THE ATTITUDES AND PERCEPTIONS OF STUDENTS AT A SOUTH AFRICAN UNIVERSITY TOWARDS BINGE DRINKING

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DECLARATION

I hereby declare that the contents of this treatise represent my own work and that any substantial assistance I have received from anyone is indicated in my acknowledgements.

Lerato Mokgethi

Signature: ___________________ Date: ___________________
DEDICATION

This treatise is dedicated to the loving memory of my late grandmother Ramokone Margaret Mokgehle who inspired me to be the best that I can be at all times.
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I wish to extend my heartfelt appreciation to:

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Abstract

The focus of this treatise is to explore the attitudes and perceptions of university students towards binge drinking at a South African University. Binge drinking among university students is a serious concern, prevalent on many campuses and ingrained on university campuses worldwide. The aims of this study were (a) to describe students’ understanding of binge drinking, (b) to explore and describe university students’ attitudes towards and perceptions of binge drinking, and (c) to explore the contextual factors relating to binge drinking within a university setting.

An exploratory, qualitative approach was utilized. The collection of data was initiated using a biographical questionnaire to identify participants relevant to the study. The data collection process continued with semi-structured focus group interviews. Data was collected by conducting four focus group sessions with two separate groups of students between the ages of 18 and 25 and residing on a university campus. Data analysis was conducted in accordance with the principles and guidelines of Tesch’s (as cited in Creswell, 1994) eight steps in qualitative data analysis. The results of this study indicate the following: there is lack of knowledge and understanding of binge drinking, students have positive perceptions of binge drinking and there is a perception that the university environment promotes binge drinking. In order to address binge drinking, strategies need to be implemented in the student, family, university and community context.

**KEY WORDS:** Alcohol, Binge drinking, University students, Ecosystem
CHAPTER 1
INTRODUCTION AND PROBLEM

1.1. Introduction

Alcohol plays an important role in social, cultural and sporting activities. It is, however, a drug, the misuse of which is one of the leading causes of morbidity and mortality worldwide (O’Farrel, 2004). According to Rocha-Silva, de Miranda and Erasmus (1996), drastic and rapid socio-economic changes (such as the case in South Africa) contribute to the acceleration of risk behaviour such as substance abuse and the spread of HIV/AIDS.

This chapter discusses the researcher’s interest in the research topic and the persistent problem of binge drinking among university campuses. Through understanding the motivation to investigate this phenomenon, the aims of the study are clarified as research objectives. The chapter reviews the methodological approach used in the study and highlights the data collection and analysis procedures, as well as important ethical considerations, in the study. An outline of the study is given before the chapter is concluded.

1.2. Reflexive Preface

I would like to highlight my personal involvement with the research topic. I was employed at the South African National Council on Alcoholism and Drug Dependence (SANCA) as an addiction counsellor for three years, which were mostly spent counselling individuals and families with alcohol- and drug-related problems. My duties included creating awareness about substance abuse in schools, the community and the workplace.

In recent years I have become aware that the problem is not that young people are drinking, but it is the way in which they drink that put them at risk of acquiring alcohol-related problems. I became interested in exploring this further and it emerged as a topic for my Master’s research.

Some would argue that this is not the route that scholars follow in pursuing academic research. Creswell (1998, p. 20) states that “we present our data, partly based on participants’ perspectives and partly based on our own interpretation, never clearly escaping our own personal stamp on a study”.

Furthermore, it is important to consider the researcher's position with regard to the definition of the problem and the way the researcher interacts with the material to produce a particular type of sense (Creswell, 2003).

The researcher is currently employed at NMMU (from January 2009) Student Counselling Career and Development Centre as an intern psychologist. As the researcher is employed at this unit, it is important to clarify her relationship with the participants in this study. The researcher’s role brings her into daily contact with the student population. Of the 16 participants described in Chapter 4, four were known to the researcher as peer helpers. The researcher is not supervising these students and is not involved in any of their projects, thus has minimal contact with them.

1.3. The Persistent Problem of Binge Drinking on Campuses

A great deal of concern has been focused on the abuse of alcohol by university students and the problems associated with it. Recently, one specific pattern of alcohol consumption, binge drinking, drew a substantial amount of attention from university administrators, counsellors and researchers in the behavioural sciences. Binge drinking has been defined as the consumption of five or more drinks in a row (Haines & Spear, 1996; Wechsler & Isaac, 1992). Binge drinking has been characterized as the leading public health hazard for university students (Wechsler, Davenport, Dowdell & Castillo, 1995).

Many young people do not consider themselves vulnerable to any negative consequences that might occur because of binge drinking, such as having an accident or becoming dependent on alcohol. Students who binge drink are more likely than other students to experience a wide variety of alcohol-related problems, including hangovers, blackouts, missing class and getting in trouble with the police (Douglas, Bowley, Rein, Cherry, Vellema, Snyman & Boffard, 2004).

Researchers have linked alcohol consumption by university students to a number of negative consequences, ranging from vandalism to alcohol sexual assault (Abbey, 1991; Engs & Hanson, 1988). The Alcohol Abuse and Alcoholism task force in the United States of America (USA) (2002) has reported that the drinking patterns of university students are responsible for the majority of deaths among the age group 18 to 24. University drinking contributes to an estimated 1,400 student deaths, 500,000 injuries and 70,000 cases of sexual assault or date
rape in the United States (US). Hingson, Heeren and Zakocs (2001) estimate that over 1,400 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries, including car accidents.

Despite the prevalence of this phenomenon and the numerous problems that are associated with it, relatively few researchers have attempted to explain binge drinking among university students and other young people. For example, Schulenberg (1996) examined the influence of personality characteristics and a limited number of ‘social context’ variables on binge drinking in young adults. Wechsler et al., (1995) investigated the relationship between binge drinking among university students and several social factors (for instance, university lifestyle, risky behaviour and time spent participating in various activities).

1.4. **Motivation for the Present Study**

The present study set out to determine university students’ attitudes and perceptions regarding binge drinking. The significance of studying alcohol related beliefs and attitudes is to uncover their influence on personal experience, feelings, behaviour and community life (Foxcroft, Ireland, Lister-Sharp, Lowe & Breen, 2003). Beliefs have a very important function in psychological processes: “with them we create personal images, change our identity according to our ideas” (Rokeach, 1981, p. 8). It is essential to know students’ current knowledge and attitudes in order to determine what interventions would be most beneficial.

1.5. **Aims of the Study**

The broad aims of the study can be expressed as the following, (a) to describe students’ understanding of binge drinking, (b) to explore and describe university students’ attitudes towards and perceptions of binge drinking and (c) to explore the contextual factors relating to binge drinking.

1.6. **Research Methodology**

The present study is exploratory and descriptive, yet contextual in nature, using qualitative research (Mouton & Marais, 1990). The design focuses on the words, sentences and impressions provided by the participants (Neuman, 2003). The research design used aims to
elicit the quality and texture of the participants’ perceptions while simultaneously clarifying the meaning attached to the phenomenon (Willig, 2001).

1.6.1. Data collection

The collection of data was initiated using a biographical questionnaire to identify participants relevant to the study. The data collection process continued with semi-structured focus group interviews. These interviews were guided by an interview schedule, but remained flexible to allow for an interactive process that was used to describe the perceptions surrounding binge drinking among university students. The interviews were recorded using a recording machine to ensure that the data obtained through these interviews was accurately captured. Once the interviews had been conducted, the data was transcribed verbatim by the researcher into text so that it could be used during the data analysis process. Data was collected by conducting four focus group sessions with two separate groups of students between the ages of 18 and 25 years who resided on university campus. The number of sessions was determined by the time when a point of saturation was reached, that is the stage at which additional data no longer generates new information (Morgan, 1997).

1.6.2. Data analysis

Data analysis was conducted in accordance with the principles and guidelines of Tesch’s (as cited in Creswell, 1994) eight steps in qualitative data analysis. In using these steps, the transcriptions are reviewed until meaning is extracted and clustered into similar topics. The topics are organised according to their importance and given abbreviated codes. The codes are then applied to the transcriptions to determine if new topics emerge. Once all possible topics have been identified, the topics are categorised and new abbreviations are developed. The data contained within each transcription is then assembled into descriptive categories. To ensure the credibility of the data analysis and the research results, an independent research psychologist simultaneously analysed the transcriptions using Tesch’s eight steps (Creswell, 1994). Once these analyses have been completed, the researcher and independent research psychologist will consult on their findings to ensure the integrity of the results obtained from the data analysis.
1.6.3. Ethical consideration

Although no potential psychological risks were identified, the researcher adhered to the principle of non-maleficence while conducting the focus group interviews by ensuring that the discussions did not lead to psychological distress and thus become harmful to the participants. The researcher remained dedicated to the accurate investigation of the phenomenon and took the necessary steps to ensure that all of the information obtained and disclosed through the study was not falsified during the procedure (Creswell, 2003).

The researcher maintained integrity throughout the research process and took the necessary steps to prevent scientific misconduct. To actualise the ethical considerations the researcher made certain of the following: informed consent, through which deception is avoided; accurate data collection; maintaining the confidentiality, anonymity and privacy of participants; the precise dissemination of results and maintaining competence within the researcher’s professional role. Informed consent was obtained from all of the participants through a written contractual agreement. Included in this contract was information regarding the aim of the study, the researcher, research procedures, potential risks, confidentiality, the dissemination of the results and confirmation of voluntary participation, as well as the right to withdraw from the study (Terre Blanche, Durrheim & Painter, 2006).

Participants were encouraged to ask questions and request clarification prior to providing consent to ensure that all possible deception was avoided. The confidentiality of the information obtained from participants, as well as the use of pseudonyms, ensured the anonymity and privacy of the individuals. Furthermore, documentation collected during the process was securely stored by the researcher.

1.7. Outline of the Study

The first chapter has provided an overview of the focus of the study, as well as the methodology used to actualize the researcher’s goals.

Chapter two follows with a contextualisation of binge drinking, globally and in South Africa, highlighting the clinical effects of the substance, as well as a comprehensive discussion of the culture of binge drinking among university students. Within this chapter an integrative model of
addiction, focusing on the contributing biological, psychological and social factors of alcoholism, is discussed.

The third chapter describes Bronfenbrenner’s ecological theory of development in relation to factors influencing binge drinking among university students, concentrating on both the intra-individual and contextual factors that impact on binge drinking behaviour.

Chapter four reviews the methodology implemented within the study. This review highlights the benefits of qualitative research designs and the appropriateness of using focus group interviews. This chapter discusses sampling procedures, as well as data collection and analysis. In addition, observations made during the research process and ethical considerations pertinent to the study are examined.

The fifth chapter reports and discusses research findings. The main themes correspond with the specific objectives of the study. Chapter six provides a summary of the study and highlights important outcomes pertaining to the results of the research, as well as the methodology used to extract these findings. The chapter concludes with the implications the present study has concerning future research.

1.8. Conclusion

This chapter provided an introduction to the researcher’s interest in the topic of study. The persistent problem of binge drinking was outlined, followed by a motivation for the study. The aims of the study and the research methodology were presented. The chapter was concluded with an outline of the forthcoming chapters. The following chapter is devoted to an in-depth discussion of history and the prevalence of alcohol abuse in South Africa, with particular reference to binge drinking among university students.
CHAPTER 2
ALCOHOL ABUSE AMONG YOUNG ADULTS

2.1. Introduction

The consumption of alcohol is woven into the social fabric of our culture, and many people enjoy the social and cultural connections of sharing a drink together. The *Global status report on alcohol* (2004) indicates that alcohol still remains the most widely used substance worldwide. The present study focuses on university students’ attitude towards and perception of binge drinking. This chapter, thus, covers the concepts of alcohol abuse, dependence and binge drinking. The researcher explores the history and current statistics available on the topic of alcohol consumption, internationally and nationally, particularly concerning the culture of binge drinking among university students. The clinical effects of alcohol abuse will be explored and discussed, along with other alcohol-related disorders. Furthermore, an integrative model of addiction is discussed before the chapter is concluded.

2.2. Alcohol Dependence and Abuse

Substance dependence is defined as “a cluster of cognitive, behavioural and physiological symptoms indicating that the individual continues to use the substance despite significant substance-related problems” (American Psychiatric Association, 2000, p. 192). Individuals who are dependent will exhibit some or all of the following attributes: Drink-seeking behaviour (only frequenting social events that include drinking), alcohol tolerance (having to drink increasing amounts to achieve previous effects), withdrawal symptoms (experiencing physical symptoms after going a short period without drinking) and drinking to relieve or avoid withdrawal symptoms (such as drinking to stop the shakes or to ‘cure’ a hangover) (Sadock & Sadock, 2007).

The Diagnostic and Statistical Manual of Mental Disorders IV TR (American Psychiatric Association, 2000) defines alcohol abusers as those who drink despite recurrent social, interpersonal and legal problems as a result of alcohol use.
2.3. The Debate over Terminology

The American Psychiatric Association (2000) emphasises that substance use disorders fall into two categories: substance abuse and substance dependence. Some researchers argue that instead of thinking about abuse and dependence as separate phenomena, it might be more useful to consider the broader term of addiction. In a study conducted by Saha, Chou and Grant (2006), they argue that alcohol problems occur on a continuum rather than falling into the categories of abuse and dependence. They emphasise that having two diagnostic categories may be misleading, and they are in favor of the use of the terms addiction and alcoholism.

The Center for Disease Control and Prevention (CDC) (2008) defines alcoholism as a diagnosable disease characterized by several factors, including a strong craving for alcohol, continued use despite harm or personal injury, the inability to limit drinking, physical illness when drinking stops and the need to increase the amount drunk in order to feel the effects (CDC, 2008). It is apparent that these terms are widely used in different contexts and their meaning is at times unclear.

The World Health Organization (WHO) defines different categories of alcohol consumption along a continuum of safe to dangerous drinking as hazardous, harmful and dependent (Babor, Campbell, Room & Saunders, 1994). Hazardous drinking is a pattern of alcohol use that increases the risk of harmful consequences for the drinker, without having yet caused any alcohol-related harm. Binge drinking, or episodic drinking, is included in the hazardous category because it generally involves rapid and excessive drinking over a relatively short period of time, which intensifies the effects.

Now that the concepts have been defined, the history behind and the role of alcohol in a South African context will be explored. The history described provides a valuable understanding of the role of alcohol in South Africa.

2.4. History of Alcohol Use and Abuse

The drinking of alcohol is an integral part of many societies throughout the world and is a significant part of the rites of passage exercised in various festivities from birth to death.
Alcohol has been widely used throughout history and has been an important part of cultural ceremonies (Parry & Bennetts, 1998).

2.4.1. Alcohol

Alcohol is a central nervous system depressant; it reduces levels of arousal and helps individuals relax. It inhibits brain centers, lessens the ability to function properly, slows motor coordination and reaction times and impairs judgment (Barlow and Durand, 2005). There is a wide range of beverages that falls into the category of alcohol. These beverages include beer, wine and whiskey. Some of these beverages are more potent than others, and some people can tolerate the effects of these beverages better than others (Parry & Bennetts, 1998).

2.4.2. Role of alcohol in South African history

Historically, in South Africa, alcohol was used to celebrate special occasions such as the Feast of First Fruits, which occurs when the fruits ripen and are ready for picking. Certain cultures (particularly the Zulu) disapproved of habitual drinking and public drunkenness; whoever was caught committing these offences was brought before the chief and fined (Gumede, 1995).

Alcohol has played an important role in South African social and political history. It has been associated with the oppression of and the resistance of such oppression by the black majority in the country (Parry & Bennetts, 1998). The Apartheid government used alcohol as a means of social and economic control over the non-white population groups, especially the black populace. In order to preserve the economy of Apartheid and to ensure a profit was made, alcohol became a dominant means of controlling the black labor force. For instance, alcohol was used as partial payment for labor, building dependency among black, colored and Indian laborers. Dependency prevented laborers from leaving their employment even though conditions were exploitative (Parry & Bennetts, 1998).

Illegally brewing and using alcohol became a form of defiance against the Apartheid government. This manifested itself through the growth of shebeens (illegal alcohol outlets) in the second half of the 20th century. These outlets were a social revolution that allowed individuals to sit and drink without being molested by the police. Shebeens became a widespread cultural and economic phenomenon in the lives of black South Africans during the
Apartheid era (Parry & Bennetts, 1998; Gumede, 1995). This informal liquor sector continues to be unregulated and operates outside the law. It comprises hundreds of small home brewers of sorghum beer, most of whom are black women. According to the World Health Organization (WHO) (2004), unrecorded levels of alcohol use are estimated at 46% of all adult consumption in South Africa.

Many traditional events are still celebrated in contemporary black culture, and African beer still constitutes a significant part of these ceremonies. However, traditional patterns have changed from the traditional use of home brews comprising a low alcohol content to the more frequent, recreational use of commercial alcoholic beverages (Parry, 2005).

The section that follows explores the current patterns and trends in alcohol consumption. This is investigated globally and is followed by a discussion of the trends within the South African context and the strategies to address these trends.

2.5. Prevalence of Alcohol Abuse

The patterns of drinking trend to vary a great deal between societies. In much of the developing world, the predominant pattern is of infrequent, heavy drinking (WHO, 2002).

2.5.1. The global alcohol problem

According to the results from the 2001/2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC, 2004), the number of American adults who abuse alcohol or who are alcohol dependent rose from 13.8 million (7.41%) in 1991/1992 to 17.6 million (8.46%) in 2001/2002 (NESARC, 2004). Overall, the data from the NESARC (2004) shows that the rates of alcohol abuse and dependence in 2001/2002 were substantially higher in men than in women and were elevated among younger study participants aged 18 to 29. The study concluded that alcohol abuse is more prevalent among whites than Hispanics, blacks and Asians and that more than half of alcohol-dependent individuals are young adults.

Furthermore, the research indicates that 8.5% of adults in the United States meets the criteria of an alcohol use disorder, whereas young people aged 18 to 24 have the highest rate of co-occurring alcohol and other drug use disorders. Alcohol use disorders carry a high degree of
co-morbidity with other substance use disorders, such as nicotine dependence, and sexually transmitted diseases (NIAAA, 2008).

Alcohol's burden on health in the developing regions of the world, although lower than in established market economies, is of considerable magnitude. This range can include up to 10% of the burden of disability and death in Latin America (WHO, 2002). It is estimated that in the USA, the cost of alcohol was almost US $185 billion in 1998, an increase of 25% in six years (WHO, 2000), while in Canada in 2002 over US $2 billion was spent on healthcare costs for alcohol related problems alone (Lederman, Steward, Goodhart, Laitman & Powell, 2003).

Alcohol is the fifth most important risk factor for premature death and disability in the world. Worldwide alcohol causes 1.8 million deaths (3.2% of total) and 58.3 million (4% of total) of Disability-Adjusted Life Years (DALYs). Unintentional injuries alone account for about one third of the 1.8 million deaths, while neuro-psychiatric conditions account for close to 40% of the 58.3 million DALYs in the US (WHO, 2002).

The WHO (2007) has reported that there are approximately 5.2 million deaths from injuries every year and that non-fatal injuries account for about one-tenth of the global burden of disease. Injuries may be divided into two categories: unintentional injuries, including road traffic injuries, drowning, burns, poisoning and falls; and intentional injuries, which result from deliberate acts of violence against oneself or others. Data collected from 5,410 participating patients admitted to hospital emergency departments from 12 countries (as shown in the table below) revealed a clear relationship between alcohol consumption and the risk of injury in most countries.
2.5.2. The South African alcohol problem

Alcohol is the most common substance that is abused in South Africa, is used as a social lubricant and is an integral part of cultural norms (Parry, 1997). An alarming statistic is that alcohol remains the most commonly abused drug in South Africa, with binge drinking among young people (especially males) in excess of 25% in many communities (Parry, 1998). The lack of social controls to deal with those misusing substances and general societal attitudes contribute to excessive drinking.

It has been estimated that the per capita consumption of alcohol in South Africa is between 10.3 and 12.4 litres, with the higher level reflecting the amount, including homebrewed alcohol (Rehm et al., 2004). According to the WHO (2007), 45% of men and 70% of women in Afro Region E (which includes Ethiopia and South Africa) abstain from drinking alcohol. Therefore, while consumption per adult is only 7.1 litres of pure alcohol per year in this region, consumption per drinker is 16.7 litres per year (Rehm et al., 2004). It has been estimated that per capita consumption among drinkers in South Africa is likely to be even higher than the regional average (Parry, 2005).
South Africa has among the world's highest levels of alcohol consumption per drinker: 16.6 litres of pure alcohol a year (Rehm et al., 2004). In the 1998 South African Demographic and Health Survey (SADHS), 44.7% of men and 16.9% of women reported that they consumed alcohol. Among them, risky drinking (defined as having five or more drinks a day for men and three or more for women) was relatively rare on weekdays, but rose significantly on weekends, with around a third of both male and female ‘current drinkers’ reporting risky levels of intake (Parry et al., 2005).

Rocha-Silva (1987) has highlighted the following attitudes among South Africans towards drinking and drunkenness:

a) People’s attitudes towards drinking influence their drinking practices.

b) A substantial proportion of South Africans are not in favor of youthful drinking.

c) South Africans are less permissive of youthful drinking than other countries.

d) Youthful drinking is generally more acceptable for boys than girls.

e) Drinking tends to be associated with celebrations.

f) The majority of South Africans included in the research felt that when drunk, a person should not be held responsible for their actions.

Data from the South African Community Epidemiology Network on Drug Use (SACENDU, 2007), which measures trends for admission to treatment centers, indicates that the Eastern Cape has the highest rate of alcohol abuse in the country, with 26% of those who reported for treatment under the age of 20. The South African National Council on Alcoholism and Drug Dependence (SANCA, 2007) further reports that Port Elizabeth has the highest rate of alcohol abuse in South Africa, and 41% of those reporting for treatment have an educational level of Grade 11 or 12. It is estimated that 60% of people who die in the Eastern Cape as a result of transport-related injuries tested positive for alcohol. This has negative implications for the province’s resources, as for every death there is an estimated four or five transport-related injuries. Alcohol-related deaths have increased significantly from 167 people in 1999 to 477 people in 2007 (Butler, 2009).

Visser (2003) reports the following findings from a study conducted in South Africa:

(a) In a survey of 6,000 (Grade 8 and 11) learners in 39 Cape Town schools 50% of respondents reported current alcohol use and 36% reported binge drinking.
(b) Flisher’s (as cited in Visser, 2003) findings show that in a sample of 7,340 learners from 16 secondary schools in the Cape Peninsula 53% of learners had alcohol drinking experiences.

(c) Rocha-Silva et al., (as cited in Visser, 2003) report that regular alcohol use is common among the 18- to 21-year-old age group and that drinking is more prevalent in urban areas and more common among males than females.

The National Department of Social Development (2006) indicates that approximately 7.5% of the South African population tends to binge drink during the weekends and 31.5% of those aged between 24 and 54 are at the greatest risk of engaging in excessive use of alcohol.

There are thought to be over 300,000 alcoholics in South Africa, and over half-a-billion rand in production is lost annually as a result of alcohol misuse (Searll, 1989). This widespread misuse and abuse of alcohol in South African society is likely to have a large impact on the economy. Moreover, the cost of alcohol-related trauma hugely affects and burdens the hospital care system. It is estimated that alcohol abuse costs South Africa R10 billion each year and that the average consumption of alcohol per individual is in the region of 20 litres a year, making it one of the highest consumption rates in the world (SACENDU, 2007).

In 2002 Parry, Flisher, Muller and Lombard set out to study the extent of alcohol use and abuse throughout South Africa. In this study data was gathered from multiple sources, including trauma units, mortuaries, psychiatric facilities, rehabilitation centers and surveys of students and arrestees. The study found that alcohol abuse is prevalent and widespread. In 2000 51.1% of patients in Cape Town and 77% in Mpumalanga reported that alcohol was their primary substance of abuse. In the trauma units a high proportion of patients tested positive for alcohol, ranging from 40.3% in Durban and 91.8% in Port Elizabeth. There were also high incidents of mortality cases testing positive for alcohol, namely 40.3% in Durban and 67.2% in Port Elizabeth (Parry et al., 2002).

In South Africa 18,000 people die and 15,000 are seriously injured on the roads each year. Drunk driving accounts for half of these deaths. This figure is predicted to rise by 80% by 2020 if it is not tackled head on (Butler, 2009).

In order to address the alcohol problem in South Africa, various strategies have been adopted to deal with the alcohol problem in South Africa.
2.5.3. Strategies to address the alcohol problem in South Africa

In order to deal with South Africa’s alcohol problem, the harm reduction approach has been developed. This approach focuses on promoting responsible substance use through the distribution of information on alcohol and its effects on the human body and brain, as well as strategies that prevent or minimize the psychological or physical damage of individuals who drink alcohol (Rataemane, 2006).

Examples of harm reduction in practice include (International Harm Reduction Association, n.d.):

a) Designated driver schemes to reduce drinking and driving
b) Improving public transport in the evenings to reduce drinking and driving
c) Serving alcohol in plastic glass in order to prevent injuries
d) Training bar staff to serve alcohol responsibly
e) Providing shelters for heavily intoxicated individuals (known as sober centers)
f) Brief interventions advising people on moderate or controlled drinking

Barbor et al., (2003) highlight that in order to regulate alcohol abuse in South Africa, it is important to regulate the physical availability of alcohol. This involves the implementation of a consistent and enforceable policy regarding liquor outlets, with limitations on access where there are restrictions placed on the days and hours of business and whereby public drunkenness is addressed. It is important that limits are set on the sale of alcohol to intoxicated individuals and on the supply of liquor to employees and restrictions are placed on outlet locations, especially at or near educational institutions, petrol stations, residences, multi-dwelling housing units and places of worship (Babor et al., 2003; Parry, 2000; Parry & Bennetts, 1998).

Additional strategies are increasing levels of taxation on different alcohol products towards international levels; the implementation of more effectual drink driving counter measures, such as the random testing of drivers’ breath; and the application of effective treatment programs for drinkers dependent on alcohol (Babor et al., 2003; Parry & Bennetts, 1998).

Having discussed the strategies to deal with alcohol abuse in South Africa, the binge drinking phenomena among university students is now highlighted.
2.6. Binge Drinking Among University Students

Overall, the prevalence of alcohol use among young people in many countries is higher than the general population. The main reason remains that young people are more likely to experiment with various substances, such as alcohol, than adults. Thus, the prevalence rates among young people can be three or four times higher than those found among the general population (UNDCP, 2004).

2.6.1. Binge drinking defined

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2004) defines binge drinking as consuming alcohol which brings your Blood Alcohol Concentration (BAC) to 0.08 g or above. This is compatible to drinking five or more drinks for males and four or more drinks for females in a two-hour period.

There is much debate over what actually constitutes binge drinking. Physicians and other clinicians define binge drinking as a period of intoxication lasting at least two days, during which time the intoxicated person drops out of usual life activities and responsibilities (Alcohol Abuse & Alcohol Task Force, 2002). However, a number of researchers have defined binge drinking as the consumption of five or more alcoholic drinks in a single sitting (Durkin, Wolfe & Clark, 2005). In the United Kingdom (UK) binge drinking is commonly defined as consuming 11 or more drinks at a time. However, in the US some researchers have defined binge drinking as consuming five or more drinks on an occasion, with an occasion referring to an entire day (Wechsler, Davenport, Dowdell & Rimm, 1995).

The focus of the present study is on the perception of and attitudes towards binge drinking among university students. Analyses of the prevalence and character of binge drinking across the UK population is scarce. British drinkers are usually characterised as episodic drinkers. Binge drinking is most characteristic of those aged 16 to 24, with 36% of men and 27% of women reporting binge drinking at least once a week. Between 1998 and 2001 the proportion of young women binge drinking in this age group has increased from 23 to 27% (Office for National Statistics, 2002). In the UK binge drinking accounts for 40% of all drinking occasions among men and 22% amid women, and 5.9 million people drink more than twice the recommended daily
guidelines on some occasions (Cabinet Office Strategy Unit Alcohol Harm Reduction Project, 2003).

Parry and Bennetts (1998) use problem or risky drinking to broadly define individuals who are periodic binge drinkers or regular heavy drinkers, or those who fit into the psychiatric diagnostic category of alcohol abuse or alcohol dependency.

In a South African context binge drinking has been defined as drinking at least one bottle of wine, seven measures of spirits, five cans or bottles of beer or more during one drinking occasion (Morojele & Ziervogel, 2002; Ramstead & Hope, 2004). Moreover, Reddy et al. (2003) refer to binge drinking as consuming five or more drinks in a row on one or more days in the past month.

2.6.2. Young adults and alcohol

While many young people drink, it is a concern that the patterns of drinking levels are high on occasion. For young people, alcohol is the drug of choice. It is reported that adolescents use alcohol more frequently and heavily than all other illicit drugs combined (NIAAA 2000). Early adolescence is an especially risky time when it comes to beginning to experiment with alcohol. Research regularly reports that adolescents and young adults tend to engage in unhealthy drinking practices and tend to drink large amounts of alcohol (Naimi, Brewer & Mokdad, 2003).

Ericson (2001) explains in his study of adolescents in the US that attitudes towards drinking are formed early in life. He has established that considerable awareness of and experimentation with alcohol takes place between the ages of 12 and 13. A negative attitude towards excessive drinking may inhibit drinking, whereas a well-structured set of attitudes may define the positive use of alcohol in a way that results in misuse. Cohen (1985) has explored the notion that the symbolic meaning of drinking may trap individuals into a pattern of excessive consumption, culminating in binge drinking and alcoholism.

Young adulthood is the period between the ages of 18 and 29. During this time many young people pursue tertiary education or enter the workforce. This is a period of transition and of increased probability of acquiring problems with alcohol. This age group is most likely to engage in dangerous drinking, irrespective of their gender, ethnicity, school and work status (NIAAA, 2008). Despite increased attention in recent years, the problem of young adult drinking
continues to increase drastically. At this stage of development young people acquire the education and skills that they need for future careers. Difficulties and problems with school and work can produce frustration and stress, which can lead to a variety of unhealthy behaviours, including increased drinking. Conversely, alcohol use during this important time of transition can delay the successful mastery of these developmental milestones (NIAAA, 2008).

Young adulthood is characterized by transition and discovery, with young adults moving out of their parents’ homes and into residences or share accommodation with peers and going to university, where they form significant relationships. In this period they form and explore their own identities and their place in the world. The role of their parents weakens and the influence of their peers becomes stronger. Young adults are on their own for the first time; free to make their own decisions (NIAAA, 2006).

Young adulthood is a time when many people establish lifelong patterns of alcohol use or not using alcohol. Researchers are hoping to better understand how problems with alcohol begin and how they are likely to develop over time in order to plan effective prevention and intervention programs (Barlow & Durand, 2005). Research has highlighted that the age when people begin drinking (especially heavy drinking) has proven to be a good predictor of problems with alcohol later in life. People who binge drink are at higher risk of developing alcohol problems later on, are at particular risk of acquiring behavioural problems and may have trouble adjusting to adult roles (NIAAA, 2008).

2.6.3. Alcohol and the maturing brain

Hiller-Sturmhöfel and Swartzwelder (2004) have reported that the brain continues to grow throughout adolescence and well into young adulthood. It is, therefore, a concern that drinking during this significant developmental period may lead to lifelong impairments in brain functioning. Young adults are likely to binge drink and to suffer repeated bouts of withdrawal from alcohol. This repeated withdrawal may be a key reason for alcohol’s harmful effects on the brain. Consuming large amounts of alcohol can produce blackouts – not being able to remember entire events, such as what one did the previous night (White & Swartzwelder, 2004). Alcohol use among school-going youth increases with age for both males and females,
and young alcohol users are at risk of damaging significant areas of the brain that undergo dramatic changes during development (Parry, 1998).

Alcohol can cause alterations in the structure and function of the developing brain, and it may have consequences reaching far beyond adolescence. The following areas in the brain are significantly affected:

a) The frontal lobe – this area is responsible for planning, forming ideas, making decisions and using self-control. Damage to this area of the brain results in cognitive deficits, the inability to control behaviour, poor decision-making ability and aggressive behaviour (Alcohol Alerts, 2004; Lezak, Howieson & Loring, 2004).

b) The cerebellum – the cerebellum is responsible for coordinating movement, learning, thinking and awareness. After drinking alcohol an individual has difficulty with coordination and balance. This region is most frequently damaged in association with chronic alcohol consumption (Alcohol Alerts, 2004; Lezak et al., 2004).

c) The hippocampus – the hippocampus is responsible for memory and remembering. After a couple of drinks an individual may have difficulties remembering certain information. According to De Bellis et al. (2000), the hippocampuses of adolescents who abused alcohol are 10% smaller than in adolescents who did not abuse alcohol. Moreover, those who used alcohol as adolescents exhibit a reduced ability to learn when compared to those who abstained from using alcohol. It is apparent that alcohol impairs memory. In a study carried out by Brown, Tapert and Granholm (2000) it was found that adolescents who abuse alcohol may remember 10% less of what they have learnt when compared to non-drinking adolescents.

2.6.4. The Culture of binge drinking among university students

Binge drinking usually occurs among a large group of people and is prevalent in many high school and university communities. Being drunk is accepted, encouraged and regarded as normal cultural practice and students who go to university believe that binge drinking is a social norm (International Centre for Alcohol Policies, 2006; Wechsler, Lee & Kuo, 2000).

Cremeens, Usdan, Brock-Martín, Martin and Watkins (2008) reported data showing that two out of five American university students can be labeled binge drinkers. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) (1977), through its research on various campuses in the
US, indicates that the predominant problem is that campuses regard drunkenness as a normal part of student life. Wechsler et al. (1995) have found that a considerable number of students, particularly males, drink well beyond the ‘standard’ binge drinking threshold. A 1993 survey of 17,592 students from 140 colleges and universities, which was conducted by the Harvard School of Public Health, found that 44% of students reported that they engaged in binge drinking (Wechsler et al., 1995).

Wechsler et al., (2000) have studied binge drinking in depth and found that approximately half of the students in the US can be labeled as binge drinkers. Moreover, 75% of undergraduates engage in binge drinking more than once a week. Binge drinking has become the norm among young Irish teenagers; out of every 100 drinking occasions, 58 results in binge drinking for males and 30 for females (Ramstedt & Hope, 2004).

According to the 2002 National Youth Risk Behaviour Survey in South Africa, 29.3% of male and 17.9% of female students reported binge drinking (Reddy et al., 2003). A higher prevalence of heavy drinking was conveyed in high school surveys conducted in Cape Town, Durban and Port Elizabeth (Parry et al., 2002). In Port Elizabeth 58% of male and 43% of female students in grades 9 to 11 reported consuming five or more drinks on one occasion in the two weeks before the study. Among 11th graders in Cape Town and Durban, such consumption was reported by 36.5% of male and 18.7% of female students and 53.3% of male and 28.9% of female students, respectively.

Throughout the academic year, a variety of student social events occur, at which drinking is the central activity. For example, binge drinking parties, sporting matches, orientation week and the general university environment. Research conducted at Rhodes University in South Africa revealed that the university environment contributes to excessive drinking, and orientation week, societies and the limited availability of recreational facilities were among the major influences of excessive drinking among students (Zata, Letsoalo, Kgosieng, Daweti & Munoni, 1997).

Similarly, in Canada university orientation week is regarded as ‘trash’ week, in which first-year students binge drink. This ritual is believed to help new students ease into student life and is a rite of passage (International Centre for Alcohol Policies, 2006). Many students arrive at
university with pre-existing positive expectations concerning alcohol’s effects and often have a history of alcohol consumption.

Changes in lifestyle as a first-year student can be traumatic and this makes them vulnerable to binge drinking. Living alone for the first time, many students use alcohol as a way to cope with the pressure that goes along with achieving in a new environment (NIAAA, 2008). The highest prevalence of binge drinking among adults aged 18 to 25 in the USA is double the rate of high school students, which suggests that the university environment promotes high risk drinking. In addition, those who were registered at university full time were more likely than their peers who were not enrolled full time to use alcohol and binge drink (Substance Abuse & Mental Health Services Administration, 2002).

Webb, Ashton, Kelly and Kamali’s (1996) findings from a study conducted at ten UK universities suggest that binge drinking is prominent among undergraduate students, with results indicating that 31% of men and 24% of women drink excessively. The prevailing stereotype of university students suggests that they drink heavily and frequently and their drinking often results in intoxication.

Furthermore, alcohol consumption is high among students living in residential accommodation. Nkhoma and Maforah (1994) conducted a study of drinking patterns among mostly African university students living in a self-catering residence at the University of Cape Town in the Western Cape. They found that 75% of respondents in the sample drank alcohol. Half (50%) of the young men in the sample were moderate or heavy drinkers. They concluded that campus residences promoted heavy drinking due to the number of parties hosted by students.

Dreer, Dush, Ronan and Elliot (2004) have indicated that binge drinking is associated with ineffective social problem-solving abilities among undergraduates. According to Dreer et al., (2004) social problem solving refers to attitudes and beliefs an individual may have about problems in general and the problem solving styles that a person utilizes to solve everyday problems. Poor social problem-solving skills may be connected to heavy drinking behaviour among university students in that students with poor social problem-solving abilities may lack the skills that are essential to negotiate circumstances that involve alcohol, such as peer pressure at parties and drinking games. From a social problem-solving perspective, university
students who drink excessively may lack the capability and skill to consider such behaviour to be problematic and fail to identify the potential problems and consequences relating to binge drinking. Thus, such individuals may use alcohol as a coping strategy and may develop dependence upon consuming alcohol when confronted with problems (Williams & Kleinfelter, 1989).

**2.6.5. Secondary effects**

Research has further revealed that the negative consequences of binge drinking are not limited to students who participate in this behaviour. Individuals who drink heavily adversely affect others in their environment (Wechsler et al., 1995). Binge drinking also has a negative impact on other members of the university community. The concept of secondary binge effects has emerged in literature to describe problems that are the direct result of other students’ binge drinking. These secondary binge effects include being verbally insulted or abused, being physically assaulted and disruption while sleeping or studying because of the actions of intoxicated students (Weschsler et al., 1995).

Alcohol consumption by college students is associated with diminished academic performance and medical and legal problems. Non-drinking students, as well as members of the surrounding community, may also experience alcohol-related consequences, such as increased crime, noise and vandalism (Alcohol Alerts, 2004).

**2.7. Clinical Effects of Alcohol Abuse**

Research shows that the decision to drink is influenced more by the perceived benefits of drinking than by the perceived risks (Morojele et al., 2004). Alcohol use relates to more psychosocial problems than any other substance due to its availability, social acceptance and social networks that tend to perpetuate binge drinking (Clinebell, 1998). Many binge drinking students are drinking at levels that, if persistent, have been associated with physical, psychological and social problems.

**2.7.1. Physical problems**

**2.7.1.1. General effects**
Chronic health problems associated with heavy alcohol use include heart disease, liver cirrhosis and cancer of the mouth, tongue, larynx, esophagus and stomach. Hepatitis, ulcers, gastritis and brain damage are common, along with heart and blood pressure problems. Malignancies are recognized as important causes of mortality and morbidity (Lozano, Murray, Frenk, and & Bobadilla, 1995). Alcohol misuse is a contributing factor in many disorders, hence it is likely to be included as a significant component of the health profile of developing countries in the future (Parry, 2000).

2.7.1.2. Foetal alcohol syndrome and foetal alcohol effect

The maternal misuse of alcohol during pregnancy has been linked to foetal alcohol syndrome (FAS) in infants. Women who consume alcohol during pregnancy risk the development of both mental and physical defects in their children. Effects on the child can comprise growth deficiencies, poorly formed bones and organs, heart abnormalities, cleft palate, retarded intellect, delayed motor development, poor coordination, behaviour problems and learning disabilities (Lezak et al., 2004).

South Africa has the highest incidence of FAS in the world and the numbers are increasing. In 1997, 992 children in their first year of school were screened in the rural community of Wellington outside of Cape Town. A very high rate of FAS was found in the sample: 40.5 to 46.4 per 1,000 children, and age-specific rates for the entire community were 39.2 to 42.9 per 1,000 (Viljoen et al., 2005).

2.7.1.3. Alcohol-related disorders

Several patterns of behavioural alterations and neuropsychological deficits can occur with alcohol abuse. Serious types of organic brain syndromes, such as alcoholic dementia and Korsakoff’s syndrome, are associated with long-term, heavy alcohol abuse.

Alcoholic dementia involves the general loss of intellectual abilities, which can be caused by neurotoxicity of the brain as a result of heavy drinking. This condition occurs after years of alcohol abuse, and it involves widespread cognitive deterioration (Lezak et al., 2004).

Korsakoff’s syndrome is linked with alcoholism, and it is believed to be caused by a deficiency in thyamine, a vitamin metabolized poorly by heavy drinkers (Barlow & Durand,
2005). This disorder is also known as Wernicke-Korsakoff syndrome disease, and the initial symptoms involve confusion, loss of coordination and unintelligible speech (Lezak et al., 2004).

There are a number of alcohol-induced disorders that are included in the DSM-VI-TR (American Psychological Association, 2000). The diagnostic criteria for these disorders are listed in Appendix A.

2.7.2. Psychological problems

Heavy drinking can seriously damage an individual’s well being, not only physically, but mentally as well. Drinking alcohol has also been linked to mental health problems such as low self-esteem, depression, stress and anxiety.

The following NESARC data was reported by The American Academy of Addiction Psychiatry (AAAP, 2008, p. 2) at their 19th annual meeting and symposium. The researchers identified five subgroups of alcoholism based on factors such as age, alcohol consumption, family history of alcoholism and co-morbidities.

a) Young adult subtype (31.5% of US alcoholics) – these individuals become dependent on alcohol within three years of drinking onset. They have low rates of abuse of other substances and a history of family alcoholism.

b) Young antisocial subtype (21.1% of US alcoholics) – these individuals become dependent on alcohol within three years of drinking onset. However, they tend to have antisocial personality disorders, multiple psychiatric co-morbidities, problems with other types of substance abuse and a family history of alcoholism.

c) Functional subtype (19.4% of US alcoholics) – these middle-aged individuals are typically well-educated, with good jobs and have been dependent on alcohol for about 18 years.

d) Intermediate familial subtype (18.8% of US alcoholics) – these middle-aged individuals have typically been dependent on alcohol for about 15 years. They have a multigenerational family history of alcoholism and multiple co-morbidities.

e) Chronic severe subtype (9.2% of US alcoholics) – these middle-aged individuals consume the most alcohol, have been dependent on alcohol for about 13 years and tend to have a multigenerational family history of alcoholism and the highest rate of other psychiatric disorders.
Furthermore, alcoholism contributes directly to a number of psychiatric complications for the abuser, such as depression, which can lead to suicide (Barlow & Durand, 2005; WHO, 2002).

2.7.2.1. Depression

Alcohol has been found to lower the serotonin and norepinephrine levels in the brain. These chemicals are responsible for good feelings. The relationship between alcohol and depression is controversial as it was previously unclear whether one disorder causes the other, or whether a common underlying genetic or environmental risk factor increases the risk for both (Barlow & Durand, 2005). Researchers are not certain if chronic drinking results in depression, or if depression already exists and is made worse by drinking. A number of epidemiological studies show that alcohol abuse or dependence is associated with major depression. This can be explained in two ways: (1) the individual drinks regularly (including binge drinking), which makes them to feel depressed, or (2) the individual drinks to relieve depression (Barlow & Durand, 2005). It has been found that for most alcoholics who undergo detoxification, depressive symptoms improve within weeks. This suggests that the toxic effects of alcohol led to their depressive symptoms. Alcohol depresses the brain and nervous system; research among individuals who usually consumed one drink a day and abstained from alcohol for three months showed an improvement on depression inventories (NSDUH Report, 2007).

Research suggests that adults and adolescents who had a major depressive episode in the past year were more likely than those who had not had a major depressive episode to have used alcohol heavily, or to have used an illicit drug in the past year (Office of Applied Studies, 2006). Moreover, the National Survey on Drug Use and Health (as cited in Office of Applied Studies, 2006) reveals combined data for 2005 and 2006 which showed that 1.5 million young adults were past-year initiates of alcohol use, representing 25.1% of young adults who were at risk of the initiation of alcohol use. This study further reveals that young adults who experienced a past-year major depressive episode were more likely to have initiated alcohol use in the past year than those who had not experienced a past-year major depressive episode.

2.7.2.2. Stress and Co-morbidity

Various stressors can threaten the coping ability of a person to the extent that they resort to alcohol as a means of coping. There are various life stressors that are often associated with
alcohol abuse, and it is important to bear in mind that a stressful event is unlikely to cause binge drinking on its own. Life events are interrelated and, as such, may have snowballing effects (Heaven, 1992).

Using alcohol to reduce emotional distress (self-medication) has been proposed as an explanation for the high co-morbidity rates between anxiety and substance use disorders. Bolton, Robinson and Sareen (2009) report data from the National Epidemiology Survey on Alcohol and Related Conditions that indicates that almost one quarter of individuals with mood disorders use alcohol or drugs to relieve symptoms. The highest prevalence of self-medication was seen in Bipolar I disorder and men were more than twice as likely as women to engage in self-medication.

Negative moods, feelings of depression and anxiety disorders may also influence alcohol use. In support of this, Cooper and colleagues (as cited in NIAAA, 2008) found that drinking to cope with negative feelings was a good predictor of heavy drinking, as well as drinking problems, in 19- to 25-year-olds. However, research also shows that young adults are more likely to drink for ‘positive’ or celebratory reasons than to drink to cope with negative feelings.

2.7.3. Social problems

Alcohol use is associated with numerous negative consequences for the drinker and society at large. It reduces judgment, which contributes to unsafe sexual practices and public health problems, such as trauma, violence and crime. The social problems arising from alcohol abuse can be significant, profoundly affecting surrounding family and friends and possibly contributing to domestic violence.

2.7.3.1. Unsafe sexual practices

Intoxication is linked to high risk sexual behaviour such as unsafe sexual practices. Morojele et al., (2004) indicates a strong relationship between drinking and the engagement in sexual risk behaviours among adolescents and young adults in the Gauteng province. This is of significant concern in South Africa, given the country’s high HIV/AIDS prevalence. Almost one in five HIV patients studied at a clinic in Cape Town in 2003 met the criteria for an alcohol use disorder and were more likely to have symptomatic HIV infections (Olley, Seedat & Stein, 2004).
Specifically, alcohol use frequency, quantities consumed and problem drinking are significantly associated with the number of sexual partners a person has had (Morojele et al., 2004, 2006).

Sexual assault is common. A woman has a one in four to one in five chance of being raped while attending university. Mohler-Kuo, Dowdall, Koss and Wechsler’s (2004) study in the US indicates that 72% of these rapes took place while the women were intoxicated. A study completed on 1,124 youths in Botswana revealed that although consistent condom use was found to be relatively higher among non-alcohol users, there was no significant association between condom and alcohol use (Campbell, 2003).

2.7.3.2. Public health problems

There is a strong correlation between alcohol abuse and negative behaviours that are affecting South African society. Allan, Roberts, Allan, Pienaar and Stein (2001) conducted a cross-sectional study of criminal offences and suicide attempts in 269 admissions to an alcohol rehabilitation unit in the Western Cape. Their study revealed a definite relationship between intoxication and both violent crime and suicide attempts.

Public health hazards relating to alcohol abuse include driving offences, criminal behaviour, suicidal behaviour and other forms of violence and occupational hazards. Among adult trauma patients in Johannesburg, injuries sustained as a result of car accidents and interpersonal violence are major public health problems (Douglas et al., 2004). In 1996 Parry, Tibbs, Van der Spuy, and Cummins conducted a study to estimate the cost of alcohol misuse in terms of fatal and non-fatal trauma. The study concluded that alcohol misuse could be linked to a substantial amount of mortality and morbidity, particularly with respect to motor vehicle trauma and violence.

The following statistics represent a grim picture of the impact of being under the influence of alcohol in South African society (Parry et al., 1996)

a) Six out of ten drivers that die in motor vehicle accidents have hazardously high alcohol levels in their blood.

b) Over 50% of non-natural deaths received at state mortuaries in Cape Town have high levels of blood alcohol concentrations.

c) Over 50% of those who died by drowning in greater Cape Town over a ten year period
were found to have high concentrations of alcohol in their blood stream.

d) In a study of women abused by their spouses, 69% identified alcohol/drug abuse as the main cause of conflict leading to the abuse.

e) Half of all the road accidents in South Africa are as a result of drunkennes.

f) About 5.9 million men and 1.63 million women engage in risky drinking – drinking five or more beers or glasses of wine at one sitting for men and more than three drinks for women.

g) It is approximated that up to 30% of general hospital admissions in South Africa are directly or indirectly related to alcohol use.

h) It is approximated that alcohol-related expenditure associated with pedestrian trauma is in excess of R498 million per year.

i) The economic expenditure associated with alcohol abuse in the workplace is likely to be in excess of R10.2 billion (2% of the gross national product) per year.

Having discussed the physical, psychological and social problems concerning alcohol abuse, the next section will highlight an integrative model of addiction.
2.8. Integrative Model of Addiction

Most writers argue that substance abuse is a complex interaction of biological, psychological and contextual factors that place individuals at risk of alcohol and drug dependence. Barlow and Durand’s (2005) integrative model (Figure 2) of substance dependence will be used to explain addiction to alcohol. The following dimensions will be discussed: biological, genetic, psychological, social and cultural (Jung, 2001; Hanson & Venturelli, 1998; Stevens-Smith & Smith, 1998).

Figure 2: Integrative Model of Substance Dependence (Barlow & Durand, 2005)

2.8.1. Biological dimension

The biological dimension argues that the exposure of a substance into the body on a regular basis will inevitably lead to addiction. The biological model argues that addiction is a consequence of physiological and metabolic abnormality. Underlying this model is the assumption that the introduction of alcohol into the body causes metabolic adjustments, requiring continued and increasing dosages (tolerance) of the drug in order to avoid withdrawal
This model emphasizes that the individual has been consuming significant amounts of alcohol over a long period of time. Deprived of it, the person’s central nervous system goes into a state of physiological craving (withdrawal). To suppress the craving, the person must continue alcohol consumption (Barlow & Durand, 2005; Schaub & Schaub, 2008).

The biological model is often criticized because of the emphasis on biological parameters and its focus on the substance’s pharmacological effects as this takes the control and responsibility away from the individual. Ultimately, genetic research indicates that genetic factors may influence how individuals experience substances (Barlow & Durand, 2005; Steven-Smith & Smith, 1998).

2.8.2. Genetic dimension

Alcohol problems seem to ‘run’ in some families. This family connection to alcoholism may be the result of a genetic link, may reflect the child’s modeling of drinking behaviour or both. Siblings can also influence drinking through modeling and by providing access to alcohol. It is unclear whether the children of alcoholics have different drinking patterns and problems in young adulthood than those who do not have a family history of alcoholism (Barlow & Durand, 2005). Whether genetics contribute to addiction is a controversial dispute and is a continuation of the debate whether genes contributes to behaviour at all. The genetic model argues that an individual has a genetic, biochemical predisposition to addiction. It is this predisposition that is activated by the use of alcohol. The genetic theory of addiction explores the role of inheritance in addiction. Research has focused on family, adoption and twin studies to explore if there is some genetic predisposition to alcohol addiction (Barlow & Durand, 2005).

Studies have indicated that children that have an alcoholic mother or father have two to four times the probability of becoming an alcoholic than the general population does. Adoption studies have also drawn conclusions that alcohol addiction is genetic. Groups of males that had biological but not adoptive parents that were alcoholics were compared to a group of men that had biological and adoptive parents that were not alcoholics. The former group showed an increased incidence of alcoholism four times greater than the latter (Goodwin et al., 1974).
The work of Goodwin et al. (1979) demonstrates that genetic factors are not as important in determining alcoholism in females. Moreover, McGue (1999, cited in Barlow & Durand, 2005) reports that among men, both twin and adoption studies suggest genetic factors play a role in alcoholism.

The genetic components of alcohol and other drug abuse are less clear. However, further genetic studies are important to assist researchers in understanding genetic factors that lead people to use alcohol and other drugs. A major limitation of the genetic perspective is a lack of consideration of environmental factors (Stevens-Smith & Smith, 1998).

2.8.3. Psychological dimension

2.8.3.1. Psychosexual development model

This model postulates that addiction is based on a need to make up for fixation at the oral stage of development. It is argued that the infant did not experience adequate nurturing at the oral phase of development and becomes psychologically fixated at that stage. The adult form of the oral fixation is the consumption of alcohol. Alcohol abuse is viewed as providing instant gratification. This model emphasizes that alcoholics have a low threshold for frustration and need quick fixes to satisfy their impulses (Bratter & Forest, 1985; Maish, 2009).

Other psychoanalytic theories describe alcohol abuse as a defensive mechanism to cope with painful feelings and overwhelming responsibilities in the outside world (Chein, 1964, cited in Levin, 1990). Kohut (1977, cited in Levin, 1990) believes that drug abuse is a pointless attempt to increase self-esteem, lower anxiety levels and feel whole, as opposed to empty.

2.8.3.2. Positive and negative reinforcement

Alcohol acts as a powerful reinforcer and gains control over the drinker’s behaviour. This model argues that anyone can be driven to exhibit addictive behaviour given the necessary reinforcements, regardless of their biology (Barlow & Durand, 2005). In alcohol abuse, reinforcing factors may be described as those that become associated with positive outcome of drinking and the behaviour is more likely to be repeated.

Positive reinforcement refers to feelings that result from using alcohol; they are pleasurable in some way and people will continue to drink in order to evoke the enjoyment (Barlow &
Durand, 2005). This model defines addiction as a behaviour that is refined because of the pleasure associated with its reinforcement. Moreover, the social environment may encourage the use of alcohol, as the individual is accepted by engaging in this behaviour (Barlow & Durand, 2005).

Alcohol may also be used as an escape to avoid the unpleasant aspects of one’s life and to cope with life circumstances. This refers to negative reinforcement. People tend to drink to cope with stress, panic and anxiety, thus effective strategies to cope need to be taught (Barlow & Durand, 2005).

2.8.3.3. Cognitive factors (alcohol expectancies)

An individual's expectation of a substance influences how they react to it. Beliefs and other people’s behaviour affect an individual's mental set. Drinking expectancies refers to beliefs about the effects of alcohol. These can be either positive or negative. Individual beliefs and expectations about the effects of alcohol play an important role in influencing drinking behaviour (Barlow & Durand, 2005).

Expectancies develop before an individual actually uses the substance and may be a result of parents, peers or advertising (Parry & Bennets, 1998). Research by Derby (2008) argues that women and men have different expectancy beliefs regarding binge drinking. The findings concerning men’s expectation indicate that they consume alcohol as social lubrication and for stress reduction.

Maish (2009) argues that alcohol expectancy plays a significant role in influencing addiction. Male subjects who believed they were drinking alcohol when in fact they were not became sexually aroused and aggressive. When they were unknowingly given actual alcohol, the same subjects did not display either of these behaviours (Maish, 2009). Vermaak et al., (2007) conducted a study in Cape Town to explore the patterns of alcohol outcome expectancies, focusing on three alcohol outcome expectancies: sexual enhancing, behavioural disinhibition and social facilitating expectancy. The findings reveal that men believe that alcohol enhances sexual experiences, the only expectancy that was positively associated with greater frequencies of drinking before sex; while women were likely to have negative expectancies regarding alcohol consumption.
Bot, Engels and Knibbe (2005) found that among young adults observed in a peer group and naturalistic drinking setting, positive expectancies about the effects of alcohol and the expectancies concerning the effects of alcohol on arousal are related positively to drinking levels and connected to enhanced levels of drinking in peer groups. Alcohol tends to be associated with positive expectations; that it will lead to pleasurable experiences (for example, I am happier when I am drunk). This belief has a significant influence on drinking patterns and behaviour among young adults. Expectancies are guided by private beliefs regarding alcohol use and social observations. Alcohol users are also influenced by the short- and long-term effects of alcohol consumption (Agrawal et al., 2007).

As individuals move through adolescence and into young adulthood, they increasingly expect benefits from drinking and become less convinced of the risks. Tian and Burrow (2000) argue that alcohol expectancies are predictive of alcohol consumption, and their findings provide evidence that this is specifically associated with alcohol behaviour, instead of other addictive substances, such as caffeine and smoking.

Moreover, studies found support for strong associations between alcohol expectancies and alcohol consumption. Lee, Greely and Oei (1999) conducted a study among adult social drinkers which found that positive and negative expectancies are linked to weekly consumption, the frequency of drinking and the quantity consumed per drinking session. Individuals who expected alcohol use to increase assertiveness reported a larger quantity of drinking per session. What a person expects from drinking not only predicts when they will begin drinking, but also how much they will drink throughout young adulthood.

2.8.4. Social and cultural dimension

2.8.4.1. Role of the family

Modeling and parental influences were also stated as reasons for precipitating alcohol and other drug use (Morojele, 1997; Stevens-Smith & Smith, 1998; Hanson & Venturelli, 1998). Individuals model their behaviour from others, such as parents, therefore an individual learns from people in his family that one copes with life circumstances by consuming alcohol. It seems as if family factors are important in the predisposition and maintenance of addiction. Several
studies found that parents and siblings have the strongest influences on the decisions individuals make regarding whether or not to use a substance (Williams, 2004).

2.8.4.2. Family systems

The family systems perspective is based on the theoretical assumption that a family operates as a ‘system’ whose parts interact and evolve with each other in ways that maintain and protect existing patterns (Fields, 2001). The family systems perspective views the parts of a family as a whole, with each member contributing to the problem of alcohol abuse (Stevens-Smith & Smith, 1998). It is clearly stipulated that the primary goal of any system is to maintain homeostasis, to balance the system and make adjustments to restore that equilibrium whenever it is threatened (Stevens-Smith & Smith, 1998). In a well-functioning family, homeostasis protects the individuals so that the needs of each member can be met.

This model assumes that addiction serves a particular function for the family. For instance, if an alcoholic family has functioned as a stable family unit with a drinking member, introducing sobriety into the system would threaten the homeostasis of that family (Barlow & Durand, 2005).

Alcohol misuse is circular in nature as it has potentially devastating consequences not only for the individual using the substance, but for the entire family as well (Lambie & Rokutani, 2002; Lambie & Sias, 2005; Searll, 1989). All families work to maintain homeostasis and equilibrium, or balance (Nichols & Schwartz, 2003). Challenges these families face include feelings of guilt and shame, which are experienced to one degree or another by all co-dependents (Lambie & Sias, 2005).

Research indicates that a family history of alcohol misuse substantially increases the risk of problems among members and that the same pattern occurs with alcohol misuse and dependence (Dube et al., 2002). Although genetics plays a substantial role in alcohol misuse, the family environment plays a role in both promoting and protecting an individual from alcohol misuse. Furthermore, it has been found that risk and protective factors suggest that family relationships have a significant impact on alcohol misuse. For example, adolescents from two-parent families have reported lower levels of alcohol use than adolescents from single or step-parent families (Barnes & Windle, 1987; Bjarnason et al., 2003; Burnside, Baer, McLaughlin
& Pokorny, 1986; Hanson, Person & Rastam, 1994). These factors may be of some use in identifying “at risk” families or they may actually be indicators of underlying risk factors such as lack of social support, poor parental relationships and/or socioeconomic disadvantage (Ward, Snow, Munro, Graham & Dickson-Swift, 2006).

In order to cope with the strong negative feelings associated with alcohol-misusing families, members develop roles that help them survive emotionally in a family rendered dysfunctional by alcoholism. The chief enabler is the family member that the alcohol misuser relies on the most (Lambie & Sias, 2005). The chief enabler protects the alcohol abuser from the possible consequences of their behaviour and denies that the system is dysfunctional (Johnson, 2003; Sias & Lambie, 2005). Typically, they begin to react to the symptoms of the individual, which results in the ‘concerned person’ unsuspectingly conspiring with the dysfunctional behaviour and actually enabling it to progress and get worse. This enabling behaviour surrounds and feeds the dependence (Johnson, 2003).

2.9. Conclusion

Alcohol still continues to play a controversial role in society as it is a source of income and employment, but it is condemned by others because of the enormous public health burden it places on the country (Parry et al., 2003). Alcohol abuse places a major burden on South Africa’s health and its economic and social well-being. Research continues to report that people tend to drink the heaviest in their late teens and early to mid-twenties. This high level of alcohol use occurs at an age when people are moving away from parental restrictions, but before they assume the full responsibilities of adult life. Parry (2005) concludes that, based on statistics and trends, excessive alcohol consumption will continue in South Africa for the next 10 years. The next chapter focuses on Bronfenbrenner’s ecological model and factors influencing binge drinking among university students.
CHAPTER 3
ECOLOGICAL THEORY OF HUMAN DEVELOPMENT

3.1. Introduction

Developmental theorists argue that the development of all children, in general, is influenced by different levels of the environment. This principle can, therefore, be applied to university students as well. Binge drinking among university students does not occur within a vacuum, and it is, therefore, important to recognize the relevant interrelationships between the drinking individual and their social environment. Viewing university students in relation to their environment implies that the binge drinking phenomenon is not viewed as an individual problem, but rather as a systems problem. In this way, Bronfenbrenner’s ecological theory of development provides a suitable framework in which to understand the dynamic relationship between individual behaviour and social contexts (Bronfenbrenner, 1993).

The ecological perspective offers an insightful lens for understanding the multifaceted influences of binge drinking among university students. This chapter presents the key elements of Bronfenbrenner’s perspective and applies them to factors influencing binge drinking on university campuses.

3.2. Bronfenbrenner’s Ecology of Human Development

Urie Bronfenbrenner (1972) developed an ecological systems theory to explain how everything in a developing child’s environment affects how they grow and develop. The ecological theory adopts a socio-cultural view of development and focuses on an individual’s relationship within their social context. This approach indicates that human development occurs in a set of overlapping ecological systems.

Bronfenbrenner (1979) explains the ecology of human development as involving the study of mutual interactions between individuals and the properties of the environmental systems in which they interact. The degree of fit between the individual and their environment influences whether outcomes are successful or not. Bronfenbrenner’s (1979) ecological systems model can be used as a framework to organise the different perspectives
Bronfenbrenner (1972, 1979) proposed an ecological model consisting of five independent ‘systems’, namely the micro-, meso-, exo-, macro- and chronosystem. Bronfenbrenner discusses the system levels as (1) the microsystem: the roles and characteristics of the developing individual, (2) the mesosystem: the settings that a developing individual interacts with, (3) the exosystem: the settings that an individual does not interact with, but which have an effect on an individual’s development, (4) the macrosystem: cultural values and beliefs, and (5) the chronosystem: changes in the individual and their environment over time.

Bronfenbrenner’s (1979) model of ecology of human development acknowledges that humans do not develop in isolation, but in relation to their family, home, school, peers, community and society. Each of these ever-changing and multilevel environments, as well as the interactions among these environments, is crucial to development. According to this model, the interaction of a number of overlapping ecosystems affects a person significantly. These systems operate together to influence what a person becomes as they develop (Berk, 2006).

Figure 3: Bronfenbrenner’s Ecological Theory of Development (Bronfenbrenner, 1994)

The developing individual, in this case the university student, will be considered to be at the centre of a series of concentric circles. The university student interacts simultaneously in
several social spheres, such as family, peer and university systems, which can either inhibit or encourage binge drinking behaviour.

3.3. Microsystem Influences

According to Bronfenbrenner (1979), the first level of development is the microsystem, which is the most basic system that contains the developing individual. The microsystem takes into account the person’s immediate day-to-day experience of their environment, including any immediate relationships or organizations the person interacts with, such as family, peers and school. How these groups or organizations interact with an individual will have an effect on their development. The emphasis is on the immediate social setting and the relationships that an individual is involved in, and the focus is on face-to-face interaction. Furthermore, the microsystem looks at the patterns of roles, activities and personal relationships that an individual has in face-to-face settings. Bronfenbrenner (1979) argues that the more nurturing these relationships, the better an individual will be able to grow. However, the breakdown of the microsystem leaves one with no tools to explore other parts of one’s environment.

Within this system an individual helps construct settings and is not passive. Bronfenbrenner (1979) emphasises that all relationships in this level are bi-directional and reciprocal. Peers and family affect an individual’s behaviour and, in return, the individual’s characteristics and personality style also influence the behaviour of others (Bronfenbrenner, 1979).

3.3.1. Personality characteristics

Many theories exist that attempt to explain alcohol intake on the basis of personality variables and many suffer extensive criticism. Literature as early as 1970 emphasises the influence of personality variables on alcohol consumption (Wilkinson, 1970; NIAAA, 1977). Personality traits such as impulsivity, risk-taking and sensation-seeking have been strongly associated with individuals who abuse alcohol. Impulsivity has been linked to abnormal behaviour and nonconformity, which is a strong predictor of heavy drinking and related problems among youth (NIAAA, 2007).
Van Schoor, Bot and Engels (2008) examined whether personality traits and peer drinking affect alcohol consumption in young adults. Data was analyzed from a study that was conducted in a ‘bar laboratory’, in which the ad-lib drinking of peer groups was observed. The findings indicate that extroversion is moderately associated with self-reported daily drinking, while low emotional stability is moderately associated with alcohol-related problems. The researchers argue that in the observational drinking setting, personality is not associated with young adults’ actual alcohol consumption. However, peer drinking levels were strongly related to young adults’ drinking.

Moreover, Van Schoor et al. (2008) found that the agreeableness personality trait definitely played a role with regard to the extent of an individuals’ adaptation to peer drinking norms. Therefore, people who have a weak sense of self are more likely to succumb to alcohol abuse. They may be easily talked into things by their peer group, or they may try to find their identity by consuming alcohol (Swendsen, Conway, Rounsaville & Merikangas, 2002).

Goldstein and Flett (2009) argue that coping and enhancement drinking motives predict university student drinking and that personality traits predict drinking motives. Coping-motivated drinkers reported higher levels of neuroticism, negative effects and anxiety sensitivity and lower levels of positive effects.

It is apparent that there is no evidence of a substance-abusing personality per se, however, characteristics such as agreeableness, aggression, poor impulse control and inability to delay gratification are associated with the likelihood of alcohol abuse (Shedler & Black, 1990).

3.3.2. The role of the family

The family background of young adults plays an important role in the way they learn early drinking practices. Families influence the opinions and attitudes of young people when it comes to drinking. It is a common observation that the children of alcoholics are more likely to abuse alcohol due to poor parent-child attachment relationships (for example, parenting style, attachment and bonding, nurturance, abuse or neglect, conflict, discipline and monitoring) (Barlow & Durand, 2005). According to Berk (2006), poor parent-child attachments lead to a
lack of commitment to conventional activities and are a reason why adolescents resort to drinking.

Parents’ own drinking has been shown to influence their children’s drinking throughout their lifetime. Young adults model parents’ patterns of consumption (including quantity and frequency), situations and contexts of use, attitudes regarding use and expectancies of their parent’s behaviour (Barlow & Durand, 2005). Brown (cited in Bezuidenhout, 2004) indicates that adolescents with substance-abusing parents experience a higher rate of parent or family problems, or both, than adolescents whose parents do not abuse substances. Other reports state that youths with poor home support tend to seek support and understanding outside of the home. Many find affection, understanding and support in the lifestyle of a subgroup whose members are alcoholic abusers (Drug Advisory Board, 1999). Protective factors, such as constructive family bonds, parental monitoring and academic accomplishment, tend to be protective barriers from binge drinking regarding students.

Coggan and McKeller (1995) emphasise that the role of the family is more important than other factors (such as peer pressure) in the development of drinking habits. The home environment may be permissive of alcohol use at an early age. Moreover, Haan and Thompson (2003) indicate that becoming a parent is associated with more restrictive attitudes regarding adolescent alcohol use, regardless of the age of their children, whereas adolescents have the least restrictive attitudes.

Van der Vorst, Engels, Dekovic, Meeus and Vermulst (2007) collected data from 428 families, consisting of both parents and two adolescents (aged 13 to 16 years). Analyses were conducted on four samples: a group of older adolescents and a group of younger adolescents who already consumed alcohol, and a group of older and younger adolescents who were not drinking at baseline measurement. The findings of this study indicate that, in general, providing clear alcohol-specific rules lowers the likelihood of drinking initiation, regardless of the age of the youth.

During young adulthood parents may have less direct influence on their children’s drinking behaviour, but they still play an important protective role. Researchers found that once adolescents have established a drinking pattern, the impact of parental alcohol-specific rules
declined or even disappeared. Therefore, particularly during the initiation phase of drinking, parents could prevent the drinking of their children, regardless of the age or personality of their young, by providing clear alcohol-specific rules (Van der Vost et al, 2007).

This was corroborated by research assessing the drinking habits of Danish adolescents. Järvinen and Ostergaard (2009) found that there is a strong relationship between parents’ attitudes and rules and their children’s binge drinking. The more lenient the parents’ attitude and the rules, the more the children tend to binge drink.

3.3.3. Peer influence

Bandura’ social learning theory indicates that behaviour is shaped by positive reinforcement. Therefore, behaviour that is in line with those of peers is reinforced, whereas inconsistent behaviour is either ignored or punished and, therefore, becomes less likely to occur (Barlow & Durand, 2005). Friendship, group acceptance and excitement are the reinforcement effects that one obtains from using mood-altering substances such as alcohol.

Parry (1998) indicates that some of the major influences of alcohol use and abuse are related to peer pressure, through influencing each others’ opinions when it comes to drinking. One is usually faced with social pressures to drink in order to establish friendly relationships with others. First-year students may be especially vulnerable to the influence of peers because of their need to make new friendships. They may increase their drinking in order to gain acceptance from their peers (NIAAA, 2007).

Social interaction is an important vehicle through which adolescents become vulnerable to binge drinking. There seems to be a high level of approval of binge drinking and a general perception that drinking is a part of life. Borsari and Carey (2003) argue that peer influence is exerted directly (in the form of drink offers or urges to drink) and indirectly by modeling perceived social norms. Beliefs and perceptions that university students have about binge drinking among the general student population are important in determining drinking levels. Perceived peer norm has been found to be a strong predictor of binge drinking. If individuals perceive that their peers are engaging in binge drinking, they are more likely to do it (Parry et al, 2005).
Lederman, Steward, Gooshart and Laitman (2003) report a contradiction in terms of social norms, whereby on the one hand, there is a belief that not everyone on campus is drinking excessively, while on the other hand, there is a huge body of research that reports dangerous amounts of drinking on campuses worldwide. The effects of peer norms and normative beliefs have been shown through research to have a significant impact on levels of alcohol consumption. Perkins, Haines and Rice (2005) found that nearly 75% of university students nationwide overestimate the amount of alcohol consumed by peers in social situations. A student's perception of drinking norms on campus is one of the strongest predictors of personal alcohol consumption (Perkins et al., 2005).

Research conducted at a Caribbean University found that social pressure increases drinking patterns. In this study 79% of medical students revealed peer pressure as the most common reason for misusing substances (Orisatoki, Jayaraj & Oguntibej, 2008). In a study conducted to explore the variables that predict adolescents’ alcohol use among 15-year-old adolescents in two politically and economically different cultures found that alcohol use by family members and/or best friends, or both, is positively related to adolescents’ alcohol use, both directly and indirectly. However, the best friend’s alcohol use was the most significant predictor of an adolescents’ own alcohol use (Kemppainen et al., 2008).

Jamison and Myers (2008) add that a friend’s drinking behaviour is a significant predictor of alcohol consumption, whereby binge drinkers were influenced by peer and social situational factors. The pressure to drink is greater for males, and undergraduates are influenced by the size of the drinking group, ‘special offer’ prices and the availability of alcohol.

Young et al. (2005) explored the frequency of drinking among undergraduate women and found that women reported feeling pressure to drink ‘heavily’ because of the favorable impression they could make on their male peers. Primarily, women who were frequent binge drinkers throughout university felt that ‘drinking like a guy’ described their own drinking behaviour. Women reported that being able to drink like a guy provided them with a sense of equality with their male peers. Although heavy alcohol consumption affords university women positive attention from their male peers, it also increases their vulnerability to sexual assault and alcohol use-related health problems (Young et al., 2005).
3.3.4. The university environment

Contextual factors highly influence people’s perception of risky or ‘normal’ levels of alcohol consumption. The university environment plays a significant role in students’ drinking practices. As in most communities, university campuses provide interaction between various social groups, creating a network of different clubs, organizations and teams (Engwall & Goldstein, 1991). Nkhoma and Mafora (1994) emphasise that the university community tends to have a high tolerance and acceptance of binge drinking and abnormal behaviour relating to this behaviour. The university context allows for exposure to substance use whereby students are prone to drink in greater quantities than nonstudents (NIAAA, 2008). It is argued that student drinking behaviour becomes more prominent and excessive due to the transition from the restrictions of school life to the more permissive university context (Sell & Robson, 1998).

Students tend to regard the university environment as a place to drink excessively due to the variety of social functions to which they are exposed. Glindemann and Geller (2003) assessed the levels of intoxication among university students at two types of parties: fraternity and private (non-fraternity) parties. Participants' blood alcohol concentration (BAC) levels were assessed using hand-held breathalyzers at 19 parties (11 at society houses and eight at private residences). Results indicated that students were significantly more intoxicated at fraternity parties (mean BAC = 0.093) than at private parties (mean BAC = 0.082), and men (mean BAC = 0.093) were significantly more intoxicated than women (mean BAC = 0.080). These results support the common belief that parties hosted by society groups set the occasion for the highest levels of intoxication found on university campuses. Therefore, the environmental context is a critical determinant of excessive alcohol consumption.

Viewing the residency as an organization itself, students’ perceptions of the rules, beliefs and attitudes regarding alcohol use must be examined. Campus residence rules about alcohol can affect students’ consumption, therefore the organizational rules within the students’ residences must be considered. Perceptions that a residence will not tolerate alcohol use by students may lead to restricted consumption.
3.4. Mesosystem Influences

Bronfenbrenner defines the mesosystem as "a set of interrelations between two or more settings in which the developing person actively participates, e.g., for a child, the relations among home, school, and neighborhood peer group; for an adult, among family, work, and social life" (Bronfenbrenner, 1979, p. 25). According to Bronfenbrenner, this second level of analysis involves the interactions and relationships between several microsystems. The mesosystem is a system of microsystems and explores how contexts and relationships develop. At this level, the settings in which a developing person interacts are important (Bronfenbrenner, 1994).

The most basic form of a mesosystem originates "when the developing person first enters a new setting" (Bronfenbrenner, 1979, p. 210). The developing person becomes the primary link between the settings. Although primary links establish the existence of the mesosystem, the more common focus of mesosystem research appears to be upon the participation of significant others across settings. These significant others are referred to as supplementary links.

In this system the individual shifts between various roles as a result of moving between one microsystem context and the next. This level explains how the different parts of an individual's microsystem work together for the sake of the individual. The mesosystem is measured by the number and quality of connections (Berk, 2006).

Bronfenbrenner (1979) emphasizes that this system explores how contexts and relationships develop and change. For an individual to develop to their maximum potential support among the microsystems must exist. If two microsystems contradict each other, this gives rise to conflict. Alcohol use is impacted by a variety of environmental, interpersonal and intrapersonal factors. It is important to examine the interaction between stressful life events.

3.4.1. Stress and tension reduction

Heath (1995) indicates that stress relief is one of the components that motivate many drinkers. It is a common assumption that psychological and social stress cause heavy drinking. University students face academic, financial and other stressors that influence their likelihood
to engage in maladaptive behaviour such as drinking (Waterson, 1996). Poor coping skills, failure in academic performance and perceptions of acceptance of alcohol use in the environment perpetuates alcohol use and abuse (Glantz & Pickens, 1992).

Students are often faced with two obstacles in their academic curricula: they may be either involved in a course that demands greater responsibility and time involvement than one can withstand, or they may be involved in a course that is undemanding and does not provide sufficient stimulation, which creates lack of meaning and purpose. Both of these conditions can create stress for students, for which alcohol is often seen as the most socially-acceptable response (Filstead, Rossi & Keller, 1976).

Harris and Fennel (n.d) emphasise that a significant relationship between job stress and alcohol consumption exist. They developed a multi-variate model in which the relationship between job stress and alcohol consumption is assumed to be mediated by beliefs regarding the efficacy of alcohol to relieve stress. Work stress and alcohol behaviour have been tested in a spillover model to identify its severity on employees’ behaviour. The spillover or generalization model has been proposed as a way to understand the relationship between work stress and various negative outcomes, such as turnover, absenteeism, accidents, psychiatric disorders, the use of alcohol and drugs and suicide rates. This model highlights that individuals do not or cannot compartmentalise their lives and that negative characteristics of jobs or university not only create stressful emotions and mental and physical states within a worker or student, but that these stressful conditions will extend beyond the workday into an individual’s non-work life (Grunberg, Moore, and Greenberg, 1998).

3.5. Exosystem Influences

The third level of analysis is the exosystem. This level considers larger social settings not containing the individual. This level takes into account how the experiences in one setting will influence the experiences in another context (Bronfenbrenner, 1979).

The exosystem refers to settings in which the person does not actively participate, in which significant decisions are made that affect the individual. Settings such as the parents’ place of employment, the homes of extended family members, the child’s and parent’s friends’ homes,
any sports teams or other organizations the child may be involved in can be included in the exosystems. These settings do not contain the individual, but affect the experiences in the immediate setting. This level involves the other people and places that an individual may not interact with, but that still have a large affect on a person, such as community attitudes and a university’s alcohol policy. Events in the exosystem influence individual development indirectly (Bronfenbrenner, 1979).

3.5.1. Community attitude

For decades alcohol consumption has been socially supported, accepted, valued and regarded as a popular activity in various communities. Heath (1995) argues that individual’s alcohol consumption patterns tend to change in predictable terms with the social norms of their local population.

There seems to be a high level of approval of heavy drinking and little disapproval of it among South Africans of all races. There seems to be a general perception that drinking is a part of life. A fair proportion of members of various communities approve of drunkenness during weekday dinners at home, on weekends and on holidays (Parry & Bennett, 1998). Haan and Boljevac (2009) report that community factors, such as the overall prevalence of drinking, community support and controls against drinking, are important predictors of reported use in early adolescence.

In the local community, the tolerance of student drinking may permit alcoholic beverage outlets and advertising to be located near campuses. Likewise, there may be lenient enforcement of the laws prohibiting the sale of alcohol to persons below the minimum legal drinking age and penalizing underage students who use fake IDs to obtain alcohol (Sher, Trull, Bartholow & Vieth, 1999).

3.5.2. Policy factors

Campus alcohol policies are instrumental in setting guidelines and the management of alcohol-related behaviours among students. Hirschfeld, Edwardson and McGovern (2005) conducted a systematic review to examine aspects of university alcohol policies. It was
determined that the university alcohol policies reviewed were moderately clear and accessible, but the areas of enforcement and comprehensiveness were lacking. Without proper enforcement, policy does little to impact behaviour. Universities are making serious attempts to inform students about the hazards of using drugs and alcohol. In spite of the perceived education efforts, many students continue to misuse alcohol. Perceptions of these rules and of the severity of the consequences may affect consumption (NIAAA, 2007).

3.6. Macrosystem Influences

Bronfenbrenner (1979) describes the macrosystem level as the societal ‘grandplan’ for the ecology of human development, with the emphasis on the pervasive influence the social environment has on an individual. This level refers to a hierarchical pattern of systems which have a great influence over an individual (Berk, 2006).

According to Bronfenbrenner, this is the most important level because it can have an impact on all of the other levels of the ecological model (Schaffer, 2006). The macrosystem does not pertain to a certain environment, but rather to the laws, values and customs of the culture that the child is growing up in. All of these affect the way that people conduct themselves and govern what behaviours are acceptable and unacceptable (Schaeffer, 2006).

The macrosystem includes factors such as the freedoms permitted by the national government, cultural values and the economy. Macrosystems refer to the attitudes of the culture in which individuals live and are ‘blueprints’ for defining and organizing the institutional life of the society (Berk, 2006). The socio-environmental context is made up of the most distal context in an individual’s ecosystem. The control of these socio-environmental factors is largely beyond any individual, but these contextual factors are central to determining the quality of individual and family life. Applied to binge drinking, socio-environmental contextual factors may alleviate or exacerbate the psychological and emotional distress inherent in drinking in the university environment.

Binge drinking not only threatens public health, but also economic and social development (Parry & Bennetts, 1998). Bronfenbrenner (1998) argues that change at the macrosystem level is important as it affects all of the other levels. In this setting the developing individual does not
have an active role. Macrosystems reflect people’s shared assumptions about how things should be done (Bronfenbrenner, 1979). Factors such as religion, community culture and the social and economic lifestyles of South Africans need to be taken into consideration in order to understand binge drinking.

3.6.1. Religion

Societal values, especially those determined by religion, are important factors regarding the formation of attitudes about specific behaviours. Religion, according to the *Merriam-Webster’s Dictionary* (1996), is “a belief in and worship of God or the supernatural system of religious beliefs, attitudes and practices”. The relationship between religion and attitudes toward drinking alcohol has not been extensively studied. However, the results of existing studies seem to indicate that increases in religious affiliation are associated with negative attitudes toward drinking alcohol (Brown, Parks & Zimmerman, 2001). Religion variables are important when it comes to drinking behaviours. Other studies have found that individuals who are more religious are less likely to drink (Michalak, Trocki & Bond, 2007).

3.6.2. Cultural influences

Socio-cultural experiences play an important role in shaping attitudes, values and beliefs regarding general drinking practices. Each culture has its own unique norms that influence the amount of consumption in important ways (Heath, 1995). Parry and Bennett (1998) indicate that in South Africa, with its multitude and diversity of cultures, drinking patterns are not uniform, but rather reflect a mix of attitudes and customs, which are a product of unique cultural, historical and ecological settings.

Cultural values and larger societal factors have a significant influence on individual behaviour (Bronfenbrenner, 1979). While some cultural factors serve to increase alcohol consumption, cultural factors are also likely to reduce or prohibit the use of alcohol. Communal drinking is a common practice and an integral part of student life as individuals are likely to seek settings or people, or both, that provide a safe context for drinking.
Webber (1996) indicates that a number of authors have found that acculturation and alcohol use are significantly related. In general, as a person becomes more acculturated within a new country, levels of use of alcohol and alcohol-related problems tend to become more similar to that culture. This research further indicates that increased levels of acculturation are associated with increased lifetime use of alcohol and more liberal attitudes towards the use of alcohol.

3.6.3. Affordability and accessibility

Ecological factors contribute to the availability of alcohol. Access to alcohol is virtually unlimited throughout South Africa. Alcohol is easily accessible, increasing the likelihood of abuse and putting individuals at risk. It is known that access to alcohol is a strong determinant of alcohol consumption, particularly among young people (Babor et al., 2003). A study conducted in Brazil among 1,990 students aged 11- to 21-years-old indicated that alcohol was easy to buy in shops, which increased consumption levels. Furthermore, lack of restrictions when it comes to alcohol access, such as alcohol availability on all days of the week and at any time of the day, promotes increased access to a greater variety of alcoholic beverages, which dramatically increases access and use in many communities (NIAAA, 2007). Catalano and Hawkins (1996) emphasise the importance of measuring the extent to which pro-social and anti-social opportunities are available to young people. They state that the greater the perceived opportunity for alcohol consumption, the more actual involvement should be expected.

Orisatoki, Jayaraj and Oguntibej (2008) conducted a study among medical students in the Caribbean and found a strong correlation between affordability and the availability of substances, particularly alcohol. 81% of respondents indicate that alcohol is easily available and affordable. To relate this to the university residence setting, a geographically-isolated university will, obviously, have limited access to alcohol, while a university that is in close proximity with alcohol outlets is more likely to have students who consume alcohol (NIAAA, 2007).

In South Africa, poverty contributes to high levels of alcohol availability through informal alcohol sales, which provide many with employment. The competitive pricing of alcoholic
beverages also encourages the consumption of alcohol, with the price of malt beer, for example, having decreased noticeably over the past 20 years (Parry & Bennetts, 1998).

3.7. Chronosystem Influences

The fifth level of analysis is the chronosystems, which deal with the socio-historical conditions and changes in the individual and their environment over time. The chronosystem does not fall within the other systems, but involves history, development and change and reflects dynamic environmental (ecological) transitions (Berk, 2006). This level involves changes over time, not only with regard to individual traits, but to the environment in which the person lives as well. This level, which incorporates the time dimension of Bronfenbrenner’s model, includes the succession of ecological systems over the life course (Bronfenbrenner, 1979). For instance, increasing urbanization in South Africa has been associated with high rates of alcohol abuse. Access to alcohol and marketing practices have had a significant impact on alcohol consumption (Parry & Bennetts, 1998).

3.7.1. Transition to adulthood

Parry and Bennetts (1998) conducted a study among 10- to 21-year-olds that revealed that drinking is regarded as a significant rite of passage into adulthood. The sample group believed that alcohol increases self-confidence and confers adult status. The life stage of being a university student involves a lot of responsibility and maturity. Common developmental tasks include making a career choice, sex role identity, dating, forming significant relationships and separation from parents (NIAAA, 2007). Young people are urged to grow up faster and make important life decisions sooner, and they are encouraged to use alcohol. Schaefer (1996) further states that the pressure to use alcohol or drugs has never been stronger than it is now, with young people being continually bombarded with the message that alcohol and drugs are the answer to all of their questions. Alcohol is also regarded as the solution to all of their problems and insecurities.

The National Institute on Alcohol Abuse and Alcoholism (2008) has drafted a Lifespan Perspective with regard to alcohol use. This approach indicates that patterns of alcohol use may
differ across the human lifespan, for example, adolescents who begin drinking prior to the age of 13 are more likely to develop a serious problem with alcohol later in life. Understanding how alcohol influences people across different life stages is important, especially when designing effective approaches for diagnosing, treating and preventing alcohol abuse and dependence and related problems.

Park, Sher, Wood and Krull (2009) report that heavy drinkers prior to university have been shown to increase their drinking in university due to organizations (for instance societies and parties) that influence their drinking. The findings highlight the diverse mechanisms underlying risky drinking over the transition to university and during the university years through the dynamic interplay between individuals and high-risk environments.

3.8. Conclusion

The socio-environmental context comprises the most distal context in the individual’s ecosystem. It is, therefore, important to take the environments as well as the relationships between the multiple environments that an individual inhabits into consideration. The control of these socio-environmental factors is largely beyond any individual, but these contextual factors are sufficiently important to determine the quality of individual and social life.

Bronfenbrenner’s (1979) ecological model addresses the complex nature of the social problem of binge drinking among university students with the conceptualization of the individual as being affected by larger system levels. This study, therefore, provides information about the individual, who is largely influenced by the larger social context, exploring the transition from the structured environment of secondary education to the university environment, which increases vulnerability to alcohol use and abuse. The next chapter provides a review and discussion of the research methodology. The chapter will focus on the specific research design, as well as the advantages and disadvantages of this study’s methodology. In addition, the chapter will review the process of data collection and analysis, as well as the ethical considerations of the present study.
CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.1. Introduction

This chapter discusses the research methodology employed in conducting this study. Research methodology refers to how one plans to go about studying a particular phenomenon. It is important to outline the methodology of a study as it helps the reader acquire confidence in the techniques used (De Vos, Strydom, Fouche & Delport, 2005). The aim of a research methodology chapter is to ensure that a study can be replicated. This chapter outlines the research aims and objectives, the research context and the research design. A description of the participants is provided and the sampling procedures are discussed. The research procedure and data collection process that was followed is then explained, and a discussion of data analysis follows. An account on data verification and the ethical considerations that were adhered to marks the conclusion of the chapter.

This study aims to describe university students’ attitudes towards and perceptions of binge drinking. It is envisaged that data yielded by this study will provide recommendations of how to address binge drinking behaviour among university students. In order to realize this aim, the researcher utilized a qualitative, explorative-descriptive design. Data was collected by means of focus group discussions.

4.2. Research Aims and Objectives

The preceding chapters discussed the binge drinking phenomena globally and in the South African context and the factors influencing this behaviour among university students were also discussed. It is against this background that the researcher was motivated to undertake this study. The following objectives were formulated:

a) To describe students’ understanding of binge drinking;

b) To explore and describe university students’ attitudes towards and perceptions of binge drinking; and

c) To explore the contextual factors relating to binge drinking.
4.3. Research Context and Participants

In order to maintain transparency towards the reader, the researcher’s role in the research is regarded as significant. It is important to highlight that the context of this study concerns the students at Nelson Mandela Metropolitan University (NMMU). The researcher is employed at NMMU (since January 2009) Student Counselling Career and Development Centre as an intern psychologist.

Terre Blanche, Durrheim and Painter (2006, p. 275) argue that “the meaning of human creations, words, actions and experiences can only be ascertained in relation to the contexts in which they occur”. As the researcher is employed at this unit, it is important to clarify her relationship with the participants in this study. The researcher’s role brings her into daily contact with the student population. Of the 16 participants described later in this chapter, four were known to the researcher as peer helpers. The researcher is not supervising these students and is not involved in any of their projects, thus has minimal contact with them.

The study focuses on student perception obtained through focus group interviews, therefore the study is qualitative in nature. A qualitative study is often used to determine what the important research questions are, rather than to prove hypotheses (Terre Blanche & Durrheim, 2002).

4.4. Research Design

A research design is defined as “a blueprint or a detailed plan for how a research study is to be conducted” (De Vos & Fouché, cited in De Vos et al., 1998, p.77). Terre Blanche and Durrheim (2002) add that a research design ensures that the study fulfils a particular purpose and that the research can be completed with available resources.

A research design focuses on the plans, structures and strategies of investigations that seek to obtain answers to various research questions. Hence, the purpose of a research design is to provide guidelines for the researcher, according to which data can be obtained, interpreted and analyzed (Terre Blanche & Durrheim, 2002; Creswell, 1998).

Kerling (as cited in Smith, 2003) elaborates that a research design comprises of the following aspects:
a) An outline of everything the researcher will do from the beginning to the conclusion of the research process;
b) the structure and plans of the research; and
c) the research strategy, which includes the methods of data collection and analysis.

This study is exploratory descriptive in nature, using qualitative data obtained from focus group discussions.

4.4.1. Qualitative research

Qualitative research focuses on promoting a holistic understanding of a particular phenomenon, such as behaviour, an environment, a process or a principle. This method adopts a comprehensive approach that aims to clarify phenomenon in their entirety (Airasian, Gay & Mills, 2006).

Qualitative research occurs in a natural setting where the researcher is the instrument of data collection (Creswell, 1998). Qualitative research focuses on patterns of behaviour and concerns itself with meaning and the way people understand things (Terre Blanche & Durrheim, 2002). This approach deals predominantly with verbal data and the analysis of the human experience, while quantitative research is concerned with numerical data and has an analytical focus (Creswell, 1998). Besides their differences, these approaches are both based on observable reality (Creswell, 1998; Marvasti, 2004; Rosnow & Rosenthal, 2005; Smith, 2003). The current study adopted a qualitative approach, relies on descriptions and interpretations from participants and aims to understand behaviour.

Willig (2001) argues that the aim of qualitative data collection is to create a holistic view of participants’ words and actions, ensuring that as little as possible is lost in translation. Qualitative research attempts to identify with those we observe from their own perspective in terms of their feelings, views and the meaning they attribute to life (Rubin & Babbie, 1997). By outlining the importance of the social context for understanding the phenomenon, this approach allows the researcher to build a rapport with participants and to be flexible in the way that interviews or data-gathering methods are conducted (Creswell, 1998; Descombe, 2003).
This study employs a qualitative approach because the researcher wishes to converse with university students with regard to how they perceive binge drinking.

De Vos (2000) emphasises that qualitative research explores social interaction aimed at describing, interpreting and making sense of meanings that subjects attach to it. This approach focuses on person to person interaction and capturing the meaning of words (Terre Blanche & Durrheim, 2002). The distinguishing feature of qualitative research is that it focuses on significance rather than cause and effect (Willig, 2001; Terre Blance & Durrheim, 2002).

Qualitative research does not concern itself with reliability because it explores a particular unique experience in greater detail in context. However, other researchers indicate that given the same conditions, data should generate the same findings. Qualitative research ensures validity through:

a) ensuring participants can challenge and correct the researchers’ assumptions about the meaning investigated by the research;

b) taking place in the real life setting, for example studying university (setting) students in context ensures the study has higher ecological validity; and

c) reflectivity, which ensures that the research process is scrutinised throughout and that the researcher continuously reviews their own role in the research. This discourages the imposition of meaning (Willig, 2001).

Creswell (1998; p. 20) states that “we present our data, partly based on participants’ perspectives and partly based on our own interpretation, never clearly escaping our own personal stamp on a study”. Thus, the researcher is an insider and full participant in the research, with minimal distinction between researcher and participants. So, biases, assumptions and expectations may influence the research study.

An advantage of qualitative methodology is that it provides an in-depth perspective gained from the participants’ experience as they answer from their personal understanding (Airasian et al., 2006). Furthermore, participants’ experiences are not limited as their answers need not be right or wrong (Creswell, 1998). Qualitative data is rich in detail and tolerates ambiguity and contradiction, and it allows for alternative explanations, rather than one correct explanation (Descombe, 2003; Terre Banche & Durrheim, 2002). Moreover, qualitative research is fluid,
flexible and attempts to capture the entire context, instead of attempting to control the research. This approach emphasizes the importance of people’s analysis of events and circumstances, rather than the researcher’s version (Airasian et al., 2006; Creswell, 1998). Unlike quantitative research, the research process cannot be put into stages in which the research must be followed as the researcher moves between different phases (Creswell, 1998; Terre Blanche & Durrheim, 2002).

Some of the disadvantages in conducting qualitative research include research findings being frequently less representative and limited to a few individuals, specific phenomenon and situations. Qualitative research has a potential threat to the validity of the data, posed by the subjective involvement of the researcher (Descombe, 2003; Creswell, 1998; Terre Banche et al., 2006).

Furthermore, findings cannot be generalized to include other situations (Descombe, 2003).

4.4.2. Exploratory, descriptive and contextual research

This study is exploratory, descriptive and contextual in nature. Exploratory and descriptive research share similar features. Exploratory research aims to gain insight into relatively new and unstudied areas, while descriptive research focuses on describing the characteristics of a population (Terre Blanche & Durrheim, 2002; Rubin & Babbie, 2001). While binge drinking among university students has been researched, binge drinking among university students in South Africa is relatively unstudied.

In this study the researcher aims to provide a description of how university students perceive binge drinking using findings derived from focus group discussions, where participants were given the opportunity to share in their own words, so as to provide a description of their perceptions and experiences (Rubin & Babbie, 1997; Mouton & Marais, 1990). Because of the exploratory, descriptive nature of the current study, the researcher was unable to generalize the results to include the general population being studied.

Creswell (1998) emphasises that the context involves situating the object of the study or the phenomenon within its immediate setting. Mouton (1996) adds that in a contextual strategy, a phenomenon is explored because of its relative significance, and it involves far more than the
physical environment. Moreover, qualitative research displays sensitivity to the context in which the study is situated (Smith, 2003). The researcher in this study investigated the perceptions and attitudes of university (the physical context) students with regards to binge drinking (the behavioural context).

4.5. Participants and Sampling

Terre Blanche and Durrheim (2002) define sampling as “the process used to select cases for inclusion in a research study” (p. 274). Sampling is used to define parameters for data collection as it is impossible and impractical to collect data about the whole population under study. Sampling is an important component of the research because it determines the type of conclusions that can be drawn from the research (Terre Blanche & Durrheim, 2002; Silverman, 2006).

Orman, Krugman and Fink (2003) suggest that it is more cost effective and proficient to gather data from a smaller subset, called a sample. According to Mertens (1998), the sample size of the qualitative study is not based on numbers, but depends on the purpose of the study and identifying significant issues and themes. Qualitative sampling does not concern itself with being representative, rather it requires that the data is rich in description. The sampling process is based more on a theoretical fit than objective methodology (Creswell, 1998). Concerns with sampling error and generalization have little bearing on qualitative studies and sample sizes are, therefore, generally small (Burns & Grove, 1993). Therefore, it is not possible to accurately generalize research results, as it relies more on the subjective reflection of the researcher than on objective criteria (Bless & Higson-Smith, 1995; Descombe, 2003).

Non-probability and probability sampling are two approaches used to select a research sample (Zechmeister, Zechmeister & Shaughnessy, 2001). Probability sampling affords an equal likelihood that each person in the population is included, whereas with non-probability sampling the likelihood of individuals being selected in the population is unknown (Zechmeister et al., 2001; Terre Blance & Durrheim, 2002).

Non-probability sampling was used for the present study. It is not based on random criteria, thus the sample was selected on the basis of convenience (Descombe, 2003). Stake (as cited in
Descombe, 2003, p. 17) points out that as researchers, “our time and access for field work are almost always limited” and “if we can, we need to pick cases which are easy to get to and hospitable to our inquiry”. Terre Blanche and Durrheim (2000) listed the following characteristics for using non-probability sampling:

a) for in-depth qualitative research; and

b) when there is no available sampling frame.

The advantage of this method is that it is less complicated and it reduces the time needed and the cost of the research as the population is easily accessible (Bless & Higson-Smith, 1995). However, because the researcher plays an active role with regards to the inclusion and exclusion of participants in the sample, bias can easily be introduced (Terre Blanche & Durrheim, 2002). With non-probability sampling, it is difficult to standardize the characteristics of participants, and in order to maintain homogeneity as much as possible, the researcher developed inclusion criteria, which is listed below. This inclusion criteria is based on several studies that indicate that full-time, undergraduate university students living on campus are a high risk group with regards to binge drinking behaviour (Sell & Robson, 1998; Kypros et al., 2002; Substance Abuse & Mental Health Services Administration, 2002). The inclusion criteria for the current research were as follows:

(a) A full-time registered student
(b) Undergraduate university students
(c) Between the ages of 18 and 25
(d) Currently reside or have resided in campus accommodation

To access participants for this study, the researcher approached on-campus residence house committees, as well as peer helpers at the Student Counselling Career and Development Centre (SCCDC), to assist her in contacting possible research participants. In the present study, the sample comprised of 16 participants. Two groups were established, which ran for two sessions each. In total, four focus group sessions were conducted. Each group had a minimum of six participants in a group. According to Morgan (1988), focus group sizes vary between four and 12 participants. While it appears that there are problems inherent in both too small and too large group sizes, it seemed appropriate to opt for a moderate-sized group with an average of
six to eight participants. This provides sufficient input to stimulate discussion and, at the same time, the group would be small enough to be manageable for one interviewer (Smith, 2003).

4.6. Research Procedure

After the participants were selected, they were contacted telephonically and their participation in the research was requested. They were given two dates to choose from in order to attend an information session on the research. This is in keeping with Krueger’s (1994) opinion that participants should be provided with information about the purpose of the research project. In addition, screening interviews with potential participants might be of use in the selection process (De Vos, 2000).

A letter pertaining to the ethical issues of the study was issued and discussed with participants. Participants were then requested to complete the consent form (see Appendix B). Thereafter, participants were contacted with the dates on which to complete the biographical questionnaire (see Appendix C) and to commence with focus group sessions.

In this study the researcher opted to use focus group discussions to gather the necessary data. The four sessions took place within a 14-day period and were recorded on audiotape. The audio recording equipment was set up before the sessions began in the plain sight of the participants. This was introduced in the beginning of the group discussion and it was introduced as a tool to help capture everyone’s comments. Participants were asked to speak one at a time to avoid garbling the tape (Krueger, 1994). Krueger (1994) suggests not using videotaping due to intrusiveness and the technical requirements.

4.7. Data Collection

The researcher used in-depth, semi-structured focus group interviews for data collection (see Appendix D). Focus group discussions are defined as “carefully planned discussions designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment” (Krueger & King, 1998, p. 6). Focus groups allow for the collection of rich data and for participants to contribute to and challenge the group discussion. Such data allows the
researcher to ask questions about the ways in which attitudes and opinions are formed and changed and it allows participants to jointly construct meaning (Willig, 2001).

4.7.1. Focus group interviewing

The present study uses focus groups in order to understand participant’s attitudes, opinions, experiences and perceptions of binge drinking. Morgan (1988) indicates that focus groups are valuable for exploring what participants think and revealing why participants think the way they do. Focus groups enable participants to engage and interact among themselves, where their points of view are highlighted with minimal influence from the researcher (Morgan, 1988; Krueger, 1994).

Historically, focus groups were used in market research in order to ascertain the public’s opinions about certain products. This method gradually made its way to the social sciences (Terre Blanche & Durrheim, 2002). Focus groups provide data from a group of people quicker and at a lesser cost than would be the case if individual interviews were conducted. They are flexible, rich in data and stimulate discussion within the group (Smith, 2003; Stewart & Shamdasani, 1990). Focus groups provide an opportunity for participants to elaborate on each others’ ideas and answers. Through group interaction, focus groups can bring a different understanding to the problem. Focus groups allow participants to gain knowledge from each other and possibly resolve the significant dilemma with which they are confronted (Bless et al., 2006; Fern, 2001).

It is, therefore, vital that the researcher keeps in mind that individual behaviour can be subjected to group influence when conducting focus groups, with the result that the data can be distorted. In the researcher’s opinion, good facilitation skills on the part of the interviewer can limit this potential risk (Krueger & King 1998).

Another limitation of focus group interviews is that the data is limited to verbal, self-reported data collected in an interview setting. In addition, the researcher has limited control over what is generated. To bring an element of control to the study, the researcher used a fairly structured interview format (Krueger, 1994).
There are different types of focus groups. The researcher can opt for a more structured approach, an unstructured approach, or a semi-structured approach. Adopting a structured approach entails answering the researchers’ questions, while an unstructured approach focuses on understanding the participant’s thinking (Terre Blanche et al., 2006). The decision to use structured rather than unstructured research depends on the researcher’s agenda.

A semi-structured plan guided by open-ended questions was used for this study (Morgan, 2002). This allowed the facilitator to be active in facilitating the group discussion, for example it enabled the avoidance of irrelevant discussions and probing when necessary, as well as drawing out withdrawn group members. This format triggers discussion and encourages participants to talk freely (Willig, 2001; Fern, 2001).

Krueger (1994) suggests using a ‘topic guide’ rather than a specific set of questions. This allows for more spontaneous interaction between the facilitator and the participants as opposed to following set questions. In order to grab the participants’ attention, it is advisable for the researcher to open the session with an open-ended question (Morgan, 2002). This allows the participants and the researcher to explore all aspects of the issue and it allows for probing.

Flick (1998) emphasises that using non-directive questioning and then moving to a more directive mode of questioning in a focus group is more effective, since it prevents participants from being influenced by the researcher’s frame of reference. In the present study each interview typically started with the facilitator and the participants introducing themselves (Krueger, 1994) and then the participants were provided with an orientation to the process. The interview ended with a recap of what had been discussed and an opportunity to make any comments before the session ended.

Participants were asked to ensure that they were available for more than an hour to allow for possible delays in starting the sessions. Two groups were made for the focus groups. The first group consisted of seven participants and the second group consisted of nine participants. Each group ran for two sessions, thus four group interviews with a duration of one hour each were conducted. The participants were identified as undergraduate university students. After
the fourth focus group discussion, the researcher felt that data saturation was reached and did not continue with the interviewing (Cresswell, 1998; Terre Blanche & Durrheim, 2002).

The composition of each group depended on when the participants were able to attend an interview at a given time. The following guidelines, stipulated by Willig (2001, p. 29), were adhered to when carrying out the focus groups:

a) **Small number**: For practical reasons, to allow for participation and for the transcription of data
b) **Homogenous**: Undergraduate students from university residences

Based on availability, the Peer Help Centre (PHC) adjacent to the Student Counselling Career and Development Centre was used for the interviews. This venue is easily accessible and known to many students. The location for the focus group should be neutral, as it is likely to influence the type of responses provided by the participants (Krueger, 1994). The Peer Help Centre is small and intimate, however, at times, outside distractions and noise were experienced as intrusive.

The guidelines regarding the preparation of a focus group stipulated by Berg (as cited in Marvasti, 2004) were used by the researcher, namely:

a) Introduction and getting to know each other (names, year of study and course)
b) Basic agreements (such as, turning cell phones off)
c) Guidelines of the session
d) Closed and open-ended questions
e) Guidelines for dealing with sensitive issues

The seating was arranged around a square table to ensure easy eye contact between all of the participants and the researcher (Krueger, 1994). This arrangement facilitated a discussion and reduced the tendency for particular members of the group to emerge as dominant. According to Willig (2001), focus group participants that interact with each other the way they would with their peers is preferable. In order to encourage an atmosphere of spontaneity (Morgan, 2002), refreshments were made available during the discussion. At the end of the session, participants were given the opportunity to offer comments or suggestions regarding dates for further sessions.
The researcher’s personal characteristics and the ability to communicate effectively are vital when it comes to focus group discussions (Flick, 1998; Krueger, 1994; Stewart & Shamdasani, 1990). The researcher’s role in focus group research is to facilitate, not to control the group. Focus groups allow the researcher to interact directly with the respondents, thus providing opportunities for the clarification of responses, follow-up questions and for the probing of responses. During the interview, attempts were made to ensure that statements were understood and interpreted correctly. This was in response to suggestions made by Krefting (1991) to ensure the trustworthiness of qualitative research.

Reflection and questioning were used to confirm and shed light on what was said. Probing was also used to elicit more information from the participants and to explore comments made by participants. To stimulate further thoughts around a topic, summarizing was used. The researcher also took note of non-verbal signals from participants. She said, for example, “[Participant’s name], I see you’re nodding, do you agree?” and to encourage participation she asked, for instance, “[Participant’s name], would you like to add anything?”

To conclude the focus group discussion, the technique of summarising the main points of the discussion was used, whereby the salient points that came out were encapsulated for the participants. Morgan (1997) and Krueger (1994) maintain that a summary of the main points when ending a focus group is a useful technique and that interviewers need to take a few minutes at the end to do this and to invite comments from the participants.

4.8. Data Analysis

Data analysis aims to make sense of and interpret the information collected from participants. Data analysis requires the researcher to be comfortable with developing categories and making comparisons. Researchers must be open to seeing contradictory or alternative explanations (Creswell, 1998; Terre Blanche et al., 2006). The data analysis process involves several activities simultaneously, such as collecting the data, sifting through the information and making sense of the data collected (Creswell, 1998). Marvasti (2004) has highlighted that qualitative data analysis is based on situation specific meanings and social
practices. For this study, data analysis was conducted in accordance with the principles and guidelines of Tesch’s (as cited in Creswell, 1994) content analysis.

The process of content analysis was carried out until no new themes emerged and the data reached a point of saturation. Content analysis condenses, simplifies and creates meaning from large amounts of data (Marvasti, 2004).

Tesch’s (as cited in Creswell, 1994) eight-step principle of data analysis was used to identify dominant themes in the research. The eight steps involve the following actions:

1) *Get a sense of the whole*: Reading through all transcribed interviews. After each focus group discussion, the researcher listened to the recording and transcribed the sessions verbatim and then read through the transcripts carefully, jotting down ideas that came to mind.

2) *Pick an interview*: The researcher chooses an interview which seems to be rich with information and reads it again, asking themselves what is it all about and writing thoughts in the margin. The researcher chose the first interview (with the second group) as it seemed to have richer information and looked at underlying meanings.

3) *Make a list of topics*: The next step is reading through everything and noting any significant features, with similar ideas being grouped into categories. The researcher also rereads the other transcripts from the other groups to identify similar themes and sub-themes for contrasting and comparing ideas.

4) *Code*: The various categories are then given codes. The researcher makes a list of topics and groups similar themes and sub-themes together.

5) *Categorise*: The researcher finds the most descriptive wording, converts them into categories and reduces the list of categories by grouping related topics together.

6) *Arrange abbreviations alphabetically*: The researcher makes a final decision on the abbreviations for each category and sorts these codes alphabetically.

7) *Analyse*: Assemble the material belonging to each category in one place and perform preliminary analysis.

8) *Record*: The researcher records the existing data.
Copies of the transcripts were given to an independent coder to assist in the verification of the coding and categorising of the data.

4.9. Data Verification

Data verification refers to the accuracy and generalizability of the results of a particular study (Creswell, 1998). Creswell emphasises that qualitative researchers have given their own terms to the issue of data verification and see it as establishing trustworthiness or authenticity of the results through establishing validity, generalizability and the reliability of the data. To ensure the validity and the reliability of the study, the researcher used Guba’s model of trustworthiness (Krefting, 1991), which identifies four criteria that are imperative to the assessment of the trustworthiness of qualitative research, namely truth value, applicability, consistency and neutrality.

Truth value refers to how certain the researcher is of the truth of the findings for the subjects and the context in which the study was undertaken. Guba (as cited in Krefting 1991) states that truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Truth value can be established through the credibility principle. According to Lincoln and Guba (1985, p. 235), credibility refers to “confidence in the truth of the data”. Credibility refers to the degree in which results match the reality of the participants (Creswell, 2003). To achieve credibility, the following strategies can be used: prolonged and varied field experience, time sampling, reflexivity, member checking, peer examination, establishing authority of the researcher, structural coherence and referential adequacy (Creswell, 1994). The researcher was interested in finding out the perceptions of university students regarding binge drinking. For the purpose of this study, the triangulation of data sources and peer examination were used to verify credibility. The triangulation of data sources was achieved through conducting a number of focus group discussions to ensure that the data that emerged was similar. The researcher conducted four focus group discussions until data saturation was reached. Peer examination involved the use of input of others who have knowledge of qualitative research, such as research study leaders, research colleagues and
research promoters. The study leader and the independent coder were utilized to ensure that the researcher’s opinion of the findings were credible.

Applicability refers to the degree to which the findings can be applied to other contexts and other groups (Krefting, 1991). This can be done through transferability, which refers to the extent to which findings can be transferred to other settings or groups (Lincoln & Guba, 1985). Transferability of results occurs if they can be generalised to include similar groups of people who did not participate in the study. To ensure transferability, data obtained from the participants was triangulated with theoretical frameworks that were previously identified (Creswell, 1998).

Consistency is concerned with whether the findings would be the same should the study be replicated with the same subjects in a similar context. To establish consistency, the principle of dependability is used for qualitative studies (Creswell, 1994). Dependability refers to data stability, and this can be established through an in-depth description of research methods, stepwise replication, peer examination and the code-recode procedure (Krefting, 1991). The principle of dependability is integrated into qualitative studies to acknowledge changes in the social world that may make replication of the study difficult (Descombe, 2003). The researcher attained dependability by accounting for any changes identified in the phenomenon as well as any possible changes in the design of the study that occurred.

Neutrality refers to the degree to which findings are solely a function of the informants and conditions of the research and not of other biases, motivations or perspectives (as cited in Krefting 1991, p. 216). To confirm neutrality, the researcher used the strategy of confirmability. Confirmability refers to the objectivity of the research data such that two or more independent people would agree on the data’s relevance or meaning (Lincoln & Guba, 1985). In this study, confirmability was achieved through triangulation as discussed above. An independent qualitative research expert conducted an inquiry audit to confirm the characteristics of the data. Furthermore, theoretical saturation ensured that data obtained through the present study confirmed or disconfirmed the findings of previous studies that were highlighted in the review of literature.
4.10. Ethical Consideration

Ethical principles are pertinent in guiding research practices. They are essential in ensuring that participants’ welfare and rights are protected and respected (Terre Blanche & Durrheim, 2002). Ethical guidelines also serve as standards and as the basis on which each researcher ought to evaluate their own conduct. In conducting the study, the researcher considered the following ethical aspects:

Harm to participants

When exploring sensitive issues in a qualitative study, the researcher must be aware of the impact that the questions and issues discussed during an interview/session may have on the participants (Flick, 2006). The researcher must avoid doing harm during the data collection process. No potential psychological risks were identified by the researcher prior to conducting the interviews. Furthermore, during the focus group sessions, the researcher ensured that the discussions did not cause psychological discomfort or distress.

In this study the researcher informed the subjects about the content of the focus group discussions. During the recruitment and preparation phase, participants were briefed on the focus group, the length of groups and the total number of participants who would attend the groups. The researcher also conducted the groups in a venue that was safe, accessible and conducive to the comfort of the participants. Participants were assured of their right to withdraw from the study at any stage should they wish to withdraw from focus group discussions.

Anonymity and violation of privacy

Anonymity means that the identity of participants is protected and not revealed (Creswell, 1998). Privacy can be maintained by ensuring the anonymity of research participants through the use of pseudonyms and the confidentiality of information provided by the participants (Neuman, 2003). This not only makes participants more open during data gathering, but it also allows them to be more open with the researcher (Descombe, 2003). It is suggested that
ensuring anonymity is sometimes tricky in qualitative research due to the small samples that qualitative researchers work with and because of the detailed reporting of this type of research.

_Informed consent_

Participants taking part in research have the right to be informed about the nature and consequence of the research in which they are participating (Creswell, 1998). It is essential that participants take part in the research without psychological or physical bullying. The participants were given a full explanation of the nature and purpose of the research, therefore consent was voluntary and informed. It was explained that they were free to withdraw or to choose not to participate in the study (Corey, Corey & Callanan, 1993).

A consent form was completed by each participant prior to the interviews and was preceded by a discussion about important aspects of the research, as well as participation in the study. The consent form provided a written contractual agreement between the researcher and the participants. Information contained in the contract was in accordance with the guidelines for conducting ethical qualitative research and highlighted: (1) the aim of the study, as well as the details of the researcher; (2) research procedures; (3) potential risks from participation in the study; (4) the confidentiality of the participants; (5) access to the study’s findings and dissemination of the results; and (6) confirmation regarding voluntary participation and the right to withdraw from the study (De Vos et al., 2005).

Participants were also made aware that all focus group discussions would be recorded and for what purpose, as well as what recording device was to be used. Participants were informed as to what would be done with the recordings after the study was complete, namely that they would be destroyed after the examination of the treatise. The participants were also informed as to who may have access to the transcripts of the focus group discussions, namely, the researcher herself, as well as her study leader and the independent coder. The reason why the above-mentioned parties have access to the data was explained to the participants.

_Confidentiality_

At the beginning of each focus group session, confidentiality was explained and the participants were urged to respect and to keep confidentiality (Terre Blanche & Durrheim,
2002). The researcher only revealed information that is necessary for the study and exclude any intimate or personal information that participants revealed during the study. Where it was necessary to use the information, the researcher made use of pseudonyms.

**Debriefing**

Debriefing refers to giving the participants an opportunity after the study has been completed to work through their experience and its consequences in order to assist them to minimize any harm that may have occurred (Neuman, 2003). Should it become necessary, participants would be referred to relevant resources for specific services after the focus groups were complete. Debriefing was regarded as unnecessary by the participants following the focus group discussions.

4.11. Conclusion

This chapter outlined the research design of the current study. An exploratory, descriptive approach was utilised. The data was gathered using a biographical questionnaire and an open-ended focus group discussion. The non-probability purposive sampling method was used to obtain participants. Ethical considerations, such as anonymity, informed consent, confidentiality and debriefing, were strictly adhered to by the researcher. Participants were invited to participate in the study through various advertisements posted in the residences. Thereafter, participants were invited to an information session with regards to the research procedure. The researcher followed the steps outlined in Tesch’s eight-step model to analyse the study, along with Guba’s model of trustworthiness to ensure the trustworthiness of the data. The results of the analysis are discussed in the following chapter.
CHAPTER 5
RESULTS AND DISCUSSION

5.1. Introduction

In this chapter the research results are presented and discussed. The broad aims of the study, described in Chapter 1, were (a) to describe students’ understanding of binge drinking, (b) to explore and describe university students’ attitudes towards and perceptions of binge drinking and (c) to explore the contextual factors relating to binge drinking. This chapter describes the data obtained from the focus group interviews. The interview groups are named Group A and Group B, based on the chronological order in which they took place, and are referred to as such in the text. The interview transcript of Group B (Session 1) is attached as an example (see Appendix E). The chapter starts with a description of the participants in terms of demographic variables. Descriptive information about the four group sessions – their composition, group dynamics and the interview process – is noted. This is followed by a discussion of the themes and subthemes that were identified from the data, which forms the main focus of this chapter.

5.2. Description of Participants and Interview Group Process

According to Wilcott (1990), the description of the participants plays a fundamental part in the results of a qualitative study, as it is impracticable to describe without interpreting. A description of the participants in terms of demographic variables and a more detailed composition of the dynamics within each group will be provided to aid the understanding and interpretation of the interview data.

Table 5.1 provides a description of the participants in terms of demographic variables, comprising gender, home language, nationality and academic faculty. There were a total of 16 participants in this study.
Table 1: Description of Participants in Terms of Demographic Variables

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>N</th>
<th>Percentage of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total=16</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Home language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xhosa</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>English</td>
<td>6</td>
<td>38</td>
</tr>
<tr>
<td>Other African</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South African</td>
<td>13</td>
<td>81</td>
</tr>
<tr>
<td>International</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arts</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Business &amp; Economic Sciences</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Engineering &amp; Building</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Law</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Sciences</td>
<td>4</td>
<td>25</td>
</tr>
</tbody>
</table>

The above table reflects the demographic variables and demonstrates that in terms of gender, the participants were equally divided between male and female and that South African, Xhosa-speaking participants were somewhat overrepresented.

Additional information about the participants is reflected in Table 5.2, which represents the distribution of the participants across the variables of year of study, age and place of residence.
Table 2: Additional Demographic Information About Participants: Year of Study, Age, and Residence

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>N (Total=16)</th>
<th>Percentage of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>10</td>
<td>62</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤18</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>19 to 23</td>
<td>14</td>
<td>88</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melodi</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Veritas</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Lebombo</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Unitas</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Xanadu</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

The participants were made up of a majority of second-year students between the ages of 19 and 23. Only two participants were 18-years-old at the time of the study. Residences on two campuses were recruited to participate, and a total of five residences were represented among the participants. The two groups were mixed in terms of the above demographic variables. As the specific composition of each group affects the dynamics among the group members and between the group and the interviewer, these are discussed in the next section.

5.2.1. Group A

The first interview group consisted of seven participants, four females and three males. Two sessions were conducted with this group to allow maximum participation and to allow for enough time to discuss all of the questions. In the first session, it took a while for the participants to openly interact, however, in the second session, interaction was more spontaneous and the participants were able to freely interact with each other. During the initial interview, the discussion moved from a general discussion on the meaning of binge drinking (the first discussion theme) to how they perceive binge drinking among university students (the second discussion theme). Participants in this group were easily sidetracked and often brought
up irrelevant issues. The researcher often said, “If we can bring this back to the topic of discussion...” The participants were open and willing to respond to questions and often referred to their own personal experiences.

There was participation from all group members. It was a spontaneous discussion, with not a lot of probing needed from the researcher. The participants were willing to discuss their personal binge drinking experiences and, at times, would deviate from the topic of discussion.

The second session with this group focused on the last two questions, namely: their perceptions regarding universities’ role in contributing to binge drinking and strategies to reduce binge drinking. One male participant was unable to attend the second session, and as a result, the composition of the group was four females and two males. In the group there was common consensus on the meaning of binge drinking and the university’s role with regards to this behaviour.

5.2.2. Group B

This group was made up of four females and five males. Two male participants emerged as dominant members of the group and kept imposing their views on the group. As a result, some members of the group were withdrawn. In order to address this, the researcher reminded the group that “we all have different perceptions, there is no right or wrong”. Other strategies were used to draw out the quiet participants. The researcher used probing and other facilitation skills to enable equal discussion among group members. The transcript from this interview is attached as Appendix E. Only two questions were covered in this session.

The second session with this group was more spontaneous and there was a lot of enthusiasm. This discussion produced a number of long discussions – largely constructive in nature. This session ran for 1 hour 30 minutes as participants enjoyed the discussion and often laughed during the session.

In general, across the four sessions, the participants took pleasure in having the opportunity to share their views on binge drinking. During the discussions, a suggestion was made by some group members that such discussion groups should be conducted on a more regular basis. The next section reports and discusses the data obtained from the five group interviews.
5.3. Reporting and Discussion of Interview Data

The interview data is discussed in four parts based on the main themes. Part 1 reports on and discusses the participants’ understanding of binge drinking. This addresses the first objective of the study. Part 2 comprises the participants’ perceptions of binge drinking. This section addresses the second study objective, namely to explore and describe university students’ attitudes towards and perceptions of binge drinking. Part 3 focuses on perceptions concerning the role of the university environment with regard to binge drinking, which addresses the third study objective. Part 4 reports on students’ suggestions about what students, family, the community and the university can do to reduce binge drinking.

In each part the results are reported in table and text format. Based on the suggestions of Krueger (1994), quotations from the interviews are used throughout to support and elucidate statements. Each subsection includes a discussion, in which the reported results are linked to relevant theory or other research findings, or both. It was, therefore, aimed to provide an inclusive account of all the prominent themes in the reporting of the research results.

5.4. Part 1: Understanding of Binge Drinking

Definitions of binge drinking currently vary widely from country to country and even within scientific literature. The participants’ understanding of binge drinking is portrayed in this section. Table 5.3 lists the subthemes that were identified on the topic of the participants’ understanding of binge drinking.
Table 3: Understanding of Binge Drinking

<table>
<thead>
<tr>
<th>MAIN THEME</th>
<th>SUBTHEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDERSTANDING OF BINGE DRINKING</td>
<td>Excessive number of drinks in short time span</td>
</tr>
<tr>
<td></td>
<td>Uncontrollable behaviour</td>
</tr>
<tr>
<td></td>
<td>Episodic drinking [Weekend drinking ]</td>
</tr>
<tr>
<td></td>
<td>Can regulate when to drink</td>
</tr>
<tr>
<td></td>
<td>Not impeding on normal functioning</td>
</tr>
<tr>
<td></td>
<td>Alcoholism versus abuse versus dependence</td>
</tr>
</tbody>
</table>

5.4.1. Excessive number of drinks in a short time span

The majority of the responses regarding the participants’ understanding of binge drinking indicated that it is drinking an excessive number of drinks in a short period of time. A number of examples that participants mentioned were:

“Binge drinking means you outdo yourself in your drinking.”

“Drinking large amounts excessively.”

“Drinking to get drunk.”

“Binge drinking is over abusing alcohol.”

“Over-consuming alcohol over a short period.”

There was no consensus with regards to the number of drinks that constitute binge drinking. Some participants in Group A mentioned: “more than 18 cans is binge drinking”, “going through a bottle of whiskey at one go”. In Group B one participant mentioned, “For guys it’s having six drinks, five drinks for girls.” Another participant stated, “I think binge drinking is having more than a case or something, more than a tray, more than 24 drinks.”

Binge drinking has been defined as the consumption of large amounts of alcohol in a single sitting, resulting in intoxication. For research purposes, binge drinking is often defined as the consumption of five or more drinks for males and four or more for females over a short period of time or in a single drinking session (Durkin et al., 2005, Institute of Alcohol Studies 2005b; NIAAA, 2007). The NIAAA (2008) further adds that a blood alcohol concentration level of up to
0.08 or above; for a typical adult this pattern corresponds to consuming five or more drinks (male), or four or more drinks (female); in about two hours is regarded as binge drinking.

5.4.2. Uncontrollable behaviour

Both groups mentioned that binge drinking is dependent on one’s behaviour after alcohol consumption; “I think it’s drinking until you keel over and your behaviour becomes unruly”. Another participant from Group A indicated that it is “if you’re passing out and throwing up all over the place, out of your mind”.

Research indicates that binge drinking is responsible for maladaptive behaviour among university students and precipitates fights, violent behaviour and aggression (Institute of Alcohol Studies, 2005b).

5.4.3. Episodic drinking

The view that binge drinking is connected to a particular episode or occasion was mentioned in some of the discussions. The point came through strongly and clearly in the discussion with Group B when one participant reported, “Some people might not drink for a long time and then maybe one weekend they decide it’s just going to be binge drinking weekend.” Another participant described it as, “drinking heavily at one day or one sitting”.

The review of literature on binge drinking indicates that it occurs on a particular episode (Wechsler et al., 1995). The South African population tends to binge drink during weekends, and those aged between 24 and 54 are at the greatest risk of engaging in the excessive use of alcohol (The National Department of Social Development, 2006). Parry, Pluidderman and Steyn (2005) report research indicating that among “current drinkers” consumption levels rose significantly during weekends.

5.4.4. Can regulate when to drink

The view that binge drinkers can regulate their behaviour and that they are in control with regards to when they drink was common among the groups. Participants in both groups indicated that binge drinkers can regulate when to drink. There is the perception that because
binge drinking is episodic, one is in control. One participant mentioned, “A binge drinker waits for the weekend just to do it. Sunday they sober up, Monday its school.” Another participant imparted, “Binge drinking you can control it, alcoholic you can’t control it you gotta have it when you want it. It’s about being in control.”

This perception is contradictory to the research and literature, which indicate that low self-control is a predictor of binge drinking and alcohol-related behaviour (Pinoquro, Gibson & Tibbetts, 2002; Schreck, Miller & Mitchell, 2004). Binge drinkers are generally more impulsive, and this impulsivity might be exacerbated under alcohol (Marczinski, Combs & Fillmore, 2007). Individuals who are dependent on alcohol tend to be in denial about the consequences of their drinking. This perception of being in control is a defense mechanism that maintains the binge drinking behaviour.

5.4.5. Not impeding on normal functioning

A common understanding communicated by participants about binge drinking was that binge drinking does not impede on normal functioning. Some examples mentioned by the participants were:

“A good example is that a binge drinker even when they don’t get it they would function.”

“When you know you’ve got an exam coming, you know you can stop yourself, that you have some deadlines to meet you won’t drink. It’s ok, it’s cool.”

The Institute for Alcohol Studies (2005a) reports on research that shows that binge drinking has adverse effects with regards to a number of aspects of human performance, for instance a single episode of binge drinking has been shown to cause significant impairment of healthy subjects’ memory during hangovers. Binge drinking has been linked to impaired mental and social development, reduced school performance and attainment and the increased likelihood of dropping out of school (Institute for Alcohol Studies, 2005a).

Research further conveys that binge drinkers have higher lifetime mood and drug abuse or dependence disorders and higher rates of suicide attempts and behaviour problems than abstainers or moderate drinkers (Vega, Alderete, Kolody & Aguilar-Gaxiola, 2000). Frequent binge drinkers commonly report other behavioural risks consistent with an overall tendency
toward problem behaviour (Donovan, Jessor & Costa, 1999; Jessor, 1987). Therefore, the perception among research participants that binge drinking does not impair normal functioning contradicts the existing empirical evidence.

5.4.6. Alcoholism versus abuse versus dependence

Participants communicated a common confusion with regards to the meaning of binge drinking, alcohol abuse, dependence and alcoholism. Participations indicated the following: “I thought binge drinking and alcoholism was the same thing”

“Is being addicted to alcohol binge drinking?”

“Wouldn’t you say binge drinking is alcoholism, cause they act like alcoholics?”

According to various authors, there is confusion with regards to normal versus abnormal drinking patterns. Lay definitions of binge drinking indicate a lack of knowledge about risky drinking patterns among students. This has implications for educational programs targeting drinking practices in the university context (Saha et al., 2006).

4.4.7. Summary of understanding of binge drinking

There are inconsistencies and misconceptions about binge drinking. This is because there is no internationally-agreed definition of binge drinking. Some researchers have criticized the term binge drinking as unclear and, therefore, unhelpful in that many young people do not identify themselves as binge drinkers (Institute for Alcohol studies, 2005b). Unit-based definitions have been criticized as well, as they ignore a number of factors that can influence the way in which a given amount of alcohol affects an individual. These include body weight, alcohol tolerance, the swiftness with which drinks are consumed and the amount of food an individual has in their system (Institute for Alcohol studies, 2005b).

Some have suggested that a subjective rather than a unit-based definition should be employed, with binge drinking being defined as drinking that results in the drinker feeling at least partially drunk (NIAAA, 2006).
5.5. Part 2: Perceptions of Binge Drinking Among University Students

The participants’ perceptions of binge drinking are portrayed in this section. Table 5.4 lists the subthemes that were identified regarding the participants’ understanding of binge drinking.

Table 4: Perceptions of Binge Drinking Among University Students

<table>
<thead>
<tr>
<th>MAIN THEME</th>
<th>SUBTHEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 PERCEPTIONS OF BINGE DRINKING AMONG UNIVERSITY STUDENTS</td>
<td>It’s about fun</td>
</tr>
<tr>
<td></td>
<td>It’s about balance</td>
</tr>
<tr>
<td></td>
<td>It’s a reward</td>
</tr>
<tr>
<td></td>
<td>Improves confidence</td>
</tr>
<tr>
<td></td>
<td>It’s a stress relief</td>
</tr>
<tr>
<td></td>
<td>Decreases inhibition</td>
</tr>
<tr>
<td></td>
<td>Rite of passage</td>
</tr>
<tr>
<td></td>
<td>Social norm</td>
</tr>
<tr>
<td></td>
<td>Gender differences</td>
</tr>
<tr>
<td></td>
<td>Accessibility and availability</td>
</tr>
</tbody>
</table>

5.5.1. It’s about fun

The most prevalent positive perception about binge drinking was that university students associate it with having fun and celebrating. The participants described getting drunk as good fun and a social activity that allows them to enjoy themselves. Having fun is the ultimate aim of a night out. The following examples were mentioned:

“I think people binge drink to have fun, to see how much you can push yourself.”

“I see alcohol as this good thing that brings celebration... we reserve it for good times.”

“Just having fun for the moment.”

All these statements are in agreement with the literature, which reports that binge drinking is regarded as the only way to have fun across campuses worldwide (Weschler et al, 2000). Research indicates that alcohol is highly associated with a night out and having fun, specifically within the university context (Wechsler et al., 2000). Alcohol consumption is associated with
enjoyment rather than with psychological distress and students perceive that when drinking, they are likely to have more fun, be more fun to be with and be more energetic and active than they would be if they were not drinking (Fennell, 2007; Lutovich & Lutovich, 1982).

5.5.2. It’s about balance

Several references were made to the fact that binge drinking does not pose any harm if the student is able to balance it with other areas of their life, such as relationships, academics and so forth. There was also a common perception between the two groups that binge drinkers were academically stronger than non-drinking students. The participants noted:

“I’d say it’s ok to binge drink, as long as you know how to balance whatever you’re balancing, like class. For this month only attend my lectures or I don’t attend all my lectures this month then during the break I’m gonna catch up. When they start to interfere with each other, then it’s becoming a problem.”

“All binge drinkers are doing better in school, better than the ones who do not drink.”

“I know somebody who is doing both and balancing his life.”

This perception is contradictory to research and literature. Durkin et al., (1999) report a significant negative correlation between commitment to higher education and binge drinking, indicating that frequent binge drinkers tend to be less committed to their education than other students (Durkin et al, 1999). Binge drinking affects one’s level of functioning and binge drinking students are likely to miss class (due to having a hangover) and fall behind in the school work. It is thus a contradiction that a binge drinker would be able to balance it with other areas of their lives.

5.5.3. It’s a reward

Using alcohol as a reward was mentioned. Participants indicated that due to academic pressures and other daily pressures, one needs to reward their hard work. Friday night is seen as the time to let yourself go and forget the frustrations of the hectic week. One participant reported, “I personally drink to reward myself. On Friday, the week passed. I’ve worked my butt off so why not.”
Other participants reported:

“Drinking on weekends you’re rewarding yourself during Monday to Friday you were concentrating on working hard, weekend need to reward yourself.”

“It goes back to celebrating cause you’ve worked so hard.”

Research reports suggest that the effects of alcohol on the human brain contribute to subjective experiences of pleasure and reward during intoxication. This activity reinforces and increases the likelihood of binge drinking (Gilman et al., 2008).

5.5.4. Improves confidence

The desire for confidence emerged particularly strongly as an immediate motivation in the two groups and appears to relate to concerns about self-image, particularly where it helped participants improve their ability to communicate with the opposite sex. For example, participants indicated that they are less shy talking to someone they do not know very well, or dancing in front of other people if they had had something to drink. Examples of verbatim response include:

“During the day, you see a normal guy, he’s shy, and he gets the confidence from drinking.”

“Some drink for confidence.”

“I can’t speak to girls cause they intimidate me. I need this to loosen up.”

Research cites that young problem drinkers seem to value themselves less than other young people (Coggan & McKellar, 1995). It is this lack of self-esteem that increases binge drinking, while binge drinkers forget that there is a thin line between confidence and arrogance and impulsiveness and recklessness.

5.5.5. Stress relief (coping)

A number of participants reported that binge drinking helped students cope with stress. While escapist attitudes were common, drinking deliberately to relieve stress was identified as a bad motivation by some participants who felt one should drink for fun. They felt that alcohol was meant for good occasions. Participants mentioned the following:
“You’ve just had a hectic week, assignments, tests, this and that to do, so you need to let off steam.”

“Some people say they go drinking because they have some problems.”

“You may find that some are stressed, didn’t get a DP.”

“I don’t mind it as long as it de-stresses you.”

Research reports that effective coping strategies are essential at university campuses (Nkoma & Maforah, 1999). Many students drink to escape factors such as responsibilities, disappointment, loneliness, negative emotions and problems they may be faced with. In order to escape from the concerns of day to day existence for a while, alcohol seems to be the only option (Filstead, Rossi & Keller, 1976; Heath, 1995). It is apparent that students do not have effective coping strategies that they can rely on and alcohol becomes a source of coping.

5.5.6. Decreased inhibitions

Decreased inhibitions were highlighted as both a positive and a negative perception by participants. Participants reported that due to decreased inhibitions, students tend to engage in high risk behaviour, while others indicated that engaging in risk is a positive aspect of binge drinking. One participant mentioned, “I think it’s problematic among university students as most would end up doing things they wouldn’t necessarily do, maybe sleep together.” While another participant mentioned, “That’s the whole point, to loosen up.”

Research indicates that students who binge drink are significantly more likely to engage in risky behaviours, such as drinking and driving, engaging in unprotected sex and having sex while so intoxicated they are unable to consent (Hingson, Heeren, Winter & Wechsler, 2005).

Research findings dated between 2002 and 2003 among adolescents and young adults in the Gauteng province point to strong links between drinking and engagement in sexual risk behaviours. Alcohol use frequency, consuming large quantities and problem drinking are associated with the number of sexual partners a person has had (Morojele et al., 2004). The Institute for Alcohol Studies (2005b) further reports that a majority of adolescents reported being drunk or stoned when they first experienced sexual intercourse and that they have had unprotected sex, or sex that they later regretted after binge drinking.
5.5.7. Rite of passage

Throughout the group sessions, participants referred to binge drinking in the university context as part of a rite of passage into adulthood. Examples of statements made are:

“I actually think university is like a bridge to being a proper person. At university you do things that when you’re like 25-years-old you wouldn’t be able to do this. I won’t be able to get piss drunk. So at university you have to do all these things you weren’t allowed to do at home, when you were with your parents. You won’t be able to do those things when you’re working either. So it’s like a bridge in the environment.”

“People have a mentality that you only live once and varsity life is the time to enjoy. After varsity it’s job, getting married... do everything now.”

“I see it (binge drinking) as a problem for people who have responsibilities. If you’re a first year I don’t see it as a problem.”

“You do get over it, because as a student you have free time, and you do it.”

“So at university you have the time, before being a father, you have that time to do all the stupid things and when you’re a father you stop.”

“I think university is a place where you can do stupid stuff and get away with it. You won’t blame yourself cause you’re progressing. Life is going to move on and you’re going to get through it.”

University students are at a phase in their stage of development marked by curiosity, independence and confusion. This puts them at risk of engaging in binge drinking. Research indicates that as people age, the frequency of alcohol consumption increases while the volume of intake lessens, suggesting that binge drinking is a transitional behaviour (Parliament Office, 2005). University students who first became intoxicated before the age of 19 are more likely to be alcohol dependent and frequent heavy drinkers (Hingson, Heeren, Zakocs, Winter & Wechsler, 2003). One US (Schulenberg et al., 1996) study found that high school students significantly altered their drinking patterns during the transition from adolescence to adulthood. Of the overall sample, 20% went from frequent binge drinking to little or no binge drinking by the end of the transition, but a majority had either increased their binge drinking or maintained a pattern of chronic binge drinking by the end of this transition. The assumption of
adult roles, including employment, marriage and parenthood, generally militates against this pattern of drinking.

5.5.8. Social norm

The perceived social norm or belief that everyone is drinking was strongly supported by participants. They mentioned:

“You drink during weekends because that’s what students do.”

“I would say it’s normal for university students, if I see a bunch of students drinking right now, drinking a lot, I would say ok, it’s fine, but if I see older people drinking I would say no that’s wrong. It’s normal for university students to binge drink.”

There is a perception that everyone on campus is drinking heavily, thereby influencing the drinking patterns of others. The phenomenon of the perceived social norm that drinking is acceptable is strongly associated with young adults and the subject of considerable research (Jackson, Sher & Park, 200). Many university students think campus attitudes are much more permissive toward drinking than they really are and believe other students drink much more than they actually do (NIAAA, 2006). Addressing these misperceptions can help address the problem with binge drinking.

5.5.9. Gender differences

Participants spent a significant amount of time discussing the different drinking practices adopted by different genders on campus, particularly in relation to society’s standards and expectations. Some participants noted the following:

“Many people look down on you and scorn if you’re a girl who gets wasted every night... for a dude it’s different.”

“While society might look down on a girl, for a dude it’s gonna hold him up and put him on a pedestal, even though they’re doing the same thing.”

“If a girl drinks more than a guy, she’s labeled in a bad way.”

Research continues to report that men are much more likely than women to binge drink (Heath, 1995; NIAAA, 2006). While other studies report that drinking practices for males and
females are uniform, traditional masculine roles continue to predispose males to excessive drinking patterns (Miller, Melnick, Farrell, Sabo & Barnes, 2004). Society has a more permissive attitude to male drinking as opposed to female drinking (Heath, 1995; Rocha Silva, 1987).

5.5.10. Availability and accessibility

The view that availability and accessibility promotes binge drinking was high in both groups. Participants mentioned the following:

“Every Wednesday it’s student’s night in bars, which promotes excessive drinking.”

“Easy access to bars and clubs, it’s not a challenge to binge drink.”

Easy access and the availability of alcohol are strong correlates of binge drinking among university students (Babor et al., 2003; Wechsler et al., 2000.). A lack of restrictions when it comes to alcohol access, such as alcohol availability on all days of the week and at any time of the day, promotes increased access to a greater variety of alcoholic beverages, which dramatically increases access and use in many communities (NIAAA, 2007).

5.5.11. Summary of the students’ perceptions of binge drinking

As reported, university students enjoy getting intoxicated because it is fun, and they seek the confidence boost and the escape from normal routines that getting intoxicated brings. They described losing their inhibitions and finding it easier to talk to people and to approach strangers. They worry less about what they look like and are more adventurous in what they do when drinking. Research suggests that reasons for drinking are varied and are likely to be influenced by culture and context. The literature on binge drinking suggests that the university climate is found to be likely to not only maintain, but to enhance already-formed habits. Lifestyle, peer group pressure and the perception of others are highly influential in the development of drinking (Wechsler et al., 2000). Negative perceptions that were highlighted by the participants were decreased inhibition, resulting in binge drinkers becoming more reckless, overconfident and determined to do as they pleased. However, several young people said that they preferred not to think about their night out in terms of risk, as this could interfere with their freedom and independence.
5.6. Part 3: Perceptions Regarding the Role of the University Environment in Binge Drinking

The participant’s perceptions regarding the university environment’s role in influencing binge drinking is portrayed in this section. Table 5.5 lists the subthemes that were identified.

Table 5: Perceptions Regarding the University Environment

<table>
<thead>
<tr>
<th>THEMES</th>
<th>SUBTHEMES</th>
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<tbody>
<tr>
<td>PERCEPTIONS REGARDING THE UNIVERSITY ENVIRONMENT</td>
<td>University events</td>
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<td>University efforts</td>
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<td></td>
<td>Different academic demands</td>
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<td>Students’ determination</td>
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<td>Overwhelming independence</td>
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<td>Peer influence</td>
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5.6.1. University events

University events emerged as one of the subthemes that influence binge drinking in the university environment. Examples of participants’ responses are:

“I remember when we had the first-year ball in res, the poster said unlimited wine. So, mostly everyone was going for the wine; not going cause they want to dress up, they wanted wine.”

“I remember my first year, the first-year dance, the first thing they introduce to us is punch.”

“Lots of parties with drinking, that’s the thing we’re introduced to.”

“With intervarsity coming up, everyone is not going for the sport; it’s the main centre for drinking.”

The literature reflects that, throughout the academic year, a variety of student social events occur in which drinking is the central activity. The participants indicated that parties, sporting matches, orientation week and other events involve binge drinking. Research conducted at various universities reveals that the university environment contributes to excessive drinking, whereby societies and the limited availability of recreational facilities are influences of excessive drinking among students (Zata et al., 1997). Orientation week introduces first-year students to binge drinking (International Centre for Alcohol Policies, 2006). Many students view
university as a place to drink excessively due to the presence of alcohol at most university social functions. Several studies have found that heavy drinking and related problems are pervasive among people in their early twenties, regardless of whether they attend university or not (NIAAA, 2006).

5.6.2. University efforts
University efforts were identified as being ambivalent towards binge drinking on campus. This theme emerged in both groups. The following was mentioned:
“Even with the no glass policy, there’s still can. It helps and still doesn’t; it’s kind of passive towards alcohol.”
“Curbing of selling of alcohol at the Kraal does put a slight ‘no drinking’ policy on campus, but no glass policy, if there’s cans doesn’t do much.”
“There’s no searching on premises policy on paper, but no enforcement.”
“Policy is not really put into action, people are not adhering to it, and so it doesn’t really make a difference to students.”
Research indicates that university alcohol policies need to be clear, accessible and comprehensive. Without proper enforcement, policy does little to impact behaviour (Hirschfeld et al., 2005).

5.6.3. Academic demands
Academic demands were identified as an essential factor that determines whether one binge drinks or not. Participants reported:
“It depends on what you study and what your timetable looks like. Some people have class up until Wednesday and that is when their weekend starts. They start drinking on Wednesday.”
“For us doing Bsc students our schedule is very hectic, compared to someone who is doing BA or media. People who don’t have a tight schedule have time to binge drink.”
“I have a friend who, if he could, he would drink everyday, if he had the money and time for it, if it weren’t for the inconvenience of the classes.”
This is congruent with the literature, which reports that if they have a great deal of free time, many students initiate binge drinking. Wechsler et al., (1995) found that students who report
studying less than four hours a day or work less than two hours a day were more likely than other students to binge drink.

5.6.4. Students’ determination

Students’ determination to drink came up as a subtheme. The participants reported that students go to great lengths to binge drink. Examples of verbatim quotes from the participants include:

“Even if I don’t have the money I know I will still get drunk.”

“There is togetherness. If one guy doesn’t have the money to drink, the guys will offer him.”

“Binge drinking is like a cool way of looking at alcoholism. No one wants to call themselves an alcoholic, but a binge drinker.”

It is difficult for an individual to avoid binge drinking when their surrounding culture normalizes such behaviour. There is a high level of approval of binge drinking and students go out of their way to achieve that state of intoxication (Wechsler et al., 1995).

5.6.5. Overwhelming independence

Drinking was often linked to personal freedom and independence, and participants reported that these attitudes encouraged students to behave irresponsibly. It is believed that being away from parental supervision makes students vulnerable to binge drinking. Examples of statements made include:

“When you come here, you’re living in this free world where you can do whatever.”

“I came to varsity with an expectation to drink heavily. I come from a strict household and I thought I can just come here and do as I want; I can party for a change.”

“It’s so overwhelming to have all this. What am I to do? Where do I go? So, you kinda get confused about things.”

“Sometimes, it’s just so overwhelming, but varsity can be overwhelming sometimes.”

“Here in Res, you don’t have to report to anyone, you do as you please here. You’re seen as an adult here, whereas back home, you’re seen as a child.”
“You get overwhelmed by the freedom and being with so many students, so many diverse people, so it’s about freedom.”

There is a growing body of evidence suggesting that attending university for the first time entails a transition in young peoples’ lives that incorporates a great deal of stress. Although some students experience this transition as a challenge to personal growth, others are overwhelmed by the changes and experience emotional maladjustment and depression (Cutrona, 1982; Hammen, 1980).

Furthermore, there is a perception that gaining adult status can be achieved through alcohol consumption. Coggan and McKellar (1995, p.2) report that much of the motivation for young people to consume alcohol is related to the myth that it is “sophisticated” and “adult to drink”. The drinking patterns and habits of young people are viewed as part of a more general socialisation and coming of age in a society where alcohol consumption is considered an important part of mature behaviour (Fossey et al., 1996). Plaut (1967) adds that young people have regarded alcohol consumption as a hallmark of maturity for decades.

Based on the present researcher’s clinical experience at Student counseling, first-year students are more vulnerable to binge drinking and find every day decision making and acting independently challenging. The literature reports that the lack of adult supervision is relevant to alcohol consumption in the university setting (Wilkinson, 1977; Wechsler et al., 2000).

5.6.7. Peer influence

Peer influence was highlighted as one of the factors that play a significant role in binge drinking among university students. Examples of statements made were:

“Students glamorise alcohol. They often ask have you tried this, have you tried that, and it becomes like a trend.”

“You see people around you, then you’re like, I wanna do that.”

“This weekend I might go out with friends and think I won’t drink, I see them having so much fun, then I drink as well.”

“Binge drinkers look like they are having more fun. Some students also want to have that.”
Many authors and researchers agree on the influence of peers when it comes to alcohol consumption among university students. Various other studies consider peer influence within the university context as a significant factor, especially in light of students’ search to be accepted by peers (Catalano & Hawkins, 1996; Nkoma & Maforah, 1994). The kind of friendships that develop in residences can influence and guide students’ future educational success or failure, since they have to respond to the influence of an intense peer group environment (James & McInnis, 1997). Borsari and Carey (2003) contend that peer influence is exerted directly (in the form of drink offers or urges to drink) and indirectly (by modeling perceived social norms).

Social learning theories (Bandura, 1986; Hawkins, Catalano Miller, 1992) emphasise the importance of the interaction and identification with as well as the imitation of, the behaviour of others in acquiring new behaviours and reinforcing old behaviours.

5.6.8. Summary of Perceptions Regarding the University Environment

The combination of university events, efforts, academic demands, students’ determination, independence and peer influence have been highlighted as important factors that influence binge drinking in the university environment.
5.7. Part 4: Strategies to Address Binge Drinking

The participants reported four contexts in which binge drinking can be addressed, namely the student, family, university and community context. Table 5.6 lists the subthemes that were identified regarding strategies to address binge drinking.

Table 6: Strategies to Address Binge Drinking Among University Students

<table>
<thead>
<tr>
<th>THEME</th>
<th>SUBTHEMES</th>
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<tr>
<td>4 STRATEGIES TO ADDRESS BINGE DRINKING</td>
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<tr>
<td>Student Context</td>
<td>Safety in numbers</td>
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<tr>
<td>Family Context</td>
<td>Reduce stress</td>
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<td></td>
<td>Regulate finances</td>
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<td></td>
<td>Teach responsible drinking</td>
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<tr>
<td>University Context</td>
<td>Increase restrictions</td>
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<td>Increase freedom</td>
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<td>Increase awareness</td>
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<td>Support system</td>
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<tr>
<td>Community Context</td>
<td>Community Initiatives to keep busy</td>
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</table>

5.7.1. Student context

In order to address binge drinking, the participants argued that it is essential to decrease individual risk by going out in groups and ensuring that some members are sober at all times, particularly among females. They remarked:

“Going out with the girls is safer.”

“Making sure that there’s at least two sober people in the group.”

Although this strategy decreases risk for the binge drinker, it could be criticized as it potentially encourages high-risk drinking, and this possibly should be considered in the design, promotion and monitoring of interventions.
5.7.2 Family context

The family was identified as playing a significant role in addressing student’s binge drinking. Participants acknowledged the following three areas in which family needs to intervene:

a) Teaching responsible drinking practices: The participants indicated that parents need to take an active role in preparing students for university. Notably, parents need to teach responsible drinking. A participant mentioned the following example,

“In some families, when you come to university, they throw a party or a family gathering where they send you off, older people come to you and tell you what you’re up against and prepare you.”

b) Reducing stress: The family was identified as playing an important role in students’ stress levels. The following was mentioned:

“If family reduced stress, the student might not find reason to drink”

“Going home is a stressful”

“There’s a lot of pressure from home”

c) Regulating finances: The participants reported that parents need to regulate money as this contributed to binge drinking. The following statements were made:

“If you have everything else, tuition, res fees, pocket money, books covered, you’re gonna say I don’t have anything else to take care of and I’ve got a bit of money, let me just spend it on alcohol, as opposed to somebody who has a specific amount of money to take care of and at the end of the day has nothing left.”

“I think cutting the money supply might curb the problem.”

There is a growing body of evidence suggesting that attending university for the first time entails a transition in young peoples’ lives that incorporates a great deal of stress. Research indicates that the first-year adjustment to university life is a function of relationships with parents, particularly mutual reciprocity and discussion with parents (Gallander & Mordechai, 2000). Young adults and adolescents who have a supportive and monitoring relationship with their parents are less likely to binge drink (Haan & Boljcvic, 2002).
5.7.3. University context

Participants contradicted themselves with regards to the role of the university. On the one hand, participants indicated a need for increased restrictions, while, on the other hand, participants recommended a need to increase freedom.

a) Increase restrictions:

Participants indicated that stricter measures should be taken to address binge drinking, while some indicated that imposing restrictions would worsen the behaviour. The following was mentioned by the participants:

“At the beginning, no alcohol should have been allowed. It was a problem when they thought every individual can think for him or herself.”

“There should be a restriction that after this time no one is coming in and no one is going out.”

“If they place restrictions, it’s gonna happen 10 times more than now.”

“I think we should just let it be a way of life. It’s gonna cause trouble. If people want to drink they will drink.”

Research is inconsistent with regards to the benefits of strict restrictions [policy] to prevent binge drinking. It has been found that at universities that ban alcohol, students are less likely to drink and more likely to abstain from alcohol. However, students who chose to drink at these universities consume just as much alcohol as students at schools without a ban (Wechsler et al., 2000). Establishing policies that reduce overall alcohol consumption rates is believed to be beneficial to the reduction of the rate of binge drinking. Alcohol control policies influence the availability of alcohol, the social messages about drinking that are conveyed by advertising and other marketing approaches and the enforcement of existing alcohol laws (NIAAA, 2006).

The following examples were mentioned by participants as suggestions to be implemented regarding university policy:

i. Alcohol-free residences

ii. Restricting alcohol at campus events

iii. Alcohol-free parties
Though research on the success of these programs is limited, studies have shown that students living in substance-free residences are less likely to engage in binge drinking and underage students at universities that ban alcohol are likely to abstain from alcohol (Babor et al., 2003; Wechsler et al., 2000).

b) Increase freedom:

Increasing freedom and personal empowerment was identified as an important subtheme in the university level of intervention. Participants reported that there needs to be more resources, awareness and a support system so that they do not resort to drinking. Resources suggested included:

“Have more alternatives and options as opposed to drinking.”

“More extramural activities.”

“Nothing happens... bring in more stuff for students to do.”

“If we had a centre, a chill-out place on campus to do stuff.”

“I think they should open a bar here on campus.”

The need for increased awareness was mentioned:

“Through awareness that there is binge drinking and it could lead to a problem. Let the person know all information so they could make an informed decision.”

“Awareness can help a lot of people.”

Support system suggestions were made:

“I think there should be support systems for students, let students know what they’re getting themselves into.”

Since 1994 there has been a substantial amount of activity aimed at preventing substance abuse in South Africa. In terms of public education, the government launched several broad initiatives, including, ‘I’m addicted to life’ and ‘Ke Moja’ (Parry, 2005). Foxcroft et al. (2003, p.399) report that a combination of social skills training and knowledge-based education contributes to “significant reductions in drinking behaviour”. Key successful aspects of these interventions include: media campaigns aimed at changing young people’s perceptions of
drinking norms for partying, peer-led discussions about factors that encourage alcohol use, the need for individuals to make their own decisions about health, and the provision of basic facts about alcohol and the risks of intoxication.

5.7.4. Community context

The participants highlighted that the community initiative should focus on keeping the youth busy, thus not drinking. They stated:

“Even in the community you need to get something to do, be it sport, music.”

“I think the community should keep the youth busy. I know within my community they promote sport and if you’re not good with sport, you go to the ground and just watch people play.”

“Having something to do keeps you busy, you don’t spend time thinking about alcohol. You can have fun in a different way, rather than having fun drinking.”

Community initiatives targeted at reducing binge drinking seems to be relevant and effective. Researchers and the media have contributed to the growing awareness of alcohol problems among the public and politicians. While competing priorities have resulted in alcohol issues not being given sufficient attention, this is changing due to increasing awareness of the linkages with national priorities such as HIV/AIDS, crime/violence and development (Parry, 2005).

5.7.5. Summary of strategies to address binge drinking

Change has been identified in a micro, meso, macro and exosystem context. The participants report that change needs to be addressed in an individual, family, university and community context. Presentations to first-year students at residences and students groups can help raise awareness of the detrimental effects of binge drinking.

5.8. Conclusion

In the above discussion, findings from the focus group discussions have been outlined according to the four themes that emerged during the process of data analysis. The four themes that were identified from the data were as follows:
1) Understanding of binge drinking
2) Perceptions of binge drinking
3) Perceptions of the university environment
4) Strategies to address binge drinking

Each theme was supported by subthemes and relevant participant quotations from the focus group discussions. In turn, each theme and subtheme was verified by comparing the findings to available literature. In Chapter Six, attention will be focused on summarizing the findings, drawing conclusions and generating recommendations.
CHAPTER 6
CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1. Introduction

Chapter five examined the results of the present study. Chapter six draws conclusions that can be made from these findings. This chapter will begin with a summary of the main findings of the study, followed by the values of the study, as well as the limitations encountered. The chapter will conclude with recommendations for future research areas.

6.2. Summary and Conclusions of the Study

The present study utilized focus groups in order to gain insight into the subjective meaning of participants’ attitudes towards binge drinking and to seek common themes that emerged with regards to their perceptions. Research into this phenomenon is necessary in helping university administration comprehend the nature of binge drinking among students and to provide assistance in developing mechanisms to prevent and manage its occurrence. Valid conclusions may only be drawn from the results of the study by returning to the aims of the study. The present study aimed (a) to describe students’ understanding of binge drinking, (b) to explore and describe university students’ attitudes towards and perceptions of binge drinking, and (c) to explore the contextual factors relating to binge drinking. In drawing conclusions based on the results of the study, the discussion will be structured according to the aims of the study.

Concerning the participants’ understanding of binge drinking, they reflected no clear understanding of the difference between abuse, dependence and binge drinking. Participants defined binge drinking in relation to the number of drinks, the time span, episodic drinking, behaviour and normal functioning. Their understanding of binge drinking was inconsistent with the literature on binge drinking. This is because there is no internationally agreed definition of binge drinking (NIAAA, 2008). Some researchers have criticized the term binge drinking as it is unclear and, therefore, unhelpful in that many young people do not identify themselves as binge drinkers (Institute of Alcohol Studies, 2005b).
The participants’ attitudes and perceptions with regards to binge drinking were more positive than negative. Participants associated binge drinking with the following attributes: fun/celebration, reward, balance, freedom, increased confidence and stress relief and saw it as a rite of passage in order to reach adulthood. It is apparent that university students enjoy getting intoxicated and seek the confidence boost and the escape from normal routine that alcohol provides. A negative perception that was highlighted by the participants was the perceived decrease in inhibition that results in binge drinking students becoming more reckless, overconfident and determined to do as they please.

The third aim of the study was to explore the contextual factors relating to binge drinking. The results of this study indicate that a combination of university events, efforts, academic demands, student determination, overwhelming independence and peer pressure significantly influence binge drinking in the university environment. The literature on binge drinking suggests that the university environment not only maintains, but enhances already formed drinking habits. Lifestyle, peer group pressure and the perceptions of others are highly influential in the development of drinking (Wechsler et al., 2000). In order to address binge drinking, change needs to be affected in the micro, meso, macro, exo and chronosystems, thus addressing change in an individual, family, university and community context. These include harm reduction strategies, such as responsible drinking, the increase of restrictions at universities, freedom, alcohol-free parties and community initiatives to keep youth busy.

In summary, participants had limited knowledge concerning the meaning of binge drinking, had permissive attitudes towards binge drinking and believed that the university context contributes and normalises binge drinking.

6.3. Value of the Study

While there is a wealth of international studies on binge drinking, there are very limited studies in South Africa focusing on university students’ perceptions of binge drinking. It was both important and necessary to explore and gain an understanding of university students’ attitudes and perceptions. Therefore, the value of this research is that it contributes towards knowledge about binge drinking in a South African university context, describing variables that influence this behaviour.
A large amount of research exists with regards to alcohol misuse, with the focus being on adolescents as alcohol abusers (Parry, 1998; Morojele et al., 2004). Interventions based on this research are, therefore, aimed and tailored for university students. Furthermore, as discussed in Chapter two, it has been found that the university environment has a significant impact on binge drinking (International Centre for Alcohol Policies, 2006; Ramstedt & Hope, 2004; UNDCP, 2004; Wechsler et al., 2000). Consequently, this study holds value in a two-fold manner. Firstly, it contributes towards informing and improving policy, intervention and psycho-educational efforts aimed at university students, and secondly, it looks at how students perceive binge drinking. While the current study holds numerous valuable contributions to research, there are also a number of limitations to this research that have been observed by the researcher. The next section is an examination of these limitations.

6.4. Limitations of the Study

In terms of the research procedure, a number of aspects could have been approached differently. For example, the decision not to have separate focus group interviews for different genders was based on the findings of quantitative studies, which indicated no significant differences in binge drinking perceptions across gender (Wechsler et al., 2000). While the number of participants in this study was too small to make inferences about differences between groups, a quantitative instrument may have been useful.

Only two sessions were conducted with the two groups, but they yielded a substantial amount of data. The findings of the study could have been given to the participants in the form of feedback in order to obtain their confirmation that the research results provided an accurate reflection of the input provided by the participants. A follow-up study, in which the current findings are verified through further focus group discussions, is an alternative means of compensating for these limitations (Creswell, 2003).

Based on the various limitations of the study that have been discussed, recommendations for future research can be made. The focus of the following section now shifts to recommendations for future research.
6.5. Recommendations for Further Research

Understanding how alcohol influences people across different life stages is important, especially when designing effective approaches for diagnosing, treating and preventing alcohol abuse and dependence and their related problems (Parry, 2000). The life stage that concerns being a university student involves a lot of responsibility and maturity, which can be a vulnerability factor. Common developmental tasks include: making a career choice, sex role identity, dating, forming significant relationships and separation from parents (NIAAA, 2007). Research has found that multiple stressors influence drinking behaviour. The findings of this study contributed significantly to the existing knowledge base regarding university students’ perceptions of binge drinking. However, specific aspects regarding binge drinking that have emerged from this study need further exploration. Examples of these are a) a definition of binge drinking, b) students’ coping skills, c) academic demands and d) university policies.

It is recommended that the current study should be replicated using a larger sample and separated into focus groups according to demographic variables. Such a study would allow for the comparison of different student groupings’ perceptions of binge drinking. Variables taken into account could include gender, language and faculty of study.

6.6. Conclusion

The exploration into the attitudes towards and perceptions of binge drinking through this study has highlighted the relevance and necessity of such research. The study has proven to be beneficial in developing insightful knowledge that can be used to supplement the understanding of the dynamics of binge drinking. This chapter addressed the conclusions of this study, the value and limitations of the study and provided recommendations for further research. The findings of the study provide valuable guidelines for interventions relating to binge drinking among the student population, particularly in South Africa. It further provides research-based guidelines for a supplementary definition of binge drinking in South Africa.
References


Engs, R.C., & Hanson, D.J. (1988). University students' drinking patterns and problems: examining the effects of raising the purchasing age. Public Health Reports, 103, 667-673.


APPENDIX A: ALCOHOL-INDUCED DISORDERS

1. Alcohol intoxication (303.00)

A. Recent ingestion of alcohol.
B. Clinically significant maladaptive behavioural or psychological changes (e.g., inappropriate sexual or aggressive behaviour, mood lability, impaired judgement, impaired social or occupational functioning that developed during, or shortly after, alcohol ingestion.
C. One (or more) of the following signs, developing during, or shortly after, alcohol use:
   1) slurred speech
   2) incoordination
   3) unsteady gait
   4) nystagmus
   5) impaired attention or memory
   6) stupor or coma
D. The symptoms are not due to general medical condition and are not better accounted for by another mental disorder.

2. Alcohol withdrawal (291.81)

A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged.
B. Two (or more) of the following, developing within several hours to a few days after Criterion A:
   1) autonomic hyperactivity (e.g., sweating or pulse rate higher than 100).
   2) increased hand tremors
   3) insomnia
   4) nausea or vomiting
   5) transient visual, tactile, or auditory hallucinations or illusions
   6) psychomotor agitation
   7) anxiety
   8) grand mal seizures
C. The symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

3. Alcohol withdrawal delirium (Delirium tremens)

Delirium resulting from abstinence or marked reduction of severe alcohol intake.
A. Disturbance of consciousness due to withdrawal resulting in reduced awareness of environment, and reduced ability to focus, maintain or shift attention.
B. Cognitive defects such as disorientation, reduction in memory and language disturbance.
C. Perceptual disturbances not due to dementia:
1) visual and tactile hallucinations (react to hallucinations or delusions as if they are genuine dangers)
2) hallucinations influenced by suggestion
3) delusions
D. Sensory disturbances caused by
1) disorientation of time, place and person
2) clouded consciousness
E. Other symptoms:
1) autonomic hyperactivity
2) palpitations, sweating, hypertension, fever, tachycardia etc.
3) insomnia
4) anxiety
5) agitation
6) unpredictable behaviour (can be a danger to themselves and others)
7) fluctuating activity levels (hyper-excitability to lethargy)
8) tremors of the hands, tongue and lips
9) coated tongue and foul breath
F. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.
G. Other information:
1) symptoms usually last 3 to six days followed by deep sleep
2) slight remorse
3) often stop drinking for a few months

4. Alcohol-Induced Persisting Dementia

Dementia caused by chronic abuse of alcohol.

Dementia
• Multiple impairments of cognitive functioning, but no impairment in consciousness.
• Impairments so severe that they interfere with the person’s social and occupational functioning.
A. Impaired memory - Long term memory (inability to recall episodic or semantic memory) - Short term memory (inability to retain new information) - inability to learn new information or to recall previously learned material. Impairment of orientation can also result from the loss of memory - e.g. the person can go to the bathroom and then forget how to get back to the bedroom.
B. At least one of the following symptoms:
1) aphasia
2) apraxia
3) agnosia
4) disturbance in executive functioning
C. Dementia causes impairment and significant decline in social and occupational
functioning.
D. Alcohol-Induced Persisting Dementia does not occur exclusively during substance intoxication or withdrawal.
E. There is evidence of long term alcohol abuse.

5. Alcohol Induced Persisting Amnesic Disorder (Korsakoff’s syndrome)

A. Irreversible memory deficits (mostly short term memory) caused by prolonged use of alcohol.
B. Memory gaps (difficulty retrieving stored information)
C. Confabulation as an attempt to hide memory defects.
D. Distorted associations
E. Inability to form new association (difficulty storing new information).
F. Difficulty recognizing persons, places or objects.
G. Memory defects cause significant occupational and social impairments.
H. Due to long term abuse of alcohol (depletion of Thiamine/vitamin B12).
I. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.
J. Other symptoms:
   1) permanent brain damage in 80% of cases
   2) diminished intellectual functioning
   3) confusion, ataxia & even delirium
   4) blackouts common
   5) cirrhosis of the liver
   6) lack of restraint (lowered moral and ethical standards)
   7) vulgar and coarse behaviour

6. Wernicke’s syndrome

Similar to Korsakoff’s, but the symptoms are reversible.

7. Alcohol Induced Psychotic Disorder (ICD 10: F10.50-53)

A. Prominent hallucinations and delusions occurring within one month of substance intoxication or withdrawal, due to long term abuse of alcohol.
B. Mostly auditory hallucinations (voices accusing or threatening them, exposing weakness etc.).
C. Hallucinations usually unstructured.
D. Hallucinations usually last less than a week.
E. Impaired contact with reality.
F. Does not occur exclusively during delirium.
G. Not better accounted for by psychosis (schizophrenia or delusional disorder) that is not substance induced.
H. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

8. Alcohol induced mood disorder
Mood disorder (depression, mania or mixed pattern) directly linked to chronic abuse of alcohol. Often follows either intoxication or withdrawal.
(American Psychological Association, 2000)
### NELSON MANDELA METROPOLITAN UNIVERSITY

**INFORMATION AND INFORMED CONSENT FORM**

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<thead>
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### A. DECLARATION BY OR ON BEHALF OF PARTICIPANT

(Person legally competent to give consent on behalf of the participant)

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I, the participant and the undersigned
I.D. number

**OR**

I, in my capacity as
of the participant
I.D. number

Address (of participant)

### A.1 I HEREBY CONFIRM AS FOLLOWS:
1. I, the participant, was invited to participate in the above-mentioned research project that is being undertaken by Ms. Lerato Mokgethi of the Department of Psychology in the Faculty of Health Sciences of the Nelson Mandela Metropolitan University.

2. The following aspects have been explained to me, the participant:

2.1 **Aim:** The investigators are studying: The attitudes and perceptions of binge drinking among University students

2.2 **Procedures:** I understand that participating in this study will aid in achieving the above mentioned objective

2.3 **Risks:** None

2.4 **Possible benefits:** As a result of my participation in this study I will not receive any monetary benefits

2.5 **Confidentiality:** My identity will not be revealed in any discussion, description or scientific publications by the investigators.

2.6 **Access to findings:** Any new information/or benefit that develops during the course of the study will be shared as follows:

2.7 **Voluntary participation/refusal/discontinuation:**

My participation is voluntary

My decision whether or not to participate will in no way affect my present or future care/employment/lifestyle

3. The information above was explained to me/the participant by (name of relevant person)

in

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and I am in command of this language/it was satisfactorily translated to me by (name of translator)

I was given the opportunity to ask questions and all these questions were answered satisfactorily.
4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.

5. Participation in this study will not result in any additional cost to myself.

### A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT

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### B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I, ………………………………………………………………………………………………………………………. declare that

- I have explained the information given in this document to

  (name of patient/participant)

  and/or his/her representative

  (name of representative)

- he/she was encouraged and given ample time to ask me any questions;

- this conversation was conducted in

  Afrikaans  |  English  |  Xhosa  |  Other

  and no translator was used / this conversation was translated into

  (language)

  by

- I have detached Section D and handed it to the participant

  YES  |  NO

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**D. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT**

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<td>Thank you for your/the participant’s participation in this study. Should, at any time during the study:</td>
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APPENDIX C: BIOGRAPHICAL INFORMATION

Age

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Please tick your choice with (√)

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Year of Study

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Field of study

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Residence

- [ ] Currently on campus residence.
- [ ] Previously on campus residence
APPENDIX D: FOCUS GROUP INTERVIEWING GUIDE

1. What is your understanding of binge drinking
2. What do you think about binge drinking among University students?
3. Do you think the University environment promotes binge drinking? Why?
4. How do you think the family, university, community can assist in reducing binge drinking
APPENDIX E: FOCUS GROUP INTERVIEW TRANSCRIPT

Session1: Group B

WHAT IS YOUR UNDERSTANDING OF BINGE DRINKING?
From my understanding it’s when you drink excessively at one point and then not drink for a long time. For Instance I would not drink on Monday- Friday, then on weekends I would drink excessively. Over consuming alcohol, just drinking. I say for guys it’s having 6 drinks at least 6 drinks, 5 drinks for girls. I think it’s about not drinking for a while and when you drink you drink a lot. I have the same sentiment, you drink even during school days, and you just have a craving for drinking regardless of what time of the day. Alcohol on weekends you drink over. You outdo yourself in your drinking.
I also think it’s an addiction, many people don’t understand it could be an addiction that because of the long period of time that you go without drinking. Is being an alcoholic and binge drinking the same thing?

Reflect: What does the group think
No!!!, BD you can control it, alcoholic you can’t control it you gotta have it when you want it. It’s about being in control Most people who are addicted are in denial and think they can control it, they’re addicted. I think with alcoholism you rely on alcohol, You want it all the time. With BD you don’t need it t get through the day like when you’re addicted to alcohol. You don’t need it when you’re
But what happens when I’m not drinking from Monday to Friday, but on Saturday, I need alcohol, like constantly I act like a normal alcoholic. Why? You just want to have it. You just have a craving like chocolate. You would have the same characteristics as an alcoholic. Already you know on Saturday you drink, it’s a mental state. Already doesn’t that mean you’re an alcoholic. No, You can wait the whole week till Saturday then you’re in control. If you know you drink on Saturdays , you just crave it. You want it badly.

Reflect: I’m hearing there’s a difference between alcoholism and BD
A good example is that a BD even when they don’t get it they would function, an alcoholic wouldn’t. They would be shivering, wouldn’t concentrate Why is it called and addiction then? Addiction by day.

{Group Laughs}

Like addicted only BD on Saturday. I will keep to the numbers, a certain number of drinks continuously. I would say if you drink 5 drinks in a week, you’re BD your overdo it. But you can go for a while, like 2 weeks and not drink, If you then go for 2 weeks and not drink I would say you’re OK. If it’s continuous, like 2 drink a day, that’s BD

**Reflect: So BD is more than 2?**

Drinking on a time scale least 5 drink a week. 2 drinks a day. You’re drinking if you’re drinking from Monday to Friday, you’re addicted. No, that’s not BD. Why drink then. A glass of red wine per day is good for the heart. Even if its one glass, you’re going to need to have that one glass everyday. But you have to drink 1 glass per day. I call it BDWhat is it, is it a need? It’s not a need but a medical precaution

**Reflect: What I’m hearing as V said its repetitive its BD, I what do you think?,**

I don’t know. I’m a bit confused. If you intoxicated your body everyday, you’re being an alcoholic, if its on an occasion, its BD.

**Reflect: I’m hearing, its occasional, over a number of days**

He said It’s an addiction by day, it’s a process of being an alcohol. It’s a process of being an alcoholic. Yes 6 beers.

**Reflect: How much is too much?**

I think it depends on who you are. It depends on your body, how much you can take. Some people can drink 6 beers, nothing happens to them. But you get to the police in the road block you’re in trouble. Your body can actually digest, it digests alcohol per hour. So if you take 2 in the hour you’re already over consuming , overdrinking that alcohol. So you’re saying we can drink alcohol in the hour. Then another one in another hour. Your body can process that alcohol. That’s unhealthy!

**Reflect: So if you have a 5 beer in a span of 5 hours, it’s Ok?
I’m saying more than 2 a day is a problem. I’m saying BD, in a week you should drink 2 beers a day, up to 7 days, that’s like 14 beers and someone who drinks 14 beers a day you’re both BD. Don’t you think if you take 2 beers per day your body gets used to it and when you want to stop you can’t. It’s a routine, its in your head and its part of your lifestyle. You can’t do without it the 2 drinks. Its part of you lifestyle
One thing is alcohol is a drug so taking that drug , I’d consider you as an addict. By taking that drug There’s no way you can absorb that. So if you take a drug you’re an addict.

Reflect: So by taking a sip you’re an alcoholic?
No just 1 glass, you’re an addict
NO!! (whole group laughs).

Reflect: So what do you think, you’re quietly shaking your head
I don’t agree. It doesn’t automatically make you an addict, if you have a sip. I say the whole beer, a whole glass. I think we need to define what is an addict here?. An addiction is when you’ve totally lost control. I think it’s when you can’t live without something, that’s an addiction. As T said it’s a drug. People tend to be addicted, painkillers for example. Initially, you took painkillers for the pain, you later realise you can’t sleep anymore without them. With alcohol you take 2 drinks for the heart, then, you can’t go without the 2 glasses of wine and you try convincing yourself it’s for the heart.

Reflect: It sounds like you’re saying you want to stop but as a result of dependence, you can’t
So as a result of what you’re saying, I don’t support his theory that when you’re drinking you’re supporting a habit. Cause you’re not addicted. You can live without it Alcohol is a drug, if you don’t need it’s , then leave it don’t it , it doesn’t help the body in any way. I have a question, would you say a person is an addict, if they only drink on weekends and every weekend they drink. That’s the sort of people you meet and they tell you ‘I wish the weekend would end’. But then it could be something you’re looking forward to. It’s an extra mural activity, it’s a habit, someone else would say ‘I wish this week would end because I want to watch a movie’
Reflect: you’re saying it’s a habit?
I have a brother at home who drinks his money every Friday, I think it made him forget who he was cause he worked really hard during the week for very little salary. To reward himself. Some people really need it, it’s just a habit

Reflect: What do others think
I personally drink to reward myself. On Friday, the week passed. I’ve worked my butt off so why not. Some drink for confidence. Some are impulsive some just live and think for today. My salary today and borrow money tomorrow. Its one of those things. I’ve heard a lot of heard a lot of people who drink for confidence. During the day, you see a normal guy, he’s shy, and He gets the confidence that comes from alcohol. I can’t speak to girls cause they intimidate me, I need this to loosen up. If you’re drunk you act stupid. You just want the smell of beer. The confidence is inside not from the beer.

Reflect: So its different beliefs, staying with BD, what is it
I think it’s more drinking, mentally that you drink more than you’re supposed to. You say it’s a mentality. It’s your mentality playing a role. Telling yourself, you can live without it. I think BD is becoming more of a problem, cause people think if I drink on weekends excessively. I don’t have a problem cause Monday-Friday I was able to be fine

Reflect: BD, creates the perception that you don’t have a problem
Drinking to get drunk. That’s what BD is. When you drink to get drunk. Can you elaborate? Getting tipsy, loosen up, then drunk, then blackouts. Like L said, drinking on weekends you’re rewarding yourself during the Mon-Fri concentrating on work hard, Saturday you need to give yourself a reward.

WHAT DO YOU THINK ABOUT BD AMONG UNIVERSITY STUDENTS?
BD is Rampant among students. Its there. It’s just normal. Students drink every day of the week. That’s how I feel. It’s difficult to differentiate between an alcoholic and BD because students drink whenever. When you have the money, when they have the time, BD if they want to. The guys whom I’ve talked to about BD say its because during the week they’ve worked hard and weekends the brain relaxes, when Monday comes more
relaxed. It’s basically a lot of people drink, out of most of those who drink are going to be alcoholics. And we can’t tell whose gonna be an alcoholic cause everyone does it.

**Reflect: Someone touched on that it’s normal, how normal is it?**

Very normal!! [Group laughs]. It’s normal for students to BD, but for some it isn’t normal. You find that some are stressed, didn’t get a DP. That’s a sign of someone who’s going to be an Alcoholic in the long run. I mean the person didn’t didn’t before, now they’re stressed and they want to drink. That’s a true sign that the person will be an alcoholic. when something knocks you over in life you’re going to run to alcohol, like a DP. When people do when they’re stressed, that’s what makes us different. Sort put the person. Its not that easy. That’s not why you drink, you don’t celebrate such thing. I see alcohol as this good thing that brings celebration. I wouldn’t take such a good thing when I’m depressed. We reserve it for good times.

**Reflect: Back to how normal is it? Not necessarily the non drinker but to the drinkers**

Most people, they start to drink at university, that’s how normal it is back home you’re with your parents. When you come here everybody is doing it, not necessarily peer pressure. Just that everybody is doing it. At home when you’re drinking its difficult cause you have to hide it. When you come here, you’re living in this free world where you can do whatever, so you see it as a norm, cause you’re free to do whatever.

It’s a norm for an effective period of time. it’s not a norm its mischief. If you’re at home, just tell your parents I’m drinking right now. I would say its normal for University students , if I see a bunch of students drinking a lot right now, drinking a lot, I would say Ok, its fine, they’re having fun. But if I see older people, drinking I would NO that’s wrong. It normal for University. The thing is that older person started at University

**Reflect: Is it about responsibility, when you’re older you should be doing more serious things in your life, while at Universtity you’re meant to have fun, explore and experiment etc.**

People have mentality that you only live once and varsity life is the times to most enjoy. After varsity its job, getting married. You have a picture of marriage being tight, you might not be allowed to do certain things. Do everything now. But you get used to a
lifestyle, you can’t let it go, which continues. So that’s why you get older people who come here looking for younger people.

**Reflect: So this is time to enjoy it**

I think it really does. Everybody comes to Varsity with that thing in their brain like Freedom. Ok I always had freedom. Now it’s like extra freedom. I don’t need to hide it anymore, unlike in a boarding school kind of situation. I had a different perception, Varsity you enjoy, that better things are still yet to come unlike here in varsity. It’s true in varsity you’re supposed to enjoy your life. But the difference here is people enjoy by using alcohol, there’s no other way to have fun.

**Reflect: Is it the most popular way to have fun?**

It’s the most popular way. For some it’s the only way. The people who drink excessively are the ones who are single, the ones in relationships don’t. Your girl keeps you busy. During the weekends you go on dates and busy the whole days. Sunday you go to church. You hear jokes like Stella (Amstel) would never disappoint me. It does play a role. It closes the void.

**Reflect: Does being single promote BD?**

I think you can strike a balance between the two, be in a relationship and drink as well. Your girl would have a problem if you were drunk every Saturday. Exactly. She wouldn’t have a problem if she met you drunk. Saturday is your time. Especially in academics, during the week you spend all your time with your books then other times with your books. If you’re gonna spend all that time drinking what’s the point of relationship. You won’t spend all that time drinking, say during the day you go for lunch, then at night you hook up with your boys.

You’re not spending time with alcohol, you’re spending time with your boys and you’re drinking. There’s nothing wrong with spending time with your friends every Friday and Saturday and for you guys to enjoy you drink. When do you find time for girlfriend? On Monday-Friday. Do you spend the whole day in the Library? You get a social life during the week. If you’re going to spend all your time drinking, chances are you met your girl
drinking and she’s drinking too. So when you’re in a relationship it’s going to be that kind of situation where its like Babes lets go out. I met you drunk so.

*Reflects: So being with someone who drinks, what role does that play when your boys or girls drink?*

I used to drink, all my friends drank, I stopped the relationship changed a bit. I withdrew a bit. And I also found it hard, declining all the time no, I don’t want to drink. So I stepped back from them

**DO YOU THINK THE UNIVERSITY ENVIRONMENT CONTRIBUTES TO BD?**

Mostly when you go to function they involve an after party and alcohol, and people are prone to drink afterwards or during. And people walking around with a glass with alcohol, seen as cool. That’s just uncultured. Even with leaders, the SRC, the booze cruise. I don’t see the use of a glass free campus. They are for drinking. Most of the functions involve alcohol, are for drinking. Madibas do they serve alcohol. No they stopped

*Reflect: Let’s talk a bit about that, what role these functions play*

They play a huge role, like in res they will say free punch. People go because of the free punch. I have a friend who budgets for these things, and I think he would drink everyday if he had the money and time for it weren’t for the inconvenience of the classes. Afterwards the person is bound to get alcohol. I would also say it depends on what you study and what your timetable looks like, some people have class up until Wednesday and that is when their weekend starts. They start drinking on Wednesday

*Reflect: So the different academic demands*

Yes, for us doing Bsc our schedule is very hectic compared to someone who is doing BA, No Media. People who don’t have a tight schedule like us, drink often.

*Reflect: The flexibility of classes. What kind of functions particularly promote BD*

Every function. Formal or not it has to have an after party. It’s kind of the way to draw more students in if they advertise that there will be more alcohol. And more students will want to come cause you know in a party there is going to be alcohol and people associate alcohol with a good time. They associate alcohol with woman
**Reflect: You’re associated alcohol with women?**

Cause they are like flowers to bees. If you throw a party at res to raise funds, you say the first 50 ladies free. All the guys want to be there. There’s nothing to do you go there you get drunk. It’s about confidence to approach that girl.

**Reflect: So all the functions include alcohol as a draw card. Are these like the societies?**

Everything, Except for religious societies of course.

**Reflect: What thoughts do you have about Students drinking**

I think its becoming a problem. Why is it that everybody has to drink? Everybody I meet they drink. They don’t know why they do it, but because everybody is doing it. So for me it is a problem, cause they do it. I don’t think it’s a problem if your academics are going well. If you’ve got both this balanced that’s good, if you’ve got one thing lacking then that’s a problem. Then what if you drink all your money and come to us when you’re hungry. We’ve got a friend who does that. Ok that’s a problem

**Reflect: S what do you think**

It’s not a problem of you can find a balance. It’s not a problem if you’re able to balance your time with your woman and the beer. Like he said, when do you get the time to spend with your girlfriend. So it’s not a problem as long as it balances. So everything is not a problem unless it balances (Sarcastic)

**Reflect: J you touched on money that you have friend who budgets for these events, what role does money play?**

I put it in the budget. He said he sets aside money for these events. You may set money aside but when you go out, and the alcohol starts working on your body you just feel like let me just take some money. You end up not having money for transport. You then end up asking people for money then your plan falls through. And most students who drink are from wealthy families because those from poor backgrounds tend to budget and you don’t see them spending as much money, don’t put alcohol in their budget. Those from rich backgrounds drink alot.

NO [group opposes] I’d like to oppose that.
You find people from the location drinking more than other people who have money. How do you explain that, you find them hassling people for money, 50c. It’s a problem when you drink a lot, for me if I drink 1 can of beer then I’m happy, I’m fine. But if I drink a lot then I would need more money to buy more beer, then that causes a problem. But if you start then can lead to more. With one I’m fine, I won’t want more. If you know you can’t control it, it becomes a problem. Yes, but you find people who spend thousands in alcohol and I would have spend that money on God knows what. They sacrifice something for another.

*Reflect: Are we saying those who are financially secure are more likely to BD, however T you say its not about that it’s about how much you drink initially.*

It’s not necessarily about the money. It does matter which family you’re from. Cause I know people who get like R300 a month and R50 for a loaf and 250 for drinking and that’s a problem. Why not but food and 1 can of beer you’ll be ok, happy then. Males, the ways drink and how much they drink defines their status. Depends on how much you can spend. That’s puts too mush pressure on you, especially on people who cant afford, So you end up spending money, like res money and people do think about the consequences later that I’m thinking is wrong. But the pressure they have from their peers. They end up spending money.

*Reflect: What do guys think?*

I think it goes both ways. Women don’t spend too much money; someone will buy for them, they don’t take out money from their own pockets. They know that whoever is buying for them. For males they need to prove, they don’t buy cheap booze, they go for the green ones. Just to prove their status

In reality with males, they bring in money together, and say we’re gonna buy this. Its not a matter of status everyone is gonna buy the same thing. From personal experience girls it’s more competing level-Jack Daniels, Storm. Even with males you don’t stick around with someone drinking that. As much money you put together, determines how much money you have then defines who you hang out with. Regardless with females, what females wants, if he likes you can buy tequila, if he doesn’t buy a savannah
Reflect: V you look like you would like to say something

What I’ve noticed, a guy put in money together creates peer pressure, if someone cannot afford. If they out in R200. No, each? No. That’s too much, it’s exaggerated. With status, guys just drink. Even with drinking guys drinks to have fun, with R50 what can you buy with that. What happens when one can’t afford. So with the guys who is a free bee, what happens there. The one who comes along to the party but can’t afford to pay.

The other thing is with guys, there is togetherness if one doesn’t have the money to drink, they will offer him. But that’s still the same is because they know next time that guy must have money. I’ll spend my money with you cause I know that next time I you will have money. Each time you never have the money then that’s going to be a problem.

For guys it’s totally different, it’s more like we understand your financial situation, and we can have fun with you. For girls its every person for themselves.

Reflect: I’m heating that girls and Guys drink differently

Guys drink all the time, to me it’s like where is it going. I don’t know when they actually get full. With guys we process alcohol faster than chicks. If a guy take 2 drinks in an hour, will probably be Ok, for a chick with the same amount of alcohol won’t be able to process it the same. We tend to drink more cause we can process it more than chick. And if you haven’t noticed, beer has low alcohol content than cider, and more females drink ciders. That’s why it’s faster to get drunk.

In 2007, I drank for the 1st time after an accounting paper and bought 2 6 pack and whiskey bottle. It was enough for the 3 of us. If your first time drinking you need less to get drunk.

I would like to oppose that. The 1st time you drink, you don’t exactly know what it does to you, you take a lot cause you don’t know what its like, you drink alot of brandy for example and not feel the effects immediately and keep drinking until it hits you 2 hours later. That’s when you know how your body tolerates alcohol. I think that applied to females cause with males can consume whatever however.
Reflect: We spend a bit of time talking about Males and how they drink, V touched on getting free drinks with females, what role does that play

Guys wanting you to get drunk to score, Its easier for girls to get free deinks. When girls go out and plan to drink, they don’t take out that much a mount of money cause they know when we get there there’s going to be guys who will give us free drinks. But there’s a disadvantage there, if you’re the friend of the girl who is being targeted then you’re safe.

Reflect: So its free drinks for all. So a lot of girls go out a lot in a group

That’s why we go in groups. Safety in numbers. That’s fun and actually have to meet people but you’re with you’re girls. It’s fine like that when you go with you’re girls. I want to ask the guys why is it that guys don’t want to go out with their girls. Cause we don’t want you to see us drunk. But you come back drunk anyway. Reality is that the person you know sober is not the same person when they’re drunk. You’re going to be drunk and he’ll see a hotter person. During that mental phase with lovey dovey you’ve got going on, don’t work, so its stupid to put yourself in that position, that I’m going to go out with my man. You just don’t do that it’s a social rule. It’s like the confidence part. I assume you want to leave the responsibility. You want to be free. Reflect: So the freedom is not from home, so also from certain individuals

DOES UNIVERSITY ENVIRONMENT PROMOTE BD?

Yes, like for instance Bsc students have hectic schedules. They don’t drink during the week cause there’s a lot of work to be done. But on weekends you make sure since I did all that work so I deserve a reward. Also in holidays, you worked hard during the term. We promote BD without even without realising it, when we see a person whose like fully focused on their work from Monday to Friday, we complement them that they have time to drink on weekends drinks and manage their work. We complete them. I’ve gotten that complement a number of times. So you’d want to achieve that standard as well.

The other reason is that, alcohol cracks the code between males and females. Are free to interact if they meet at a party, unlike when you’re both sober.
Reflect: Others, does being at University promote BD?
Trying to fit in sometimes with your guys, your flat, maybe there’s always a party and they’re calling you Michael Schoemacher. There’s no lady, no alcohol. The guys would ask you, you don’t drink, there’s no girlfriend, you don’t go to church, you’re failing. What’s wrong with you. I’m not saying all, but majority of students who BD do well, they pass better, you cannot be a book worm all the time. If you look at Rhodes they have a 10times higher average than us, cause they drink 10 times more. So it’s about a balance

Reflect: what do others think about that comment, do students who BD do well academically
The whole drinking with Rhodes, the whole drinking it became a problem for the University. They put more assignments for them, than here, we write more tests because here they say we don’t drink as much. Rhodes they are graded on assignments than test. It’s true, it also depends with time management, you get people who work well under pressure while other can’t function well under pressure. It depends on the individual, can study then drink at some stage, study and write the test on Monday. It also depends on time management.

Reflect: Does being at University influence BD
The environment influences your behaviour. Most people start drinking at university, especially if you didn’t go to boarding school cause you stayed with your parents

Reflect: Then what role do you family/parents play
You can notice someone who is allowed to drink at home and one who is not. There’s a sense of responsibility they have towards alcohol those who were allowed to drink at home, than a person whose like WOW. For me the first time I touches alcohol was with my Mother on Christmas. As time goes on you know you’re allowed to do it responsibility it’s easier when you’ve talked about it than people who don’t have a background on something. That sense of freedom they just want to let all out.

Reflect: So being a 1st year and that sense of freedom
Sometimes it’s the first friends you make can determine whether you start drinking or not. If you make friends who drink and you drink, you’re going to be the weird one out.
If all your friends are drinking you’re gonna drink and then and as time goes on you make your own decision. And it also goes with age and maturity that you can decide for yourself and be able to say no.

*Reflect:* So *drinking comes with a lot of responsibility and can be overwhelming at times*

*Conclusion...*