During the first stage a literature study concerning characteristics of deviant behaviour among adolescent students who abuse alcohol and effects on adolescent students who abuse alcohol was carried out. The aim of the literature survey is to review literature pertaining to deviant behaviour of adolescent students who abuse alcohol in secondary schools in the Vhembe district. During the second stage data was collected with the aid of questionnaires. Thirdly, data analysis was presented in the preceding chapter.

This final chapter consists of the researchers recommendations. Firstly, the major findings of the study are presented, secondly, recommendations from the study are suggested, possible areas for further research are discussed and finally the conclusion. Research questions for this study are formulated in Chapter One and the questions are answered as the study developed. The quantitative data was analyzed with the aid of the Statistical Package for Social Sciences (SPSS), using descriptive statistics. Computer spreadsheet was used to analyze data collection from the questionnaires. From the interpretation of the data, the researcher was able to draw conclusions. The major finding of the study is presented in the following section.

© University of Venda

University of Venda
Creating Future Leaders

5.2 THE RESEARCH PROBLEM REVISITED

The research problem is formulated in chapter one, deviant behaviors of adolescent students who abuse alcohol appears to be increasing dramatically. However, little is known concerning deviant behaviors of adolescent students who abuse alcohol in the Vhembe district. Therefore, this study examines the characteristics of adolescent students who abuse alcohol in secondary schools in the Vhembe district.

5.2.1 The Research Questions Revisited

The investigative questions which are researched in support of the research question are analyzed below.

- What are the deviant behaviours of adolescent students who abuse alcohol in secondary schools in the Vhembe district of Limpopo Province in South Africa?
- What are the effects of alcohol abuse among adolescent students in secondary schools in the Vhembe district of Limpopo Province in South Africa?

5.3 KEY RESEARCH FINDINGS

Research Question One, What are the characteristics of adolescent students who abuse alcohol in secondary schools around Vhembe District of Limpopo Province in South Africa?

From the data analysis conducted in Chapter 4, the conclusion is drawn that these listed characteristics describe learners who abuse alcohol in secondary schools: talking excessively, interrupting others, easily getting irritated, easily getting distracted, aggressiveness, forgetfulness, low self-esteem, poor self-control, lacks of appetite, hangover, losing things, slumbering, stealing, dropout from school, missing classes and lying.

© University of Venda

University of Venda
Creating Future Leaders

- Talkative - The majority of respondents agree that adolescent students who abuse alcohol are talkative during or after drinking.
- Interrupts or intrudes on others and easily irritated - The majority of respondents agreed that adolescent students while drinking interrupts others and they are easily irritated and become emotional or violent.
- Stealing - Adolescent students who abuse alcohol steal or borrow money so that they can buy alcohol.
- Dropout and missing classes - The majority of respondents agreed that adolescent students who abuse alcohol do miss classes and later dropout from school.
- Lying - Adolescent students who abuse alcohol tell lies and keep secrets of where they are and what they do.
- Aggressiveness – The majority of respondents agrees that adolescent students who abuse alcohol they can be aggressive and violent and have fights while drinking.
- Low self-esteem and poor self-control - Adolescent students who abuse alcohol engage themselves in activities that are risky such as to commit suicide.
- Lack of appetite - Adolescent students who abuses alcohol lack appetite and suffer from hangover especially in the morning.
- These findings are a true reflection experienced by adolescent students who abuse alcohol in secondary schools. The finding in this study is that the majority of the participants affirmed that the above variables are characteristics of adolescent students who abuse alcohol in secondary schools around Vhembe district.

Research Question Two: What are the effects of alcohol abuse among adolescent students in secondary schools in the Vhembe District of Limpopo Province in South Africa?

© University of Venda

University of Venda
Creating Future Leaders

Effects of alcohol: alcoholic, suicide, unprotected sexual activities, driving cars under influence of alcohol, motor accidents, liver cirrhosis, multiple partners, lack of social skills, lack ability to understand humor, stressful life, troublesome and law breakers.

- The respondents strongly agreed that adolescent students who abuse alcohol turned to be alcoholic.
- The respondents agree that adolescent students who abuse alcohol do commit suicide.
- The respondents strongly agree that adolescent students who abuse alcohol do engage themselves in unprotected sexual activities.
- The majority of respondents strongly agree that adolescent students who abuse alcohol drive cars under the influence of alcohol or to be found in cars of which the driver is drunk.
- The majority of respondents strongly agree that adolescent students who abuse alcohol are usually involved in motor accidents.
- Participants agree that adolescent students who abuse alcohol have financial problems.
- Due to alcohol abuse majority of respondents strongly agree that adolescent students who abuse alcohol suffer from liver cirrhosis.
- Due to alcohol abuse majority of respondents strongly agree that adolescent students who abuse alcohol involved with multiple partners.
- The majority of respondents agree that adolescent students who abuse alcohol have poor judgment and also lack of social skills to interact with other people.
- The majority of respondents strongly agree that adolescent students who abuse alcohol lack ability to understand humor.
- Stressful life is a poor factor experienced by adolescent students who abuse alcohol majority of respondents strongly agree.
- Adolescent students who abuse alcohol are troublesome while drinking and after.
- Adolescent students who abuse alcohol break laws after drinking.

© University of Venda

University of Venda
Creating Future Leaders

5.4 RECOMMENDATIONS

- The present study focuses on characteristics and effects of adolescent students who abuse alcohol in secondary schools, the researcher suggests that future studies should focus on the causes and prevention of alcohol abuse among adolescent students around Vhembe District of Limpopo Province in South Africa.

- Teachers must play an important role in health education and role modeling. Teachers should not drink alcohol in front of learners such as during school hours, during school tours and even during extra mural activities. Teachers should emphasize the disadvantages of alcohol abuse during life skills lessons.

- Parents are expected to make important contributions to successful intervention efforts to prevent use and abuse of alcohol by teenagers. Parents should not send students to buy alcohol for them. They should not drink in front of their children. Parents should also talk about the disadvantages of abusing alcohol to their children. They should also talk about the effects of alcohol abuse.

- A health education programme should be targeted at the students, their parents during parents meetings at school as well as the teaching personnel. Dangers of alcohol abuse should be included in the life skills learning area starting from primary level.

- Older students who can be identified as leaders and who have positive behaviour towards drinking can serve as role models for younger students. Older students can assist during health talk, seminars and conferences.

- Involvement of the community, teachers, parents and peer groups should be strongly emphasized. During parents' meeting in schools and during civic

© University of Venda

University of Venda
Creating Future Leaders

meetings parents should also emphasize the abuse of alcohol by adolescent students.

- Records should be kept and marked regularly for students who are reported to be abusing alcohol during school hours. Students who abuse alcohol in schools should be reported to their parents and called during disciplinary hearing.

- Information programmes: Programmes attempting to persuade students not to use alcohol, emphasizing the dangers of alcohol should be established.

- Campaigns: Teachers and students should organize campaigns with the help of The department of health about no alcohol abuse among adolescent students.

- The Department of Education must develop a practical formal policy on the use of alcohol in schools in collaboration with Sanca, the National Department of Health, the Police Service and other relevant stakeholders.

- Where the Department lacks the necessary resources, support must be sought from the government, international organisation and the private sector.

- The Department of Basic Education in collaboration with teacher unions, principal forums, school management teams, education organizations and Sanca must conduct workshops for the educators in which the following aspects concerning alcohol misuse, amongst other, will receive attention.

- Procedures to follow when a student is suspected of abusing alcohol.
- Knowledge of treatment methods of alcohol misuse.
- Names of organizations and contact persons that can help.
- The actual content to be covered in class during the life orientation lessons.

© University of Venda

University of Venda
Creating Future Leaders

5.5 SUGGESTIONS FOR FURTHER RESEARCH

The objective of this study was to investigate the characteristics of adolescent students who abuse alcohol and to investigate the effects of alcohol among adolescent students who abuse alcohol in secondary schools in the Vhembe district of Limpopo Province in South Africa. Further research is therefore suggested in the following areas:

- Research on the causes of alcohol abuse among adolescent students in secondary schools around Vhembe district.
- Research on the prevention of alcohol abuse among adolescent students who abuse alcohol in secondary schools around Vhembe district.

5.6 CONCLUDING REMARKS

The findings of the study highlighted some of the characteristics and effects of alcohol misuse among adolescent students in secondary schools. It is hoped that the recommendations that were formulated could be of use in eliminating the effects of alcohol misuse among adolescent students in Vhembe District of Limpopo Province in South Africa.

Alcohol misuse among adolescent students in secondary schools is high and is affecting student performance in classes and during extramural activities. It is important that parents, teachers and the community at large motivate the students and encourage students to commit themselves in their school work for the benefit of their future. Finally to improve the quality of education is primarily the responsibility of the school and educators, working together with parents and students. In the final chapter of the study, a brief overview of the study is provided. Secondly, major findings based on the objectives of the study as stated in Chapter One. Recommendations were suggested, and the research is concluded with suggestions for further research.

© University of Venda

University of Venda
Creating Future Leaders

REFERENCES

Abbey, A.1991. Acquaintance rape and alcohol consumption on college campuses. How are they linked? *Journal of American College Health,* 39 (4) 165-9.

Abbey, A., Ross, L.T., Mc duffie, D. & Mcauslan. 1996. Alcohol and dating risk factors for sexual assault among college women. *Psychology of Women Quarterly* 20147-169.

Abbey, A., Mcauslan, P. & Ross, L.T. 1998. Sexual Assault Perpetration by College Men: The Role of Alcohol, Misperception of Sexual Intent, and Sexual Beliefs and Experiences. *Journal of Social Clinical Psychology.*17:167-195.

Abbey, A., Zawacki, T. & Buck, P.O. 2001. Alcohol and Sexual Assault. *Alcohol Research & Health* 25(1):43-51, 2.

Abbey, A. 2002. Alcohol Related Sexual Assault: A Common Problem among College Students. *Journal of Studies on alcohol* (Supplied.14):118)-128.

Acuda, S.W. 1995. An African Example. World Health 48thYear (4) 24-25.

American Academy of Child Adolescent Psychiatry, 2004. Children and Lying No: 44.

Anderson, S. & Dawson, J. 1999. Neuropsychological Correlates of Alcohol Hangover. *South African Journal Science 95:* 145-147.

Andersen, A., Due, P., Holstein, B.E, Iversen, L. 2003.Tracking Drinking behavior from Age 15-19 Years. *Addiction*, 98: 505-511.

Andrews, B. & Brown, G. 1988. Marital Violence in the Community. *British Journal of Psychiatry*, 153, 305-312.

© University of Venda

University of Venda
Creating Future Leaders

Aseltine, R.H. 1995. A Reconsideration of Parental and Peer Influence on Adolescent Deviance. *Journal Health Social Behavior*, 36:103-12.

Ashery, R., Robertson, E. & Kumpfer, K. 1998. Drug Abuse Prevention through Family Interventions. NIDA Research Monograph Number 177, Pub. No.99-4135. Rockville, MD: *National Institute on Drug Abuse.*

Aveyard, H. 1999. Illicit Drug Use: Information Giving Strategies Requested by Students in Higher Education. *Health Education Journal, 58, 239-248.*

Babbie, F. & Mouton, J. 1998. The Practice of Social Research, Cape Town, Oxford: University Press.

Babbie, F. & Mouton, J. 2001. The Principles of Social Research.Cape Town: Oxford University Press.

Babbie, E. 2005. The basic of social research. Belmont: Thomson Wadsworth.

Baer, J.S. 1994. Effects of College Residence on Perceived Norms for Alcohol Consumption: An Examination of the First in College Consumption: An Examination of the Year in College of Psychology. B.J.S Sampson, P.D Barr, H.M 2003.A21-Year Longitudinal Analysis of the Effects of Prenatal Alcohol Exposure on Young Adult Drinking. *Archives of General Psychiatry* 60:386-391, 2003.

Bachman, J.G., O'Malley, P.M., Schulenberg, J.E., Johnston, L.D., Freedman Doan, P. & Messersmith, E,E. 2008. The Education – Drug use Connection: How Successes and Failures in School Relate to Adolescent Smoking, Drinking, Drug Use, and Delinquency. Mahwah, NJ: Lawrence Erlbaum.

© University of Venda

University of Venda
Creating Future Leaders

Baker, M.L., Sigman, J.N. & Nugent, M.E. 2001. Truancy Reduction in Keeping Students in School. Washington, DC. US.Department of Justice.Office of Juvenille Justice and Deliquency Prevention.

Bates, M.E. & Labouvie, E.W. 1999. Adolescent Risk Factors and the Prediction of Persistent Alcohol and Drug into Adulthood. Alcohol Clinic Express, 21: 944-950.

Bearman, P. 2004. Suicide and Friendships among American Adolescents.*American Journal of Public Health*, 94(1)89-95.

Berglas, S. 1987. Self handicapping Model in Psychological Addict. Behavior. 8: 43-50, Blane, H.T and Leonard, K.E (Eds.) Psychological Theories of Drinking and Alcoholism. New York: Guilford Press, pp 305-245.

Barnes, G.M., Welte, J.W. & Hoffman, J.H. 2002. Relationship of Alcohol use to Delinquency and Illicit Drug use in Adolescents.Gender, Age and Racial Ethnic Differences. *Journal of Drug Issues*, 32(1) 153-178.

Bezuidenhout, C. & Joubert, S. 2003. Child and Youth Misbehavior in South Africa: a Holistic View: Pretoria: Van Schaik Publishers.

Bezuidenhout, T.J. 2004. A Reader on Selected Social Issues: Pretoria: Van Schaik Publishers.

Berndt, T.J. & Keefe, K. 1995. Friends Influence on Adolescents Adjustment to School . Child Dev, 66: 1312-1329.

Beulow, G. & Koeppel, J. 1995. Psychological Consequences of Alcohol Induced Blackout among College Students. *Journal of Alcohol Drug Education*. 40 (3): 10-20.

© University of Venda

University of Venda
Creating Future Leaders

Botvin, G.J., Baker, E. & Dusenbury, L. 1995. Long-term Follow up Results of a Randomized Drug Abuse Prevention Trial in a Middle Class Population. *Journal of the American Medical Association* 273 (14): 1106-1112.

Bowman, W. 2000. Kid's Health and Alcohol.http://Kidshealthorg /teen/drug-alcohol /tobacco Smoking.Html.

Bowman, W. 2002. *Teen's Health and Drugs: What you should Know.* http://Kidshealth.org /PageManager.sp?dn= Kidshealth & lic =18PS=207 & cat id=2014.

Bowden, S.C., Crews, F.T. & Bates, M.E. 2001. Neurotoxicity and Neurocognitive Impairments with Alcohol and Drug-use Disorders: Potential Roles in Addiction and Recovery. Alcohol Clinical Experiment Research 25(2): 317-321.

Braver, E.R. & Race. 2002. Hispanic Origin, and Socio-economic Status in Relation to Motor Vehicle Occupant Death Rates and Risk Factors among Adults. Accident Analyses Preview; 35: 295-309.

Brown, S.A., Tapert, S.F., Granholm, E. & Delis, D.C. 2000. Neurocognitive Functioning of Adolescent: Effects of Protracted Alcohol Use. Alcoholism: *Clinical and Experimental Research* 24(2): 164 – 171.

Bruce Gross, Forensic Examiner, Summer 2006.

Burker, B.L., Arkowitz, H. & Menchola, M. 2003. The Efficacy of Motivational Interviewing: A Meta-analysis of Controlled Clinical Trials. *Journal of Consulting and Clinical Psychology*, 71, 843-861.

Cardenal, C.A. & Adell, M.N. 2000. Factors associated with problematic alcohol consumption in schoolchildren. *Journal of adolescent Health, 22: 425-433.*

© University of Venda

University of Venda
Creating Future Leaders

Cargiulo, T. 2007. "Understand the Health Impact of Alcohol Dependence ". *Am J Health Syst Pharm* 64(5 Supplied 3): S5- 11. Doi: 10.2146/ajhp06064. PMID 17322182.

Center for Disease Control and Prevention (CDC), 2009.Youth Risk Behavior Surveillance – United States. MMWR 2010; 59(SS-5): 1-142.

Commonwealth of Independent States (CIS), 2002. Un Body Takes on Rising Suicide Rates – Radio Free Europe /radio Liberty.

Chou, C., Montgomery, S., Pentz, M., Rohrbach, L., Johnson, C., Flay, B. & Mackinnon, D. 1998. Effects of a Community Based Prevention Program in Decreasing Drug Use in High Risk Adolescents.*American Journal of Public Health* 88: 944-948.

Chou, L., Ho Ch. Chen ch & Chen, W.J. 2006. Truancy and Illicit Drug Use among Adolescents Surveyed via Street Outreach. Addict Behavior, 31: 149 – 154.

Colder, C. R. & Chassin, L. 1999. The psychosocial characteristics of alcohol users versus problem users, data from a study of adolescents at risk. *Development psychopathol, 11 : 321-348.*

Coleman & Hagel. 2005. Parental Guidance about Drinking Relationship with Teenage.Published by John Willey and Sons Curitis, P. Campaign Targets Student Drinking.http: //education .guardian .co. uk /students / health /story/ 0, 1643165, 00. htm 1[On –line].

Coleman, Lester., Testa & Adrienne. 2007. Health and Social Impacts of Underage Drinking.

Collis, J. & Hussey, R. 2003. Business Research. Palgrave: MacMillan.

© University of Venda

University of Venda
Creating Future Leaders

Core Institute, 2005. http:/www.siu.edu/departments/coreinst, Public: 618-452-4420/html.

Corcoran, K.J. & Thomas, L. 1991. The Influence of Observed Alcohol Consumption on Perceptions of Initiation of Sexual Activity in a College Dating Situation. *Journal of Applied Social Psychology*. 21: 500-507.

Conrod, Patricia,J., Castellanos- Ryan., Natalie, Mackie & Clare. 2011. *Journal of Consulting and Clinical Psychology*, Vol 79(3), 296 – 306.

Chignon, J.M., Cortes, M.J., Martin, P. & Chabannes, J.P. 1998. Attempted Suicide and Alcohol Dependence: Results of an Epidemiologic Survey. *Encephale* (in French) 24 (4): 347 – 54.PMID 9809240.

Christmas, W.A. & Berkowitz, S.D. 1989. Sexual behavior and the Structure of STD's on a College Campus. *Journal American College Health*, 38-40.

Clark, D.B., Bukstein, O. & Cornelius, J. 2002. Alcohol Use Disorders in Adolescents: Epidemiology, Diagnosis, Psychosocial Interventions, and Pharmacological Treatment. *Paediatric Drugs* 4: 493 – 502. PMID: 12126453.

Clark, D.B. & Winters, K.C. 2002. Measuring Risks and Outcomes in Substance Use Disorders Prevention Research. *Journal of Consulting and Psychology* 70: 1207-1223.PMID 12472298.

Cloninger, C,R. 1988. Anxiety and Theories of Emotion. In: Noyes, R. Jr. Roth, M., & Burrows, G.D. eds. Handbook of Anxiety: Volume 2 .Classification, Etiological Factors and Associated Disturbances. New York: Elsevier Science Publishers. Pp. 1-29.

© University of Venda

University of Venda
Creating Future Leaders

Curtis, P. 2005. Campaign Targets Student Drinking. http://education. guardian.co.uk/student / health / story/ 0, 164 300.Html.

Dawson, D.A. 2000. The Link between Family History and Early onset Alcoholism: Earlier Initiation of Drinking or More Rapid Development of Dependence. *Journal of Studies on Alcoholism* 61 (5): 637- 646.

DeJong, W., Schneider, S.K, Towvim, L.G, Murphy, M.J, Doerr.E.E. & Simonsen, N.R 2006. A Multisite Randomized Trial of Social Norms Marketing Campaigns to Reduce College Student Drinking. *Journal of Studies on Alcohol*, 67,868- 879.

Department of Education and Skills, 2004. Drugs: Guidance for Schools. London: Department for Education and Skills.

De Vos, A.S. 1998. Research at Grassroots: A Primer for Caring Professions. Pretoria: Van Schiak.

Diagnostic and Statistical Manual of Mental Disorders, 2000(4th Edition Text Revision). Washington,DC:AmericanPsychiatricAssociation:http://www.pubmedcentral.nih.gov/artcl erender.fcgi?tool=pmcentrez&artid=27.

Deas, D. & Thomas, S.E. 2002. Comorbid Psychriatric Factors Contributing to Adolescent Alcohol Use.*Alcohol Research & Health* 26(2): 116-121.

De Bellis, M.D, Clark, D.B. & Beers, S.E. 2000. Hippocampal Volume in Adolescent – Onset Alcohol Use Disorders.*American of Psychiatry* 157(5): 737-744.

Denovan, D.M &Rosengren, D.M. Motivation for behaviour change and treatment among substance abusers. In J.A.M.Denovan,&. Marlatt (Eds). Changing addictive

© University of Venda

University of Venda
Creating Future Leaders

behaviour, bridging clinical and publick health strategies, 127-159. New York: Guilford Press.

Dishion, K., Kavanagh, K., Schneiger, A.K.J, Nelson, S. & Kaufman, N. 2002.Preventing Early Adolescent Substance Use: A Family Centered Strategy for the Public Middle School.*Prevention Science* 3(3):191 – 202.

Dekovic, M., Wissink, I.B. & Meijer, A.M. 2004. The Role of Family and Peer Relation in Adolescent Anti-social behavior. Comparison of Four Ethnic Groups. *Journal Adolescent*: 27:497 – 514.

Dewey, J.D. 1999. Reviewing the Relation between School Factors and Substance Use for Elementary, Middle and High School Students. *Journal of Primary Prevention*, 19: 177-225.

Don, D., Lowana, P. & Lazarus, S. 2002. Educational Psychology in Social Context. Pretoria: Oxford.

Drug Scope & Alcohol Concern, 2004. Drugs: Guidance for Further Education Institutions. London: Drug Scope.

Drug Strategies, 1996. Making the Grade: A Guide to School Prevention Programs. Washington, DC: Drug Strategies.

Duarte, R., Escario, J.J. & Molina, J.A. 2006. Marijuana Consumption and School Failure among Spanish Students. *Economic Education Review:* 25: 472- 48.

Dunne, C. & Somerset, M. 2004. Health Promotion in University: What do Students Want? Health Education, 104, 360-370.

© University of Venda

University of Venda
Creating Future Leaders

Dusenbury, I. & Falco, M. 1995. Eleven Components of Effective Drug Abuse Prevention Curricula. *Journal of School Health* 65(10): 420 – 425.

Eccles, J.S, Barber, B.L, Stone, M. & Hunt, J. 2003.Extracurricular Activities and Adolescent Development. *Journal of Social Issues,* 59, 865-889.

Effects of a Community Based Prevention Program in Decreasing Drug Use in High Risk Adolescents. *American Journal of Public Health, 88*: 944- 948.

Elander, J., West, R. & French, D. 1993. Behavioral Correlates of Individual Differences in *Road-traffic Crash Risk: An Examination Method and Findings. Psycho Bull: 113: 279-94.*

Ellickson, P.L, Bell, R.M. & Mcgulgan, K. 1993.Preventing Adolescent Drug Use: Long Term Results of a Junior High Program. *American Journal of Public Health* 83(6): 856 – 861.

Emory, C.W & Cooper, D.R. 1995. Business Research Methods. Bostorn: Irwin.

Engs, R.C, Diebold, B.A. & Hanson, D.J. 1996. The Drinking Patterns and Problems of a National Sample of College Students. 1994. *Journal Alcohol Drug Education*. 41(3): 13-33.

Engs, R.C. & Aldo- Benson, M. 1995. The Association of Alcohol Consumption with Self- reported Illness in University Students. *Psychol. Rep* .76 (3, pt 1): 727 – 736.

Evert, D.L. & Oscar-Berman, M. 1995. Alcohol related Cognitive Impairments: An Overview of how Alcoholism May Affect the Working of the Brain. *Alcohol Health Research World* 19(2): 89- 96.

© University of Venda

University of Venda
Creating Future Leaders

Faden, B. 2003.Behavior Sciences in Medicine. Philadelphia: Lippincott Williams Wilkins.

Faigel, D.O, Baron, T.H. & Goldstein, J.L. 2002. Standard Practice Committee, American Society for Gasrointestinal Endoscopyi Guidelines for the Use of Deep Sedation Anesthesia for GI Endoscopy. Gastrointest Endoscopy: 56: 613-7.

Fatoye, F.O. 2003. Psychosocial Correlates of Substance Use amongst Secondary School Students in South Western Nigeria.*East African Medicine Journal*, 80: 154- 158.

Ferguson, D.M, Boden, J.M. & Horwood, L.J. 2009. Tests of Causal Links Between Alcohol Abuse or Depedence and Major Depression. *Archives of General Psychiatry.*66, 260- 266.

Fish Hoek Drug Crisis Centre, 2004. Drugs.www.usernet.co.za/nodrugs.

Fritner, M.P. & Rubinson, L. 1993. Acquaintance Rape: The Influence of Alcohol Fraternity Membership and Sports Team Membership. *Journal of Sex Education Theory*; 19: 272- 284.

Flay, B.R. & Petraitis, J. 1994. The Theory of Tridic Influence: A New Theory of Health Behavior with Implications for Preventive Interventions. Advances in Medical Sociology 4:19-44.

Floyd, R.L, O'Connor, M.J, Skol, R.R, Bertrand, J. & Cordero, J.F. 2005. Recognition and Prevention of Fetal Alcohol Syndrome.*Obset Gynecol* 106(5 Pt 1): 1059 -64.

Fletcher, L.A, Willenbring, M.L. & Wagenaar, A.C. 2000. Alcohol Home Delivery Services: A Source of Alcohol for Under Age Drinkers. *Journal of Studies an Alcohol* 61 (1): 81-84.

© University of Venda

University of Venda
Creating Future Leaders

Flisher, A. J., Ziervogel, C. F., Chalton, D. O., Leger, H. H., Robertson, B.A. 1996. Risk taking behavior of Cape Peninsula high students: Oart IX. Evidence for a syndrome of adolescent risk behavior. *South African Medical Journal,* 86, 1090-1093.

Frederic, B., Lindsey, K.P, Nickerson, L.D & Lucas, S.E. 2006. An MR Compatible Device for Delivery Smoked Marihuana or Tobacco to Participants during Functional Imaging.Presented at the College on Problems of Drug Dependence. Scottsdale, AZ.

Frank, D., Jerome, D.L, Picciril, S., Perrotto, R., Richard, S.& Culkin. J. 2001. Introduction to Chemical Independence Counseling. Northvale, N.J Jason Aronson. pp 150- 152.

Forliti, J. & Benson, P.L. 1986. Young Adolescents: A National Study. *Religious Education*, 81, 199-224.

Gaill, M.D, Borg, W.R & Gall, J.P. 1996. Educational Research: An Introduction (6^{th}Ed.). London:Longman.

Gay, L.R & Airasian, P. 2000. Educational Research Competencies for Analysis and Application (6^{th}Ed.). Englewood Cliffs, NJ: Prentice Hall.

Gelder, Mayou, Geddes. 2005. Psychiatry. Pg 141. Yew York, NY: Oxford University Press Inc.

George, W.W & Norris, J. 1991. Alcohol Disinhibition, Sexual Arousal and Deviant Sexual Behavior. *Alcohol Health Research World* 15: 133-138. Gelder, Mayou, Geddes. 2005. Psychiatry, pg141. New YorK: Oxford University Press Inc.

© University of Venda

University of Venda
Creating Future Leaders

Giancola, P.R & Moss, H.B. 1998. Executive Cognitive in Alcohol Use Disorders (In Galanter, M.Ed. Recent Developments inAlcoholism: Volume 14. The Consequences of Alcoholism. New York: Plenum Press, pg 227-251.

Giner, L., Carballo, J., Sperling, D., Oguendo, M., Garcia-Parajua. 2007. Psychological Autopsy Studies: The Role of Alcohol Use in Adolescent and Young Adult Suicides. *International Journal of Adolescent Medicine and Health*, 19, 99 -113.

Gouws, E., Kruger, N & Burgers, S. 2000. The Adolescent. Sandown: Heinemann Publishers (Pty) Ltd.

Goodwin, D.W, Crane, J.B & Guze, S.B. 1969. Alcoholic Blackouts: A Review and Clinical Study of Alcoholics. *American Journal of Psychiatry* 126: 191-198, 1969.

Grant, B.F& Dawson, D.A. 1997.Age of Onset of Alcohol Use and its Association with DSMIV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 9: 103-110.

Gruber, E., Diclemente, R.J, Anderson, M.M & Lodico, M. 1996. Early Drinking Onset and its Association with Alcohol Use and Problem Behavior in Late Adolescence. Preventive Medicine 25 (3): 293 – 300.

Grunbaum, J., Kann, L. & Kinchen, S.A. 2002. Youth Risk Behavior Surveillance: United States, 2001. MMWR: Morbidity and Weekly 51 (SSO 4): 1-62 Gross, W.C & Billi-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse* 9: 103-110.

Gross, W.C & Billingham, 1998. Alcohol Consumption and Sexual Victimization among College Women, *Psychology Report*, 82, 80- 82.

© University of Venda

University of Venda
Creating Future Leaders

Hanushek, E.A, Kain, J.F, Markman, J.M & Rivkin, S.G. 2003. Does Peer Ability Affect Student Achievement? *Journal of Applied Economic*: 18: 527- 544.

Haines, M.M & Spear, S. 1996. Changing the Perception of the Norm. A Strategy to Decrease Binge Drinking among College Students. *Journal of American College Health, 45,134- 140.*

Hawkins, J.D, Catalano, R.F & Miller, J.Y. 1992. Risk and Protective Factors for Alcohol and other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. *Psychological Bulletin* 112(1): 64- 105.

Hawkins, J.D & Catalano, R.F. 1992. Communities that Care: Action for Drug Abuse Prevention. San Francisco, CA: *Jossey- Bass Health Behaviors of Adults:* United Stated, 1999- 2001. Series Report 10, Number 219

Hawkins, J.D. 1997. Exploring the Effects of Age Alcohol Use Initiation and Psychosocial Risk Factors on Subsequent Alcohol Misuse. *Journal of Studies on Alcohol* 58(5): 280-290.

Hawkins, K & Van Hearingen, K. 2009. Suicide. Lancet 373(9672): P 1372-8.

Hallfors, D., Vevea, J.L, Iritani, B., Cho, H., Khatopoush, S.& Saxe, L. 2002. Truancy Grade Point Average and Sexual Activity. A Mental Analysis of Risk Indicators for Youth Substance Use. *Journal of School of Health,* 72: 205-211.

Haines, M. & Spear, S. 1996. Changing the Perception of the Norm: A Strategy to Decrease Binge Drinking among College Students. *Journal of American Health*, 45,134-140.

© University of Venda

University of Venda
Creating Future Leaders

Harrington, N.T & Leitenberg, H. 1994. Relationship between Alcohol Consumption and Victim Behaviors Immediately Preceding Sexual Aggression by an Acquaintance. Violence Victim. 9: 315-324.

Health Behaviours of Adults: United states, 1999-2001. Series Report 10, Number 219.

He, K., Kramer, E., Houser, R.F, Chomitz, V.R & Hacker, K.A. 2004. Defining and Understanding Healthy Lifestyles Choice for Adolescent. *Journal of Adolescence Health*: 35:26-33.

Hedlund, J.H, Ulmer, R.G & Preusser, D.F. 2001. Determine why there are Fewer Young Alcohol Impaired Drivers. Washington DC. U.S. Department of Transportation (Report Number DOT HS 809348).

Hingson, R.W.W & Howland. 2002. Comprehensive Community Interventions to Promote Health: Implications for College - Age Drinking Problems. *Journal of Studies on Alcohol*, Supplement No 14, 226-240.

Home Office. 2004. Action Update. Dugs The Deal for Students.http: //www. Homeffice.Gov.uk/materials/ CO121-005.

Howard-Pitney, V., Johnson, M.D & Altman, D.G. 1991. Responsible Alcohol Service: A Study of Server, Manager, and Environmental Impact. *American Journal of Public Health* 81 (2): 197-199, JPOST. Com, University of California, San Francisco (UCSF). 2012. Study Offers Clue as to why Alcohol is Addictive. *www.Jpost.com*. The Jerusalem Post http://www.jpost.com/Health/ Article.aspx?=253568.

Huysamen, G.K. 1994. Methodology for the social and Behavioural sciences. Southern Book Publishers, Goodwood.

© University of Venda

University of Venda
Creating Future Leaders

Jacobson, J.M. 1992. Alcoholics &Tuberculosis. *Alcohol Health and Research World* 16, 39-47.

Izenberg, N.& Lyness, D. 2002.Kid's – Date Rape: What you should Know? http://kidshealth.org/ Pagemanager.jsp?dn=Kidshealth&Lic=18ps=207&sat-id=2012.

Jepson, R.G & Thackary, F. 2010-2013. Investigating the Health Effects of Therapeutic Gardening .Funder : University of Stirling (PhD Students Hing).

Johnson, L.D & O'Malley, P.M. 1986. Why do the Students Use Drugs and Alcohol? Self-reported Reasons from Nine National Surveys. *Journal of Drug Issues 16: 29-66.*

Johnson, L.D, O'Malley, P.M & Bachman, J.G. 1996. National Survey Results on Drug Use from Monitoring the Study, 1975-1994: Volume 11.Rockville, M D: U.S. Department of Health and Human Services.

Johnston, L.D., O'Malley, P.M & Bachman, J.G. 1999. The Monitoring the Future National Survey Results on Adolescent Drug Use: Overview of Key Findings. NIH Pub. No.00-4690. Rockville, M.D. 2000.National Institute on Drug abuse

Johnston, L.D, O'Malley, P.M & Bachman, J.G. 2002. Monitoring the Future National Survey Result on Drug Use, 1975-2002. Volume 1: Secondary School Students. Bethesda, MD: National Institute on Drug Abuse.

Johnston, L.D, O'Malley, P.M & Bachman, J.G. 2002. Ecstasy Use among American Teens Drops for the First Time in Recent Years and Overall Drug and Alcohol Use also Decline in the Year After 9/11.University of Michigan News and Information Services: AnnArbor,Mi[Online].available:http:monitoringthefuture.org/data/02data.htm1#2002data-drugs.

© University of Venda

University of Venda
Creating Future Leaders

Johnston, L.D., O'Malley, P.M & Bachman, J.G. *2003.* Monitoring the Future National Survey Results on Drug Use, 1975-2002: Vol.1.Secondary School Students. (NIH Pub.No. 03-5375).Bethesda, MD: National Institute of Drug.

Kanin, E.J. 1985. Date Rapists: Differential Sexual Socialization and Relative Deprivation. Arch Sexual Behavior.14:219-23.

Kandel, D.B, Johnson, J.G & Bird, H.R. 1997. Psychiatric Disorders Associated with Substance Use Among Children and Adolescents: Finding from the Methods Forte Epidemiology of Child and Adolescents Mental Disorders (MECA) Study. *Journal of Abnormal Child Psychology* 25:121-132.

Kaplow, J.B., Curran, P.J & Dodge, K.A. 2002.The Conduct Problems Prevention Research Group. Child, Parent, and Peer Predictors of Early-onset Substances Use: A Multisite Longitudinal Study. *Journal of Abnormal Child Psychology,*30: 199-216.

Kivlahan, D.R., Marlatt, G.A., Fromme, K., Coppel, D.B & Williams, E. 1990. Secondary Prevention with College Drinkers: Evaluation of an Alcohol Skills Training Program. *Journal of Consulting and Clinical Psychology*, 58,805-810.

Komro, K.A., HU., F.B & Flay., B.R. 1997. A Public Health Perspective on Urban Adolescents (In H.J Walberg, O..Reyes&R.P Weissberg, Eds. Children and Youth: Interdisciplinary Perspectives. *Thousand Oaks, CA: Sage Publications.* Pp 253-293.

Koss, M.P., Gidycz, C.A & Wisniewski, N. 1997. The Scope of Rape: Incidence and Prevalence of Sexual Aggression and Victimization in a National Sample of Higher Education Students. *Journal of Counseling Clinic of Psychology. 55:* 162-170.

© University of Venda

University of Venda
Creating Future Leaders

Kosterman, R., Hawkins, J.D & Gui, J. 2000. The Dynamics of Alcohol and Marijuana Initiation: Patterns and Predictors of First Use in Adolescence. *American Journal of Public Health* 90(3) 360-366.

Kosterman, R., Hawkins, J.D., Spoth, R., Haggerty, K.P & Zhu, K. 1997. Effects of a Preventive Parent-Training Intervention on Observed Family Interactions: Proximal Outcomes from Preparing for the Drug Free Years. *Journal of Community Psychology* 25(4):337-352.

Lacey, J.H., Jones, R.K & Wiliszowski, C.H. 2000. *Zero Tolerance for Youth: Four States' Experience*. DOT HS -809 – 053. Washington, DC: NHTSA.

Lahey, B.B., Waldman, I.D & Mc Burnett, K. 1999. The Development of Antisocial Behavior: An Intergrative Causal Model. *Journal of Child Psychology* 40,669-682.

Lalongo, N., Poduska, J., Werthamer, L.& Kellam, S. 2001. The Distal Impact of Two First – Grade Preventive Interventions on Conduct Problems and Disorder in Early Adolescence.*Journal of Emotional and Behavioral Disorders* 9: 146-160.

Lammers, J., Goossens, F., Lokman, S., Monshouwer, K., Lemmers, L & Conrod, P. 2011. Evaluating a Selective Prevention Programme for Binge Drinking among Young Adolescents: Study Protocol of a Randomized Controlled Trial.*BMC Public Health* 11: Article.

Lang, S.B & Klintenberg, A.F. 2002. P.O in Acta Psychiatric Scandinavica Supplementum.Adult Psychopathy and Violent behavior in Males with Early Neglect and Abuse.

© University of Venda

University of Venda
Creating Future Leaders

Larimer, M.E & Cronce, J.M. 2001. Identification, Prevention and Treatment: AReview of Individual Focused Strategies to Reduce Problematic Alcohol Consumption by College Students. *Journal of Studies on Alcohol, Suppl. 14,148-163.*

Laukkanen, E.R., Shemeika, S.L., Viinamaki, H.T, Polkki, P.L & Lehton, J.O. 2001. Heavy Drinking is Associated with More Severe Psychosocial Dysfunction among Girls than Boys in Finland, *Journal Adolescent Health:* 28: 270-277.

Leichliter, J.S., Meilman, P.W., Presley, C.A & Cashin, J.R. 1998. Alcohol Use and Related Consequences among Students with Varying Levels of Involvement in College Athletics. *Journal of American College Health* 46: 257-258.

Lewin, M. 1985. Unwanted Intercourse: The Difficulty of Saying No. *Psychology Woman Question*. 9: 184-192.

Leedy, P.D & Ormrod, J. 200. Practical Research: Planning and Design (9th Ed.). Upper Saddle River, New Jersey: Pearson Education Inc.

Lifescope.2004.ChildrenandDrugs:Aart2.http://.Lifescope.Com/pages/How2s/DrugChild-2.html.

McMillan, J.H & Schumacher, S. 1997. Research in Education: AConceptual Introduction (5th Ed.). New York: Longman.

McNillan, J.H & Schumacher, S. 2001. Research in Education: A Conceptual Introduction (6thEd.). New York: Longman.

Mason, W.A., Windle, M. 2001. Family religious, school and peer influences on adolescent alcohol use. A longitudinal study. *Journal of Studies on Alcohol. 62: 44-53.*

© University of Venda

University of Venda
Creating Future Leaders

MacKenzie, R.G. 1993. Influence of Drug Use on Adolescent Sexual Activity. Adolescent Medicine: *Stateof the Art Reviews* 4(2): 112-115, 19.

Marlatt, G.A., Larimer, M., Baer, J. & Quigley, L. 1993. Harm Reduction for Alcohol Problems: Moving Beyond the Controlled Drinking Controversy. *Behavior Therapy*, 24, 461-504.

Marsh, D.D. 1992. Enhancing Instructional Leadership. Education and Urban Society, 24(3): 85-93.

Martin, P.Y & Hummer, R.A. 1989. *Fraternities and Rape on Campus.Gender Sociology,* 3: 457-473.

Mash, C.A. 1992. Parental Involvement in the School: To be or to not to be. New York: Routledge.

McCambridge, J. & Strang, J. 2003. Development of a Structured Generic Drug Intervention Model for Public Health Purposes: A Brief Application of Motivational Interviewing with Young People. *Drug and Alcohol Review*. 22, 391-399.

Mayhew, D.R., Simpson, H.M., Park, A. 2003. *Changes in Collision Rates among Rates among Novice Drivers during the First Months of Driving.*Acid Anal Prev; 35:683 -91.

McKnight, A.J & McKnight, A.S. 2000.*The Behavioral Contributors to Highway Crashes of Youthful Drivers. Annu Pro Assoc Adv Automat Med*; 44:321-33.

Meilman, P.W. 1993. Alcohol-Innduced Sexual Behavior on Campus. J.Amer. Coll.Hlth 42: 27-31.

© University of Venda

University of Venda
Creating Future Leaders

Meilman, P.W., Stone, J.E., Gaylor, M.S & Turco, J.H. 1990. Alcohol Consumption by College Undergraduates: Currents Use and 10-year Reads. *Journal of Studies of Alcohol* 51: 389-395.

Melton,W.2011.CharacteristicsofSubstanceAbuse.http://www.livestrong.com/article/8200.

Michaud, P.A 2007. Alcohol Misuse in Adolescent. A Challenge for General Practitioners . Ther Umsch 64 (2):121-6. Doi: 10.1024/ 0040-5930.64.2.121.PMID 17245680.

Miranda de S. 2004. Drugs and Abuse. Pretoria: SA Publications.

Morgenstern, J. & Bates, M.E. 1999. Effects of Executive Function Impairment on Change Processes and Substance Use Outcomes in 12-step Treatment. Journal Studies of Alcohol 60(6) 846-855.

Mulhall, P.F., Stone, D. & Stone, B. 1996. Home Alone: Is it a Risk Factor for Middle School Youth and Drug Use? *Journal of Drug Education* 26 (1): 39-48.

Murphy, J.G., Correia, C.J., Colby, S.M & Vuchinich, R.E. 2005. Using Behavioral Theories of Choice to Predict Drinking Outcomes Following a Brief Intervention. *Experimental and Clinical Psychopharmacology,* 13, 93-101.

Mvimbi, D. 1999. Thugs have Taken Over our Schools. Drum June 19, p 17- 21.

NHS Choices, 2009. Nursing Times. Alcohol Misuse.

National Highway Traffic Safety Administration (NHTSA), 2001.*Traffic Safety Facts.Young Drivers*. DOTHS809336 Washington, DC: NHTSA.

© University of Venda

University of Venda
Creating Future Leaders

National Institution on Alcohol Abuse and Alcoholism (NIAAA). 2001. Alcohol and Transportation Safety. Alcohol Alert No.52. Rockville, MD: NIAAA.

National Highway Traffic Safety Administration, 2002. States with Zero Tolerance Laws for Drivers Under Age 21. Washington D.C.: U.S. Department of Transportation.

Nelson, S., Shellito, J., Mason, C. &Summer, W.R. 1992. Alcohol and Bacterial pneumonia. *Alcohol Health and Research World*, 16, 73-80.

Newman, J., Beauchamp, H. B and Kao, C.C. 2003. Developmental understanding of means end contingencies. Effect of familiarity of contingency content. British journal of Developmental Psychology, 21, 527-542.

Nkowane, A.M & Jansen, M.A. 1999. Africa Health Incorporating Medicine Digest. 22 (1): 15-16.

Norris, J. & Cubbies, L.A. 1992. Dating, Drinking and Rape: Effects of Victim's and Assailant's Alcohol Consumption on Judgments of their Behavior and Traits.PsychologyofWomanQuestion.16: 179-191.

Noriss, J., Nurius, P.S & Dimmef, L.A. 1996. Through her Eyes: Factors Affecting Women's Perception of and Resistance to Acquaintance Sexual Aggression Threat. *Psychology of Woman Question* 20: 123-145.

O'Donohue, W & Ferguson, K. 2005. The Psychology of B.F. Skinner(In W.T O'Donohue & K.F Ferguson (eds).The Psychology of B.F. Skinner (T. Sakuma.Trans). Osaka, Japan: Nihei- Sha.

Office of National Drug C ontrol Policy 2000. The National Drug Control Srategy, 1997. Accessed, Available at: http:// www.nc jrs.org/htm/chapter2.htm.

© University of Venda

University of Venda
Creating Future Leaders

O'Leary, Z. 2004. The Essential Guide to Doing Research. Carlifonia: SAGE.

O'Malley, P. M., Johnston, L. D. 2003. Unsafe driving by high school seniors, national trends from 1976 to 2001 in tickets and accidents after use of alcohol, marijuana and other illegal drugs. *Journal Studies of Alcohol*. 64:305-12.

Oscar- Berman M. 1990. Severe Brain Dysfunction: Alcoholic Korsakoff's Syndrome. *Alcohol Health Research World* 14(2): 120-129.

Tapert, S.F., Brown., G.G & Kindermann, S. 2001. FMRI Measurement of Brain Dysfunction in Alcohol-Dependent Young Woman. *Alcoholism:* Clinical and *Experimental Research* 25(2): 236-0245.

Tarpert, S.F., Granholm, E., Leedy, N.G & Brown, S.A Substance Use and Withdrawal: Neuropsychological Functioning Over 8 Years in Youth. *Journal of International NeuropsychologicalSociology*, 8: 873-883.

Taylor, J. & Miller, D. 1995. Nursing: Adolescents Research and Psychological Perspectives.

Testino, G. 2008. Alcoholic Diseases in Hepato-gastroenterology: Appoint of View. Hepa-togastroenterology 55(82-83): 371-7PMID 18613369.

Thornberry, T.P., Huizinga, D & Rolf, L. 1995. The Prevention of Serious Delinquency and Violence: Implications from the Program of Research on the Causes and Correlates of Delinquency. Pp.213- 237 (in James C. Howell, Barry Krisberg, J. David Hawkins and John J. Wilson (eds.), Sourcebook on Serious, Violent and Chronic Juvenile Offenders). Thousand Oaks, CA: Sage Publications. NCJRS157405.

© University of Venda

University of Venda
Creating Future Leaders

Townsend, L., Flisher, A.J & King, G. 200. A Systematic Review of the Relationship between High School Dropout and Substance Use.*Clinical Child and Family Psychology*, 10, 295-317.

Toomey, T.L., Wagenaar, A.C & Gehan, J.P. 2001. Project ARM: Alcohol Risk Management to Prevent Sales to Underage and Intoxicated Patrons. *Health Education & Behavior* 28(28): 186-199.

Turner, J.C., Hayden, G., Kiselica, D., Fishburne, C.N.D., Lohr, J., Murren, D., Joyner, P & Dudley, S. 1989. A Preliminary Study of Non- Group A Beta Hemolytic Streptococci as a Possible Cause of Endemic Pharyngitis. *Journal of American College Health*, 25-38.

Parr, C.D., Pluddemann, A., Steyn, K., Brandshaw, D., Norman, R. & Laubscher, R. 2005. Alcohol Use in South Africa: Findings from the First Demographic and Health Survey. Journal Studies of Alcohol 66(1):91-97.

Parsons, O.A. 1986. Cognitive Functioning is Sober Social Drinkers: AReview and Critique. *Journal Study on Alcohol* 47: 101-114.

Parsons, O.A. 1998. Neurocognitive Deficits in Alcoholics and Social Drinkers: A Continuum? *Alcohol Clinical Experiment Research* 22(4): 954-961.

Parsons, O.A & Nixon, S.J. 1998. Cognitive Functioning in Social Drinkers: AReview of the Research Since 1986. *Journal Studies of Alcohol* 59(2): 180-190.

Pechannsky, F., Szobot, C.M & Scioletto, S. 2004. Alcohol Use among Adolescents: Concepts, Epidemiological Characteristics and Etipathogenic Factors. Revista Brasileirade Psiquiatria, 26 (supll), 14-17.

© University of Venda

University of Venda
Creating Future Leaders

Peden, M., Vander Merve, S.J, Smith, P. & Bautz, P. 2000. Substance Abuse and Trauma in Cape Town.*South Africa Alcohol Misuse Journal*, 90(3): 251 -5.

Pentland, B., Hutton, L.S & Jones, P.A. 2005. Late Mortality after Head Injury: *Journal of NeurologicalPsychiatry,* 76, 395 - 400.

Perry, C.L., Williams, C.L., Veblen – Mortenson, S. 1996. Outcome of a Community – Wide Alcohol Use Prevention Program during Early Adolescent: Project Northland. *American Journal of PublicHealth* 86(7): 956-965.

Perkins, H.W. 1992. Gender Patterns in Consequences of Collegiate Alcohol Abuse.A Ten Year Study of Trades in an Undergraduate Population. *Journal of Studies on Alcohol*, 53, 458-462.

Perkins, W. 2002. Social Norms and the Prevention of Alcohol Misuse in College Context. *Journal of Studies on Alcohol*, 14, 164-172.

Peterson, A.C & Crockett, L. 1986. Pubertal Development and its relation to cognitive and Psycho-social Development in Adolescent Girls Implications for Parenting.In Hamburg, B.A& Lancaster, J.B (Eds).School-Age Pregnancy and Parenthood Biosocial Dimension (pp. 147-175). New York: Aldine and Gruyter.

Presley, C.A., Meilman, P.W., Cashin, J,R., Leichliter, J.S. 1997. Alcohol and Drugs on American College Campus: Issues of Violence and Harassment, Carbondale,IC: Core Institute, Southern Illiois University at Carbondale.

Presley, C.A., Meiman, P.W & Cashin, J.R. 1996. Alcohol and Drugs on American College Campuses: Use, Consequences and Perceptions of the Campus Environment, Volume IV: 1992-1994, Carbondale, IL: Core Institute, Southern Illinois University.

© University of Venda

University of Venda
Creating Future Leaders

Pfuhl & Erdwin, H.Jr. 1980. The Deviance Process. New York: D. Van Nostrand Company. Word Count: 2385.

Preusser, D.F., Ferguson, S.A & Williams, A.F. 1998. The Effect of Teenage Passengers on the Fatal Crash Risk of Teenage Drivers. *Accident Analysis Preview* 1: 30: 217-22.

Pluddemann, A., Flisher, A.J, Mcketin, R., Parry, C. & Lombard, C. 2010. Methamphetamine Use Aggressive Behavior and other Mental Health Issues among High-school Students in CapeTown, South Africa. *Drug and Alcohol Dependence* pg 109:14-19.

Raiffa, H. 1968. Decision Analysis: Introductory Lectures on Choices under Uncertainty. Addison – Wesley, Reading MA Book Reviews: Decision Analysis and Behavioral Research by Detlofvon Winterfeldt and Edward. 1986. Cambridge, England, Cambridge University Press, 604 pages.

Rehm, J., Rehn, N. Room, R., Monteiro, M. Gmel, G., Graham, K., Rehn, N., Sempos, C.T, Frick, U. & Jernigan, D. 2004. Alcohol Use (In M. Ezzati; A.D Lopez; A. Rodgers & C.J.L Murray 959-1108. Comparative Quantification of Health Risks: Global Major Risk Factors eds).Geneva: World Health Organization.

Reproductive Health Outlook (RHO), 2004. Special Focus: Young People and HIV/AIDS (Online). Available: http: /www.org/htm1/hiv-aids.htm (accessed 24-07-2004).

Roebuck, M., Christopher, F., Michael, T., Dennis, M.L. 2004. Adolescent Marejuana Use and School Attendance. *Economics Education Review,* 23: 133-141.

Roselle, G.A. 1992. Alcohol and the Immune System. *Alcohol Health and Research World*, 16,16-19.

© University of Venda

University of Venda
Creating Future Leaders

Rose, R.J. 1998. A Developmental Behavior Genetic Perspective on Alcoholism Risk. *Alcohol Health & Research World* 22(2): 131-143, 1998.

Ross, H.L. 1992. *Confronting Drunk Driving: Social Policy for Saving Lives*. New Haven,CT: Yale University Press.

Rubin, H.J & Rubin. 2005. Qualitative Interviewing: The Art of Hearing Data(2nd Ed.). New York: SAGE.

Rutherford,K.2004.Kid's Health: Dealingwith Addiction. http://www.kidshealth.org/grow/drugs-alcohol/-P2.html.

Ruth, G., Jepson, Fiona, M., Harries, Stephens Platt., & Carol Tannahill. 2010. The Effectiveness of Interventions to Change Six Health Behaviors: AReview.

Ryback, R.S. 1970. Alcohol Amnesia: Observations in Seven Drinking Impatient Alcoholics. *Quarterly Journal of Studies on Alcohol* 31: 616-632.

Sarvela, P.D, Taylor, E.L, Drolet, J.C & Newcomb, P.R. 1988. Indicators of Drinking and Driving among University Students. *Health Education* 19(5) 72-77.

Sacerdote, B. 2001. Peer effect with random assignment results from Darmouth roommates. *Questionnaire Journal of Economic, 116: 681-704.*

Sear, G. 2002. Does Alcohol Increase the Risk of Sexual Intercourse among Adolescents? Evidence from the NLSY 97. *Journal of Health Economics* 21: 1085-109.

Sellman, D., Connor, J., Robinson, G. & Jackson, R. 2009. Alcohol Cardio- Protection has been Talked up." *N Z Med J***122** (1303): 97-101.PMID 19851424.

© University of Venda

University of Venda
Creating Future Leaders

Scheier, L., Botvin, G., Diaz, T. & Griffin, K. 1999. Social Skills, Competence, and Drug Refusal Efficacy as Redictors of Adolescent Alcohol Use. *Journal of Drug Education* 29(3): 251-278.

Schuckit, M.A. 2009. An Overview of Genetic Influences in Alcoholism. *Journal of Substance Abuse Treatment* 36 (1) S5-14.

Schulz, A. 2004. *Northridge ME. Social Determinants of Health: Implications for Environmental Health Promotion. Health Education Behavour:* 31: 455-71.

Smith, C & Denton, M.L. 2005.*Soul Searching: The Religious and Spiritual Lives of American Teenagers*. New York: Oxford University Press.

Schneider, M., Norman, R., Parry, C., Bradshaw, D. & Pleddemann, A. 2007.Estimating the Burden of Disease Attributable to Alcohol Use in South Africa in 2000. *S. African Medical Journal.* 97(8 Pt 2): 664-672.

Spear, L. 2002. Adolescent Brain and the College Drinker.Biological Basis of Propensity to Use and Misuse Alcohol. *Journal of Studies on Alcohol* (Suppl. 14): 71-81.

Steele, C.M & Josephs, R.A. 1990. Alcohol Myopia.Its Prized and Dangerous Effects. *American Psychology*.45: 921-933.

Stigler, M.H, Perry, C.L, Komro, K.A, Cudeck, R & Williams, C.L. 2006. Teasing Apart a Multiple Component Approach to Adolescent Alcohol Prevention: What Worked in Project Northland *Prevention Science*, 7, 269-280.

Stolle, M., Sack, P.M & Thomasius, R. 2009. Binge Drink in Childhood and Adolescent: Epidemiology, Consequences and Interventions.*Dtsch Arztebl Int* 106 (19): 323-800.

© University of Venda

University of Venda
Creating Future Leaders

Sher, K.J., Bartholow, B.D & Nanda, S. 2001. Short and Long Term Effects of Fraternity and Sorority Membership on Heavy Drinking: A Social Norms Perspective. *Psychology of Addicted Behavior.*15*:* 42-51.

Taylor, S.P & Chermark, S.T. 1993. Alcohol, Drugs and Human Physical Aggression. *Journal of Studies of Alcohol Supplement* No. 11, pp. 78-88.

Thomas, G., Reifman, A., Barnes, G.M & Farrrel, M.P. 2000. Delayed Onset of Drunkenness as a Protective Factor for Adolescent Alcohol Misuse and Sexual Risk Taking*: A Longitudinal Study Deviant Behavior*, 21(2) 181 -210.

University of Califonia San-Francisco (UCSF), 2012. " Study offers clue as to why alcohol is addictive" Jpost. Com. The Jerusalem Post http:/ www. Jpost.com/ Health/ article. Aspx?= 253568.

Valliant, P.M & Scanlam, P. 1996. Personality Living Arrangements and Alcohol Use by First Year University Students.*Social Behavior Personality*. 24: 151-156.

Vernick, J.S., Li, G. & Ogaitis, S. 1999. *Effects of High School Driver Education on Motor VehicleCrashes, Violations and Licensure.American Journal Preview Medical; 16(pp) 1*: 40-60.

Vermeulen, L.M. 1998. Research Orientation: APractical Study Guide for Students and Researchers. Vanderbijlpark: L.M Vermeulen.

Virkkunen, M. & Linnoila, M. 1999. Serotonin in Early Alcoholism (In Galanter, M.Ed.*Recent Developments in Alcoholism)*. Volume 13: *Alcohol and Violence*. New York: Plenum Press pp.173-189.

© University of Venda

University of Venda
Creating Future Leaders

Voas, R.B, Wells, J., Lestina, D., Williams, A & Green, M. 1998. Drinking and Driving in the United States: The 1996 National Roadside Survey Accident. *Analysis Preview*. 30: 267-275.

Walsh, M. 2001. Research Made Real. United Kingdom: Nelson Thomas Ltd.

Wallace, J.M & Forman, T.A. 1998. Religion's Role in Promoting Health and Reducing Risk among American Youth. Health, Education & Behavior, 25, 721-741.

Walters, S.T & Neighbors, C. 2005. Feedback Interventions for College Misuse: What, why, and for whom? A*ddictive Behavior, 25*, 721-741.

Warheit, G.J., Biafora, F.A., Zimmerman, R & Gil, A.G. 1995. Self-Rejection/Derogation, Peer Factors, and Alcohol, Drug, and Cigarette Use among a Sample of Hispanic, African – American, and White Non-Hispanic Adolescent.*International Journal of the Addictions*, 30(2)97-116.

Wechsler, H., Davenport, A., Downdall, G., Moeykens, B. & Castillo, S. 1994. Health and Behavioral Consequences of Being Drinking in College: A National Survey of Students at 140 Campuses. *Journal of the American Medical Association, 272, 1672 – 1677.*

Wechsler, H., Moeykens, B., Davenport, A. 1995. The adverse impact of heavy episodic drinkers on other college students. *Journal of studies on Alcohol, 56: 628-634.*

Wechsler, H., Rigotti, N.A., Gledhill-hoyt, J., & Lee, H. 1998. Increased Levels of Cigarette Use among College Students: A Cause for National Concern.*Journal of American Association*.280:1673-1678.

© University of Venda

University of Venda
Creating Future Leaders

Wechsler, H., Lee, J.E, Kuo, M & Lee. 1999. College being Drinking in the 1990's: A Continuing Problem. Results of the Harvard School of Public Health College Alcohol Survey. *Journal of AmericanCollege Health* 48(5):199-210, 2000b.

Wechsler, H., Lee, J., Kuo, M & Lee, H. 2000. College binge drinking in the 1990's. A continuing problem results of the Harvard School of Public Health 1999 college Alcohol Study. *Journal of American College Health*, 48: 199-210.

Wener, E. 1993. Risk Resilience and Recovery. Perspective from the Kauai Longitudinal Study.*Development and Psychopathology*, 5,503-515 CrossRef.

White, C.J. 2005. Research: A Practical Guide. Ithuthuko Investments Publishing.

Windle, M., Miller- Tutzauer, C. & Domenico, D. 1992. Alcohol Use, Suicidal Behavior, and Risky Activities among Adolescents. *Journal of Research on adolescent*; 2:317-330.

Winterbauer, R.H.A., Ball. 1969. Recurrent Pneumonia Predisposing Illness and Clinical Patterns in 158 Patients. *Annuals of Internal of Medicine*, 70,689-700.

Wood, M.D.C, & Sher, K.J 2001. Alcohol Use and Misuse (In: Baum, A., Revenson, T., & Singer, J. (Eds.)). Handbook of Health Psychology, Mahwah, NJ: Lawrence Erlbaum, pp 281-318.

Wood, M.D, Sher, K.J & McGowan, A.K. 2000. College Alcohol Involvement and Role Attainment in Early Adulthood: Findings from a Prospective High - Risk Study. *Journal of Studies of Alcohol* .61: 278- 289. [PubMed]

Wood, D.P. 1997. Safety and the Car Size Effect: Accident Analysis Preview; 29:139-51

© University of Venda

University of Venda
Creating Future Leaders

Yamada, T., Kendix, M., Yamada, T. 1996. The Impact of Alcohol Consumption. Health Econ: 5:77-92.

Yi,H.Y., Williams, G.D & Dufour, M.C. 2001. Trends in Alcohol – Related Fatal Crashes, United States, *1979* – 99. Surveillance Report No.56. Bethesda, MD: NIAAA, 2001.

Zador, P.L, Krawchuk, S.A & Voas, R.B. 2000. Driver – Relative Risk of the Driver Fatalities and Driver Involvement in Fatal Crashes in Relation to Driver Age and Gender: An Update using 1996 Data. *Journal of Studies on Alcohol* 61 (3): 387- 395.

Zhao, X., Sayeed, S., Cappella, J.R., Fishbein,M.,& Ahern, R.K. 2006. Targeting Norm Related Beliefs about Marijuana use in an Adolescent Population. *Health Communication*, 19, 187-196.

Zucker, R. A. 1994. Pathways to alcohol problems and alcoholism. A developmental account of the evidence for multiple alcoholism and for contextual contributions to risk. In Zucker, R., Boyd, G and Howard, J. (Eds). The development of Alcohol Problems: Exploring The Biopsychosocial Matrix of Risk. NIAA Research Monograph No. 26, Nih Publication No 94-3495, Rockville, MD: Department of Health and Human Services, Pg 255-289.

Zuckerman, M., Kuhlman, D.M. 2000. Personality and Risk-Taking. Common Biosocial Factors, *Journal of Personality,* 68 (6). 999-1029.

UNIVEN LIBRARY
Library Item : 20141793

© University of Venda

University of Venda
Creating Future Leaders

Yamada, T., Kendix, M., Yamada, T. 1996. The Impact of Alcohol Consumption. Health Econ: 5:77-92.

Yi,H.Y., Williams, G.D & Dufour, M.C. 2001. Trends in Alcohol – Related Fatal Crashes, United States, *1979* – 99. Surveillance Report No.56. Bethesda, MD: NIAAA, 2001.

Zador, P.L, Krawchuk, S.A & Voas, R.B. 2000. Driver – Relative Risk of the Driver Fatalities and Driver Involvement in Fatal Crashes in Relation to Driver Age and Gender: An Update using 1996 Data. *Journal of Studies on Alcohol* 61 (3): 387- 395.

Zhao, X., Sayeed, S., Cappella, J.R., Fishbein,M.,& Ahern, R.K. 2006. Targeting Norm Related Beliefs about Marijuana use in an Adolescent Population. *Health Communication*, 19, 187-196.

Zucker, R. A. 1994. Pathways to alcohol problems and alcoholism. A developmental account of the evidence for multiple alcoholism and for contextual contributions to risk. In Zucker, R., Boyd, G and Howard, J. (Eds). The development of Alcohol Problems: Exploring The Biopsychosocial Matrix of Risk. NIAA Research Monograph No. 26, Nih Publication No 94-3495, Rockville, MD: Department of Health and Human Services, Pg 255-289.

Zuckerman, M., Kuhlman, D.M. 2000. Personality and Risk-Taking. Common Biosocial Factors, *Journal of Personality,* 68 (6). 999-1029.

UNIVEN LIBRARY
Library Item : 20141793

© University of Venda

University of Venda
Creating Future Leaders

QUESTIONNAIRE

Deviant behaviors of adolescent students who abuse alcohol in secondary schools.

Purpose of this study is to investigate the characteristics and the effect of adolescent students who abuse alcohol. Please supply the following information by making a tick on the appropriate block that applies to you.

Names are not required.

1. Gender

Female	1
Male	2

2. Age

14-20 years	1
21-26 years	2
27-33 years	3
34 years and above	4

3. Grade

Grade 7-8	1
Grade 9-10	2
Grade 11-12	3
Grade 12 and above	4

© University of Venda

University of Venda
Creating Future Leaders

4. In which phase are you?

Senior phase	3
GET	4
FET	5

Indicate by making a tick on the appropriate block True or False whether each of the following are characteristics of adolescent student who abuse alcohol.

	TRUE	FALSE
5. Is forgetful in daily activities.	1	2
6. Talks excessively.	1	2
7. Interrupts or intrudes on others.	1	2
8. Easily irritated.	1	2
9. Loses things necessary for tasks or activities (books).	1	2
10. Easily distracted.	1	2
11. Blurts out answers before questions have been completed.	1	2
12. Lack appetite.	1	2
13. Hangover.	1	2
14. Slumbering.	1	2
15. Stealing.	1	2

© University of Venda

University of Venda
Creating Future Leaders

16. Fighting.	1	2
17. Dropouts	1	2
18. Missing classes	1	2
19. Lying	1	2
20. Aggressive.	1	2
21. Low self-esteem.	1	2
22. Poor self control	1	2

To what extent do you agree or disagree with each of the following statements about your knowledge on the behavioural characteristics of adolescent students who abuse alcohol.

	Strong Agree	Agree	Not Sure	Disagree	Strongly Disagree
23. Adolescent students who abuse alcohol become alcoholics.	1	2	3	4	5
24. Adolescent students who abuse alcohol are prone to commit suicide.	1	2	3	4	5
25. Adolescent students who abuse alcohol engage in unprotected sexual activities.	1	2	3	4	5
26. Adolescent students who abuse alcohol usually drive cars under the	1	2	3	4	5

© University of Venda

University of Venda
Creating Future Leaders

influence of alcohol.					
27. Adolescent students who abuse alcohol are usually involved in motor vehicle accidents.	1	2	3	4	5
28. Adolescent students who abuse alcohol have financial problems.	1	2	3	4	5
29. Adolescent students who abuse alcohol end up suffering from liver cirrhosis.	1	2	3	4	5
30. Adolescent students who abuse alcohol involve themselves with multiple partners.	1	2	3	4	5
31. Adolescent students who abuse alcohol have poor judgment.	1	2	3	4	5
32. Adolescent students who abuse alcohol lack social skills.	1	2	3	4	5
33. Adolescent students who abuse alcohol lack ability to understand humour.	1	2	3	4	5
34. Stressful life is a powerful factor for students who abuse alcohol.	1	2	3	4	5
35. Adolescent students who abuse alcohol are troublesome at school.	1	2	3	4	5
36. Adolescent students who abuse alcohol are lawbreakers.	1	2	3	4	5

© University of Venda

ENQ: 082 292 3657

P.O Box 2313

Thohoyandou

0950

19 November 2013

The Circuit Manager

Sibasa Circuit

Thohoyandou

0950

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT SIBASA CIRCUIT.

I am Mukhuba L.P; a Masters Degree student at the University of Venda asking a permission to conduct a research at the following schools in your area.

1. Mbilwi Secondary School
2. Ligege Secondary School
3. Shayandima Secondary School

The topic is **Deviant behaviors of adolescent students who abuse alcohol in secondary schools around Vhembe District**.

I hope my request will reach your attention.

Yours faithfully

Mukhuba L.P.

Mukhuba L.P

© University of Venda

ENQ: 082 292 3657

P.O Box 2313

Thohoyandou

0950

19 November 2013

The Circuit Manager

Luvuvhu Circuit

Thohoyandou

0950

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT LUVUVHU CIRCUIT.

I am Mukhuba L.P; a Masters Degree student at the University of Venda asking a permission to conduct a research at the following schools in your area.

1. Marude Secondary School
2. Azwifarwi Secondary School
3. Muvhavha Secondary School

The topic is **Deviant behaviors of adolescent students who abuse alcohol in secondary schools around Vhembe District**.

I hope my request will reach your attention.

Yours faithfully

Mukhuba L.P.

Mukhuba L.P

© University of Venda

ENQ: 082 292 3657

P.O Box 2313

Thohoyandou

0950

19 November 2013

The Circuit Manager

Dzindi Circuit

Thohoyandou

0950

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT DZINDI CIRCUIT.

I am Mukhuba L.P; a Masters Degree student at the University of Venda asking a permission to conduct a research at the following schools in your area.

1. Lwandani Secondary School
2. Ligege Secondary School
3. Shayandima Secondary School

The topic is **Deviant behaviors of adolescent students who abuse alcohol in secondary schools around Vhembe District**.

I hope my request will reach your attention.

Yours faithfully

Mukhuba L.P.

Mukhuba L.P

© University of Venda

University of Venda
Creating Future Leaders

P.O Box 2313

Thohoyandou

0950

19 November 2013

Dear Parent / Guardian

I am Mukhuba L.P; a Masters Degree student at the University of Venda .i am currently doing a research about **Deviant behaviors of adolescent students who abuse alcohol in secondary schools around Vhembe District**.

As Secondary schools are whereby I need to collect data, I am hereby asking permission to allow your children to participate in answering my questionnaires'. The name of your child will remain anonymous.

Your co-operation will be highly appreciated.

Yours faithfully

Mukhuba L.P

© University of Venda

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION
VHEMBE DISTRICT

REF: 14/7/R
ENQ: MATIBE M.S
TEL: 015 962 1029

MUKHUBA L.P
P.O BOX 2313
THOHOYANDOU
0950

DEPARTMENT OF EDUCATION
VHEMBE DISTRICT
18 NOV 2013
PRIVATE BAG X2250 SIBASA 0970
LIMPOPO PROVINCE

APPLICATION FOR PERMISSION TO CONDUCT RESERCH AT VHEMBE DISTRICT

1. The above matter refers.
2. Your request for permission to conduct research on the topic DEVIANT BEHAVIOURS OF ADOLESCENTS WHO ABUSE ALCOHOL IN SECONDARY SCHOOLS AROUND VHEMBE DISTRICT has been approved
3. Kindly inform the circuit managers of Dzindi, Luvuvhu and Sibasa Circuits and principals of affected schools prior to your visits.
4. You are also expected to ensure that the research process will not disrupt the normal teaching and learning activities.
5. Wishing you the best in your studies.

DISTRICT SENIOR MANAGER

18/11/2013
DATE

Thohoyandou Government Building, Old Parliament, Block D, Private Bag X2250, SIBASA, 0970
Tel: (015) 962 1313 or (015) 962 1331, Fax: (015) 962 6039 or (015) 962 2288

© University of Venda
The heartland of southern Africa - development is about people!

University of Venda
Creating Future Leaders

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

SIBASA CIRCUIT

Sibasa Circuit Office
P/Bag X2166
SIBASA 0970
Tel.No. 015 963 2062
Fax. 015 963 2931

Enq: Nengovhela L.J
Tel: 015 963 2062
Cell: 082 706 562

28/02/2014

TO : MUKHUBA L.P
P.O.BOX 2313
THOHOYANDOU
0950

PERMISSION TO CONDUCT ACADEMIC RESEARCH AT SIBASA CIRCUIT: YOURSELF

1. The above matter refers.
2. I hereby wish to acknowledge receipt of your letter requesting permission to conduct research in the schools falling under our circuit.
3. Kindly be notified that your request is accepted and approved provided you do not interrupt teaching and learning activities.
4. Thanking you in advance.

.....

CIRCUIT MANAGER

28/02/2014.

DATE

DEPARTMENT OF EDUCATION
SIBASA CIRCUIT OFFICE
2014 -02- 28
P/BAG X 2166 SIBASA 0970

© University of Venda

University of Venda
Creating Future Leaders

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

DZINDI CIRCUIT

Ref: 12/2/4/5
Enq: Ramanyimi N.R
Cell: 083 552 1526

20 February 2014

MAKHUBA L.P
P.O BOX 2313
THOHOYANDOU
0950

APPLICATION TO CONDUCT RESEARCH AT DZINDI CIRCUIT: YOUSELF. (SCHOOLS OF YOUR CHOICE: LWANDANI, LIGEGE, SHAYANDIMA)

1. Your application to conduct research at DZINDI circuit school have been approved on the following condition that:
   - Schools should not be disturbed for effective teaching and learning.
2. Your are further requested to make prior arrangements with educators for your research for the smooth running of our schools.
3. Whishing you all the best on your research.

.....
CIRCUIT MANAGER: DZINDI

20/02/2014
.....
DATE

© University of Venda