

UNIVERSITY OF EDUCATION, WINNEBA

**EXPLORING FACTORS CONTRIBUTING TO ALCOHOL ABUSE AMONG
THE YOUTH OF SEFWI WIAWSO.**



MASTER OF PHILOSOPHY

UNIVERSITY OF EDUCATION, WINNEBA

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THE YOUTH IN SEFWI WIAWSO.**



**A dissertation in the Department of Counselling Psychology, Faculty of Applied
Behavioural Sciences in Education, submitted to the School of Graduate Studies in
partial fulfilment of the requirements for the award of the degree of Master of
Philosophy (Counselling Psychology) in the University of Education, Winneba**

JANUARY 2026

DECLARATION

Student's Declaration

I, PAUL KWAKU MENSAH, declare that this dissertation, with the exception of quotations and references contained in published works, which have all been identified and duly acknowledge, is entirely my own original work, and it has not been submitted, either in part or whole for another degree elsewhere.

Signature:

Date:

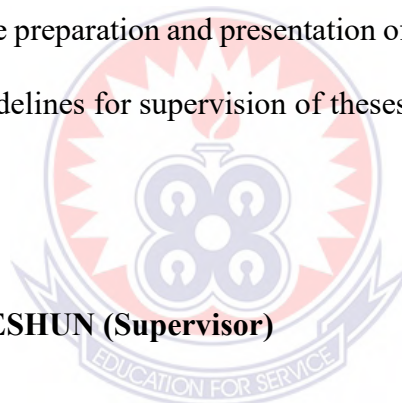
Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation was supervised in accordance with guidelines for supervision of these laid down by the University of Education, Winneba.

Name: DR. PETER ESHUN (Supervisor)

Signature:

Date:



DEDICATION

To my late wife Justina Abena Mensah and my children Anita Manu-Mensah, Paolo Manu-Mensah and Paola Manu-Mensah.



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A study of this nature cannot be a success without the support of some concerned individuals. Such people need to be recognized immensely for their contribution towards this work. I entered my sincere gratitude to my experienced and dynamic supervisor Dr Peter Eshun for spending valuable time and energy in re-organizing and reshaping my ideas to come out with this work.

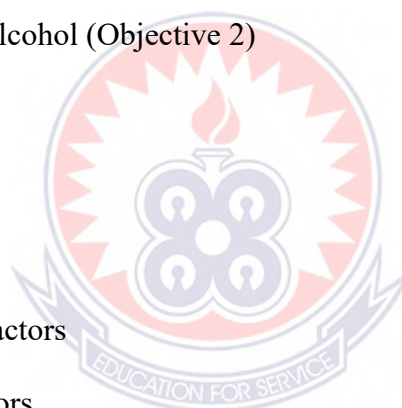
I also wish to express my profound gratitude to all Lecturers in Department of Counselling Psychology for their continuous support, advice and encouragement.



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ABSTRACT

The purpose of the study is to explore factors contributing to alcohol abuse among the youth of Sefwi Wiawso township. A phenomenological research design guided this study. Twenty participants who were involved in this study were sampled using snowball sampling approach. Semi-structured interview guide was used to gather data and it was analyzed thematically. The study revealed that the youth of Sefwi Wiawso township abused liquid substances. The liquid substances include both local and exotic imported alcoholic beverages such as akpeteshie, palm wine, Guinness, beer and dry gin. The study pointed out that peer pressure, poor parental control, energy from drugs to work for more hours are the influential factors influencing the youth to drink alcohol. The study also revealed that the adverse effects associated with alcohol abuse among the youth of Sefwi Wiawso are school dropouts, unemployment and health challenges. Some youth were sacked and some dropped out of school to continue drinking alcohol. Some youth were sacked from their work due to poor concentration and absenteeism. The study also revealed that the establishment of well-resourced counseling unit emerged as one of the measures of preventing alcohol drink among the youth, the provision of information of the various kinds of substances and their effects and how to overcome the temptation was another strategy to overcome alcoholism and also the participants saw vocational and skill training as an effective measure to assist the youth to stop engaging in alcoholism. The study recommended that parents should be encouraged to get involved in broad preventive efforts because they have a crucial role to play in preventing alcoholism among their children through their role as parents. Strong parent-child relationships can prevent alcoholism among the youth. This study determined that one of the major reasons for alcoholism among youth is the availability of alcohol from the community. Lack of community support for the war against alcoholism is likely to curtail government support initiatives in preventing alcoholism among the youth.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Alcohol abuse is a critical public health concern affecting youth globally. According to Myadze and Rwomire (2014), alcohol abuse is defined as **patterns of drinking that result in harm to a person's health, well-being, relationships, and productivity**. More comprehensively, the improper use of alcohol encompasses patterns that may cause physical, social, or moral harm to the drinker (Dennis, Babor, Roebuck & Donaldson, 1995). When drinking becomes compulsive, it can be considered an addiction characterized by "repetitive behaviors that persevere in the face of adverse consequences and are inappropriate to a particular situation" (American Society of Addiction Medicine, 2019).

An alcoholic beverage is a drink that contains alcohol (ethanol), a depressant that in low doses causes euphoria, reduced anxiety and sociability, and in high doses causes intoxication, stupor, and unconsciousness (Study document background). According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2016), alcohol changes the balance of chemicals such as dopamine in the brain. Alcohol is particularly attractive to people who suffer from psychological problems such as high stress, low self-esteem, or depression, as it provides temporary relief from these conditions (Eze & Uzoeghe, 2015). The craving that develops leads to addiction. Although alcoholism is not genetic, genetics have some role in becoming addicted to alcohol (Eze & Uzoeghe, 2015).

Developing an addiction often takes years. A person who abuses alcohol is not necessarily an addict. However, abuse of these substances is a risk factor for developing an addiction because continuous abuse can lead to physical and psychological dependence (Study background). Ethanol or ethyl alcohol is the main type of alcohol found in alcoholic beverages. Alcohol is produced by the fermentation of fruits, grains, or vegetables. Beers,

wines, whiskies, pito, gins, and schnapps are examples of alcoholic beverages (Study background).

Historical Context of Alcohol

The term 'alcohol' was derived from the Arabic word "al kohl" (Chauke, van der Heever & Hoque, 2015). The substance was originally used as pulverized antimony, which Arab women used to make their eyelids dark. It has since then experienced a dramatic transformation to become a widely used substance for all manner of activities (Study background).

An alcoholic beverage is a drink that contains alcohol (ethanol) meant to be drunk. Most alcoholic beverages are fermented while others like spirits are distilled. Beers are mostly made from wheat, barley, rice, etc., whereas wines are made of fermented grapes and berries (Study background). According to Gill (2002), beers mostly contain 5.5% pure alcohol content, wines 13%, and spirits usually 40%.

Health and Social Consequences of Alcohol Use

Alcohol use can lead to unnecessary injuries and deaths from accidents that are preventable. Frequent and continuous alcohol consumption can lead to abuse and addiction. According to Miller, Naimi, Brewer, and Jones (2014), problems that occur due to alcohol use can be social (such as being unable to interact with others), legal (such as getting arrested for drunk driving or physically assaulting someone), academic (such as poor grades and high number of absences), and health-related (such as changes in brain development). Alcohol use is also a leading cause of many injuries resulting from major and minor accidents. It also damages the health of patrons and causes many health conditions (Tampah-Naah & Amoah, 2015).

According to the World Health Organization (WHO, 2013), excessive use of alcohol causes liver disorders, nausea, vomiting, anorexia, muscular incoordination, poor judgment, and clammy skin. It can also lead to sexual dysfunction, menstruation problems, cardiovascular problems, neurological complications, congenital effects, and death. According to Chauke, van der Heever, and Hoque (2014), domestic abuse, divorce, poor performance at work, loss of self-esteem, disrespect, self-embarrassment in public places, and higher incidence of suicide and murder are some of the socio-economic effects of alcoholism.

Moderate Alcohol Consumption Benefits

Numerous studies have revealed that consuming alcoholic beverages moderately have some health benefits to the consumer, such as a sharp reduction in heart disease risk (WHO, 2013) and low mortality with reduced risk of stroke by about half (National Institute on Drug Abuse, 2014). Many researchers (Myadze & Rwomire, 2014) have therefore accepted the benefits of moderate alcoholic beverage consumption to the heart. Consuming alcoholic beverage moderately is, hence, linked with better health status and longevity than either abstaining or abusing it (National Institute on Drug Abuse, 2014).

Global Prevalence and Neurobiological Context

Globally, the prevalence of adolescent alcohol use and abuse varies considerably across cultures and socio-economic contexts (World Health Organization, 2023). However, consistent findings demonstrate a strong association between early alcohol initiation and subsequent alcohol-related problems, including alcohol dependence, mental health disorders, and increased risk of injury and mortality (Grant et al., 2015). Early initiation is particularly concerning due to the ongoing neurodevelopmental processes occurring during adolescence, making the developing brain more vulnerable to the negative effects of

alcohol (Spear, 2011). This vulnerability underscores the urgency for effective prevention and intervention strategies tailored to this critical developmental period. Furthermore, the evolving understanding of the neurobiological mechanisms underlying alcohol dependence, including the role of genetic predisposition and environmental factors, necessitates a multi-pronged approach to intervention (Koob & Volkow, 2010).

Global Disease and Mortality Burden

Alcohol consumption is the leading causal factor for the overall morbidity and mortality burden (WHO, 2020). Harmful alcohol consumption serves as a risk factor in over 200 diseases and injuries (Htet, Saw, Saw, Htun, Lay Mon & Cho, 2020). These diseases and injuries contribute to about 3 million deaths annually, representing 5.3% of all mortality globally and 132.6 million (5.1%) disability-adjusted life years (WHO, 2020). About 13.5% of all mortality cases in young people aged 20-39 years were attributed to excessive alcohol consumption (WHO, 2020). However, the association between alcohol consumption and its negative health implications remains complex and inconclusive given the protective effects of moderate alcohol consumption on the human body (Griswold, Fullman, Hawley, Arian, Zimsen & Tymeson, 2018).

Alcohol consumption during the early years is associated with negative consequences such as alterations in attention, verbal learning, and memory, along with altered development of major parts of the brain (WHO, 2018). These negative consequences subsequently lead to behavioral, emotional, social, and academic problems in later life (Olashore, Ogunwobi, Totego & Opondo, 2018). Researchers have shown that harmful alcohol consumption leads to the development of cardiovascular diseases (Ajayi, Owolabi & Olajire, 2018), cancer (Ferreira-Borges, Parry & Babor, 2017), and liver diseases (Gebremariam, Mruts & Neway, 2018).

Global Alcohol Consumption Patterns

Many people in the world consume alcoholic beverages of different kinds for different reasons, with younger people engaging in dangerous forms of alcohol consumption than older people. Europe is the continent with the highest alcohol consumption, with Belarus having the highest alcohol per capita of 17.5 liters followed by Moldova (WHO, 2014). Alcohol consumption is very high among high school students (Miller et al., 2007), with 44.9% in Colombia who reported to have consumed alcohol in the past 30 days, of which 28.8% engaged in binge drinking (Miller et al., 2007). In the United Kingdom, teenagers have high levels of intoxication and binge drinking (identified as more than five drinks at a sitting or in a row) compared to their other European counterparts.

African Alcohol Consumption Trends

A trend indicates that countries in Africa consume alcohol in rising levels. Most African countries tend to consume more locally brewed alcoholic beverages, which are not internationally recognized and classified, than other alcoholic beverages such as beer, wine, and spirits (WHO, 2014). Only South Africa and a few other countries in Africa consume more beer than locally brewed beverages (WHO, 2014). Comparing the rates of alcohol consumption in 2011 and 2014, almost every country has grown in terms of the proportion of their populations that consume alcohol (WHO 2011; WHO 2014). South Africa and Namibia are in the medium consumption group worldwide. The leading consumer of beer in Africa is Angola, followed by South Africa and then Kenya (WHO, 2014).

Most African countries consume beer in large quantities as compared to wine and spirits (WHO, 2014). The pattern of alcohol consumption in Ghana is such that unrecorded alcohol (57%) is consumed highest followed by beer (30%) and wine (10%), with the least consumed being spirits (3%) (WHO, 2014). The prevalence of alcohol consumption in

Ghana is 26.7%. Men have a prevalence of 35.8% with women 17.5% (Ghana Statistical Service et al., 2019).

Factors Contributing to Increased Alcohol Consumption in Ghana

According to the Ghana Health Foundation (2016), scientists do not know exactly what causes alcoholism, but most experts suspect that a combination of physiological, environmental, and psychological factors are involved. However, certain factors are suspected to have contributed to increased alcohol consumption in Ghana. The growing trends of alcoholic beverage production and increasing level of advertisement are known to be contributory factors leading to increased alcohol use. The use of alcohol to reduce stress, improve appetite, and enhance sexual performance, which are encouraged by advertisement, are major reasons for the rising levels of alcohol consumption among most Ghanaians.

Some of the spirits consumed in Ghana are mixed with certain herbs believed to cure certain diseases such as hemorrhoids and menstrual pain (Ghana Health Foundation, 2016). This has enhanced the patronage of the youth and therefore aggravated the use of alcohol especially among the youth. According to Anderson, de Bruijn, Angus, Gordon, and Hastings (2009), media, including television, movies, music, and social media, can normalize or glorify alcohol consumption. Snyder, Milici, Slater, Sun, and Strizhakova (2006) documented that exposure to alcohol advertising has been linked to increased alcohol consumption among adolescents. Gerbner (2015) noted that alcohol advertising plays an important role in sustaining a cultural environment where drinking is seen as normal and shapes adolescents' perceptions and attitudes towards alcohol use.

Alcohol in Ghanaian Social Context

In Ghanaian society, like any other society, people take alcohol in certain occasions and for various reasons at social gatherings, marriage ceremonies, parties, outdoorings

ceremonies, and funerals. In Ghana, the use of alcoholic beverages has become part of social activities and gatherings. Generally, people start drinking from these social activities as social drinkers; then it becomes continuous, and if there is no control, one becomes a habitual drinker with its associated health problems. Studies have shown that it is the youth (productive age group) who are commonly victims of this act (Manfreda et al., 2018).

Socioeconomic Factors and Alcohol Use

A robust body of research indicates a strong correlation between socioeconomic status (SES) and adolescent alcohol use (White & Widom, 2017). Youth from disadvantaged backgrounds, characterized by factors such as low parental education levels, unemployment, poverty, and neighborhood deprivation, experience a disproportionately high risk of alcohol misuse (Moffitt et al., 2011). These socioeconomic stressors can contribute to heightened levels of stress and limited access to social and emotional support, making alcohol use a potentially appealing—albeit maladaptive—coping mechanism (Dishion et al., 2012). Moreover, the concept of "stress proliferation" should be carefully considered, where one risk factor (e.g., low SES) can precipitate a chain of events leading to other risk factors (e.g., family conflict, peer deviance), culminating in alcohol abuse (Rutter, 1990).

Cultural Norms and Alcohol Use

Cultural norms and values significantly influence patterns of alcohol use and abuse (Mäkelä, Tryggvesson, & Rossow, 2018). In societies where alcohol consumption is culturally normalized, integrated into social rituals, or even promoted through marketing and media representations, higher rates of adolescent alcohol use are frequently observed (Hibell et al., 2019). The specific cultural contexts surrounding alcohol use, including beliefs about alcohol's effects, acceptability within social settings, and accessibility, require careful investigation to develop targeted, culturally appropriate intervention strategies.

Such strategies must acknowledge and respect the local culture while challenging harmful practices (Hall, Carter & Foley, 2018).

1.2 Statement of the Problem

Sub-Saharan African Context and Problem Statement

Most countries in sub-Saharan Africa are experiencing rapid economic, social, and cultural transitions which have created an avenue for increased and socially disruptive use of alcohol (John-Langba, Ezech, Guiella, Kumi-Kyereme & Neema, 2006). Ferreira-Borges, Parry, and Babor (2017) asserted that alcohol consumption and disease burden in Africa are expected to increase, but that policymakers have paid little or no attention to the issue of increasing alcohol consumption.

Comparative Prevalence Data from African Countries

Studies conducted in various parts of Africa reported a significant prevalence of alcohol consumption among the youth. For instance, reported lifetime and current prevalence of alcohol consumption ranged from 16.9 to 34.5% in Ethiopia (Gebreslassie, Feleke & Melese, 2013; Deressa & Azazh, 2011), 31.1 to 78.4% in Nigeria (Ajayi, Owolabi & Olajire, 2019; Chikere & Mayowa, 2011), 31.9% in Botswana (Olashore, Ogunwobi, Totego & Opondo, 2018), 50.7–63.2% in Kenya (Atwoli, Mungla, Ndungu, Kinoti & Ogot, 2013; Hassan, 2011), and 2.7% in Sudan (Osman, Victor, Abdulmoneim, Mohammed, Abdalla & Ahmed, 2016).

Research Gap in Ghana

Limited studies (example: Osei-Bonsu, Appiah, Norman, Asalu, Kweku & Ahiabor, 2017; Oti, 2016) have been conducted on alcohol consumption among the youth in Ghana. This makes it difficult to implement effective interventions due to the dearth of literature on the magnitude of alcohol consumption and its contributory factors. Yet available data on alcohol use among adolescents in Ghana is limited and this may limit government's ability

to plan and implement appropriate public health interventions to reduce alcohol consumption among adolescents (Study document, 1.6 Significance).

Increasing Alcohol Availability and Accessibility in Ghana

In Ghana, recent evidence showed that there has been an increase in the promotion, competition, and popularity of alcohol beverages in both the media and non-media sources (Osman, Victor, Abdulmoneim, Mohammed, Abdalla & Ahmed, 2016). These alcoholic beverages are considerably cheaper than soft drinks. As a result, young people tend to consume alcoholic beverages due to its accessibility and low cost (Osman, Victor, Abdulmoneim, Mohammed, Abdalla & Ahmed, 2016). Anecdotally, there has been an increased proliferation of drinking spots, night clubs, and alcoholic vending sites. This has also resulted in easy accessibility to alcoholic beverages by youth.

According to Gruenewald, Johnson, Light, Lipton, and Saltz (2006), easy availability influences youth drinking behaviors. Greater alcohol outlet density associates with increased consumption and alcohol-related problems (Mäkelä, Tryggvesson, & Rossow, 2018), and Livingston and colleagues (2007) found positive associations between outlet density and violence, drunk-driving, and child maltreatment.

Advertising and Marketing Contributing Factors

The growing trends of alcoholic beverage production and increasing level of advertisement are known to be contributory factors leading to increased alcohol use. The use of alcohol to reduce stress, improve appetite, and enhance sexual performance, which are encouraged by advertisement, are major reasons for the rising levels of alcohol consumption among most Ghanaians (Oti, 2016).

Implementation Gap Despite Prevention Efforts

In spite of numerous prevention and intervention programs been developed to address adolescent alcohol misuse, each employing diverse approaches ranging from school-based

education and family-centered interventions to community-level initiatives (Kumpfer et al., 2012), the effort made by the Ministry of Health in collaboration with non-governmental organizations, religious leaders and other agencies in educating the youth to refrain from alcoholism, there is still a lot of the youth in Ghana and particularly the Western North Region who indulge in alcoholism. According to Proctor and colleagues (2011), the failure of evidence-based interventions to achieve desired outcomes at the implementation level often indicates the need for implementation research specific to local contexts.

Acute Public Health Crisis in Sefwi Wiawso

It has become common among some of the youth of Sefwi Wiawso to drink alcohol especially the local dry gin "akpeteshie" at all times of the day and this has increased the rate of motor accidents and HIV/AIDS infection in the region. This is because people are not able to observe traffic regulations, practice abstinence, or use condom during sexual intercourse with infected persons when they are under the influence of alcohol. According to Witt (2010), alcohol interferes with brain communication pathways, affecting brain function. These disruptions change mood and behavior, making clear thinking and coordination difficult.

Miller, Naimi, Brewer, and Jones (2014) documented that alcohol use is a leading cause of many injuries resulting from major and minor accidents. Tampah-Naah and Amoah (2015) noted that alcohol damages the health of patrons and causes many health conditions. According to Halpern-Felsher and colleagues (2016), adolescent alcohol consumption associates with risky sexual behavior. Kaestner and Joyce (2001) found that alcohol consumption among young women was associated with lower contraception use. Baliunas and colleagues (2010) documented that alcohol consumers have about 77% higher HIV risk compared to non-consumers.

Global Public Health Concern

Alcohol has come to stay and nobody seems to notice the effects on the future of the youth of Sefwi Wiawso. Alcohol abuse among youth is a global public health concern with significant social, economic, and health consequences (WHO, 2018). Anecdotal evidence suggests that alcohol abuse is a growing problem among young people in many Ghanaian communities, including Sefwi Wiawso township (Local Municipal Health Authority, personal communication, 2023).

Need for Understanding Contributing Factors

Understanding the factors contributing to alcohol abuse among youth is crucial for developing effective prevention and intervention strategies. Hence, the present study sought to explore factors that influence alcohol abuse among the youth of Sefwi Wiawso.

1.3 Purpose of the Study

The purpose of the study was to explore the factors contributing to alcohol abuse among the youth of Sefwi Wiawso.

1.4 Objectives of the Study

The objectives of the study are:

1. **Objective 1:** Explore how the youth of Sefwi Wiawso learn about alcohol consumption.
 - *Theoretical Framework:* Social Learning Theory (Bandura, 1977) explains how youth learn alcohol use through observational learning, imitation, and modeling within family, peer, and media contexts.
2. **Objective 2:** Explore why the youth of Sefwi Wiawso abuse alcohol.
 - *Theoretical Framework:* Bronfenbrenner's Bioecological Model (1979) and the Social Development Model (Catalano & Hawkins, 1996) provide frameworks for understanding multi-level factors (individual, family, peer, community, and policy levels) contributing to alcohol abuse.

3. **Objective 3:** Identify the perceived effects of alcohol use among the youth of Sefwi Wiawso.
 - *Theoretical Framework:* The Biopsychosocial Model (Engel, 1977) and Developmental Psychopathology (Cicchetti, 2006) explain the biological, psychological, and social effects of alcohol use during critical developmental periods.
4. **Objective 4:** Identify the conditions that can promote growth among the youth to overcome the problem of alcohol use in Sefwi Wiawso township.
 - *Theoretical Framework:* Life Course and Developmental Trajectories Perspective (Elder, 1994; Schulenberg et al., 2005) guides understanding of protective factors and intervention points across the lifespan.

1.5 Research Questions

The following research questions guided the study:

1. How did the youth of Sefwi Wiawso Township learn about alcohol consumption and its subsequent abuse?
2. Why do the youth of Sefwi Wiawso abuse alcohol?
3. How do the use of alcohol affect the youth of Sefwi Wiawso Township?
4. How can the youth of Sefwi Wiawso township be enhanced to overcome the problem of alcohol abuse?

1.6 Significance of the Study

Empirical Evidence Generation

First, this study is significant because it will offer empirical evidence on factors influencing alcohol initiation among the youth of Sefwi Wiawso for which no formal information is currently available. Thus, findings of this study will become a valuable source for the youth, allowing it to have research evidence about alcohol consumption and factors that influence alcohol use among the youth. According to Osei-Bonsu, Appiah, Norman, Asalu, Kweku,

and Ahiabor (2017) and Oti (2016), limited studies have been conducted in Ghana, creating a significant evidence gap.

Program and Intervention Development

The findings are likely to inform the development of programs and interventions aimed at reducing alcohol consumption and promoting healthy lifestyles among the youth. According to Kumpfer and colleagues (2012), evidence-based programs employing diverse approaches ranging from school-based education and family-centered interventions to community-level initiatives are essential for effective prevention.

Long-term Developmental Consequences

Adolescence has become a time of increased alcohol use and abuse which can result in long term effects on both physical and psychological well-being of the youth, impeding the attainment of their traditional adult roles (Nimako, 2012; Owusu, 2008). According to the WHO (2018), alcohol consumption during the early years is associated with negative consequences such as alterations in attention, verbal learning, and memory, along with altered development of major parts of the brain. These negative consequences subsequently lead to behavioral, emotional, social, and academic problems in later life (Olashore, Ogunwobi, Totego & Opondo, 2018).

Public Health Planning Capacity

Therefore, conducting such a study will provide data that could help in planning public health interventions to control alcohol use among adolescents. The findings will assist the Ministry of Health, non-governmental organizations, religious leaders, and other agencies in developing targeted, culturally appropriate interventions specific to Sefwi Wiawso's context.

1.7 Delimitation of the Study

The study is delimited to factors influencing alcohol initiation among youth within the age brackets **20-35 years** because evidence suggest that alcohol use is widespread among youth in this age bracket (Osman, Victor, Abdulmoneim, Mohammed, Abdalla & Ahmed, 2016; Osei-Bonsu, Appiah, Norman, Asalu, Kweku & Ahiabor, 2017; Oti, 2016).

Justification for Age Definition

The World Health Organization (WHO, 2023) defines youth as the 15-24 year age group. However, this study extends the definition to include ages 20-35 years for specific methodological reasons:

Developmental Rationale: According to Arnett (2000), the ages 18-25 years constitute a distinct developmental phase called "emerging adulthood," characterized by identity exploration, instability, self-focus, and feeling in-between adolescence and adulthood. Schulenberg and colleagues (2004) documented in their longitudinal research that the transition to young adulthood extends beyond age 25, with substance use patterns becoming increasingly stable and predictive of adult functioning after age 20.

Established Substance Use Patterns: Chen and Jacobson (2012) found that early-onset heavy alcohol use (first occurring in ages 15-21) predicted persistent heavy use into the early 30s in approximately 60% of cases, indicating that by ages 20-35, individuals have had substantial time for alcohol use patterns to crystallize. According to SAMHSA (2020), young adults aged 18-25 have the highest prevalence of alcohol use disorder, with rates remaining substantially elevated in the 26-35 age group.

Information-Rich Participants: According to Patton (2015), information-rich cases are those from which one can learn a great deal about issues of central importance to the research. Participants aged 20-35 possess:

- **Cognitive Maturity:** Keating (1990) documented that metacognitive abilities reach optimal development in the mid-20s and remain stable through the 30s, enabling sophisticated self-reflection.
- **Lived Experience:** By their 20s and 30s, individuals have experienced substantial life events (education completion, employment, relationships) providing rich contextual data.
- **Longitudinal Perspective:** Participants can retrospectively account for 10-20 years of alcohol use trajectory, allowing detailed phenomenological inquiry.
- **Recall Validity:** According to Schwarz and Sudman (1994), autobiographical memory for major life events remains reliable within a 10-15 year recall window, enabling accurate retrospective reporting of alcohol initiation and consequences.

Methodological Appropriateness: A qualitative approach within phenomenological design was adopted for the study. The essence is to get information-rich participants for data collection. According to Moustakas (1994), phenomenological research requires co-researchers who can engage in detailed reflection on lived experience. The 20-35 age group provides optimal balance between temporal distance (for perspective) and recency (for recall accuracy).

1.8 Limitations of the Study

This study, while providing valuable insights into the factors contributing to alcohol abuse among youth in Sefwi Wiawso, is subject to certain limitations.

Sample Limitations: The sample, though carefully selected using snowball sampling approach with 20 participants, may not fully represent the diversity of the youth population in the region, particularly those in more remote rural areas.

Methodological Limitations: The reliance on self-report data introduces the potential for biases such as social desirability and recall bias (Schwarz & Sudman, 1994), which may have influenced participants' responses regarding their alcohol consumption habits. While Schwarz and Sudman (1994) documented that autobiographical memory for major life events shows 70%+ accuracy within a 10–15-year window, more recent or particularly salient events may show higher accuracy than more distant events.

Design Limitations: A phenomenological design, while rich in qualitative detail, limits the ability to establish definitive causal relationships between the identified factors and alcohol abuse. The cross-sectional nature of data collection restricts temporal ordering of variables necessary for causal inference.

Cultural Sensitivity Limitations: While efforts were made to ensure cultural sensitivity (Hall, Carter & Foley, 2018), subtle nuances within the local context may have been inadvertently overlooked.

1.9 Organization of the Study

The study is organized into five chapters:

Chapter One: Introduction - This chapter deals with the introduction which comprises background of the study, statement of the problem, purpose and objectives of the study, research questions, significance of the study, delimitation of the study, limitations, and the organization of the study. The background situates alcohol abuse within global, African, and Ghanaian contexts, with specific attention to Sefwi Wiawso township.

Chapter Two: Literature Review - This chapter reviews literature under specific themes. It discusses the theoretical framework of the study (Social Learning Theory, Bioecological Models, Biopsychosocial Model, and Life Course Perspective), prevalence of alcohol substance use especially among youth, effects of the substance use, factors associated with alcohol use among the youth, and empirical evidence of alcoholism among youth.

Chapter Three: Research Methods - This chapter outlines the research methods including the philosophical position (phenomenology), research approach (qualitative), research design (phenomenological design), population of the study, sample and sampling technique (snowball sampling with 20 participants aged 20-35 years), data collection instrument (semi-structured interview guide), trustworthiness of the interviews, data collection procedures, data analysis procedures (thematic analysis), and ethical considerations.

Chapter Four: Data Analysis and Discussion - This chapter presents and analyzes the data collected from 20 participants. The data is interpreted and discussed in light of findings from related previous studies. The chapter highlights the major findings of the research and the inferences made from them, including factors contributing to alcohol learning, reasons for abuse, effects experienced, and conditions to promote growth and overcome alcohol problems.

Chapter Five: Summary, Conclusions, and Recommendations - This chapter summarizes the study findings, draws conclusions regarding the factors contributing to alcohol abuse among youth in Sefwi Wiawso, and provides recommendations for parents, youth, community leaders, government agencies, and future research.

Operational Definitions of the Study

Alcohol Abuse

Alcohol abuse in this study refers to patterns of drinking that result in harm to a person's health, well-being, relationships, and productivity (Myadze & Rwomire, 2014). Generally, scholars classify individuals as alcohol abusers based on continuous and habitual drinking patterns that create demonstrable negative consequences. A person who abuses alcohol is characterized by patterns that, while not necessarily indicating addiction, represent a

significant risk factor for developing physical and psychological dependence (Myadze & Rwomire, 2014).

Classification criteria for alcohol abusers typically include: (1) patterns of consumption causing harm to health, well-being, relationships, and work/academic productivity (Myadze & Rwomire, 2014); (2) continuous and habitual use despite negative consequences, which can lead to physical and psychological dependence (Myadze & Rwomire, 2014); and (3) inability to control drinking behavior in social or occupational contexts, resulting in social, legal, academic, and health-related problems (Miller et al., 2014).

According to the Diagnostic and Statistical Manual of Mental Disorder (DSM-5), the contemporary clinical standard, alcohol abusers are identified through 11 diagnostic criteria evaluated on a continuum of severity—mild, moderate, or severe—based on the number of criteria met within a 12-month period (American Psychiatric Association, 2013; NIAAA, 2013). Key diagnostic indicators include substance taken in larger amounts or over longer periods than intended, unsuccessful attempts to cut down or control use, significant time spent obtaining or recovering from alcohol, continued use despite knowledge of physical or psychological problems, and failure to fulfill major role obligations at work, school, or home (American Psychiatric Association, 2013). In this study, participants were classified as alcohol abusers if they engaged in drinking patterns that negatively impacted their daily functioning, employment, education, or social relationships, specifically consuming local beverages (akpeteshie, palm wine) and imported alcoholic beverages (Guinness, beer, dry gin) at frequencies that interfered with work, schooling, or health status.

Alcohol abuse among youth represents a critical developmental concern due to the ongoing neurodevelopmental processes during adolescence, making the developing brain more vulnerable to alcohol's negative effects (Spear, 2011). The neurobiological mechanisms

underlying alcohol dependence involve genetic predisposition and environmental factors (Koob & Volkow, 2010). Research demonstrates that approximately 3 in every 10 adolescents in the U.S. experience problems related to alcohol use, with 1 in 15 at risk of becoming alcohol abusers (Chung et al., 2005). Additionally, peer influence is a significant risk factor, with longitudinal studies demonstrating that peer alcohol use predicts adolescent alcohol initiation (Bray et al., 2003). Youth from disadvantaged backgrounds experience disproportionately high risk due to heightened stress levels and limited access to social and emotional support (White & Widom, 2017; Moffitt et al., 2011). Cultural norms significantly influence patterns of alcohol use, with higher rates observed in societies where consumption is culturally normalized and promoted through marketing (Mäkelä et al., 2018; Hibell et al., 2019).

Youth

Within this study, youth are defined as individuals within the age bracket of 20-35 years. This age delimitation was selected because evidence suggests that alcohol use is widespread among youth within this age group (Osman et al., 2016; Osei-Bonsu et al., 2017; Oti, 2016). This definition encompasses young adults in their productive years who are typically engaged in education, employment, or skill-building activities.

Scholarly literature recognizes youth as a developmental stage characterized by heightened vulnerability to substance misuse. Many younger people engage in more dangerous forms of alcohol consumption compared to older people, making adolescence and early adulthood a critical period for intervention (Miller et al., 2007). Globally, the prevalence of adolescent alcohol use varies considerably across cultures and socioeconomic contexts; however, consistent findings demonstrate that early alcohol initiation is strongly associated with subsequent alcohol-related problems, including alcohol dependence, mental health disorders, and increased risk of injury and mortality (Grant et al., 2015).

Research shows that individuals who start drinking before age 15 are four times more likely to meet criteria for alcohol dependence and two times more likely to meet criteria for alcohol abuse compared to those who began drinking after age 15 (NCBI, 2016). Youth with early personal difficulties such as school difficulties, hyperactivity, impulsivity, and inattentiveness are at heightened risk of beginning to drink early (McGue et al., 2001). Youth from disadvantaged backgrounds are particularly vulnerable, as socioeconomic stressors and limited access to support systems make alcohol use an appealing coping mechanism for managing stress and psychological difficulties (Dishion et al., 2012). Parental/family history of alcoholism, temperament traits, conduct problems, and peer relationships are identified as key influencing factors on adolescents' susceptibility for initiating alcohol use behaviors (Sher, 1991). Early alcohol consumption during these formative years is associated with negative consequences such as alterations in attention, verbal learning, memory, and altered brain development, subsequently leading to behavioral, emotional, social, and academic problems in later life (WHO, 2018; Olashore et al., 2018).

Differentiation of Alcohol Consumption Patterns

Alcohol Use: Moderate consumption of alcoholic beverages, which when consumed moderately is linked with better health status and longevity (National Institute on Drug Abuse, 2014).

Alcohol Misuse/Socially Disruptive Alcohol Use: Consumption patterns creating rapid economic, social, and cultural disruption within communities and society (John-Langba et al., 2006). This includes patterns where alcohol consumption negatively affects social gatherings, relationships, and community stability, representing a broader societal concern beyond individual harm.

Problematic Alcohol Use: Continuous abuse leading to physical and psychological dependence, characterized by altered attention, verbal learning, memory impairment, and

behavioral, emotional, social, and academic problems (WHO, 2018; Olashore et al., 2018). This represents the most severe consumption pattern with significant health and developmental consequences.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents a critical review of existing literature related to alcohol abuse among youth in Ghana, organized according to the study's four main objectives. The literature review examines how youth learn about alcohol consumption, factors contributing to alcohol abuse, effects of alcohol use, and potential interventions to address the problem.

2.1 Theoretical Framework

This study employs a multi-theoretical framework to comprehensively address all four research objectives, recognizing that alcohol abuse among youth is a complex phenomenon requiring multiple theoretical perspectives to explain different aspects of the problem.

2.1.1 Social Learning Theory (Objective 1: How Youth Learn About Alcohol)

The primary framework for understanding how youth learn about alcohol adoption is Social Learning Theory (Bandura, 1977). Social learning theory suggests continuous and reciprocal interaction between individuals' cognition and behavior within the ecological environment where human behavior is developed. According to Bandura (1977), human behavior is not inborn but learned through socialization processes.

Social learning theory utilizes key concepts such as observational learning, imitation, modeling, and self-efficacy to explain behavior development. Individual observational learning is acquired by attention to and retention of activities determined by interpersonal interactions and behaviors of people with whom individuals regularly associate (Bandura, 1977, 1986, 1997).

According to Social Learning Theory, adolescents are vulnerable to alcohol use through regular modeling, observation and interaction with family (Madu, 2002) and peers who use substances. Peer groups exert significant social influence on adolescents, leading to

adoption of drinking behaviors (Santor et al., 2000). Regular observation and interaction enable adolescents to attend to, memorize, and imitate substance use behavior (Santor et al., 2000). This theoretical framework is particularly relevant in the Ghanaian context, where family and peer influences significantly shape adolescent alcohol use patterns.

2.1.2 Bioecological and Social-Environmental Models (Objectives 2 & 4: Why Youth Abuse Alcohol and Prevention Interventions)

To explain the multiple factors contributing to alcohol abuse (Objective 2), the study incorporates Bronfenbrenner's Bioecological Model and the Social Development Model.

Bronfenbrenner's ecological systems theory (1979) proposes that human development cannot be understood by examining individuals in isolation from their contexts. Instead, development emerges from interactions within and across multiple environmental systems.

Bronfenbrenner identified five nested systems: the microsystem comprises immediate environments where youth directly participate (family, schools, peer groups); the mesosystem encompasses connections and communication between microsystems (e.g., how family and school coordinate); the exosystem includes community settings that indirectly influence development (neighborhoods, parents' workplaces); the macrosystem encompasses overarching cultural norms and societal structures (legal systems, economic policies); and the chronosystem represents how changes over time affect development (historical changes, life transitions).

In this study's context, these systems are clearly visible. Youth in Sefwi Wiawso operate within microsystems (family, gang groups, schools) that are themselves embedded in a mesosystem where schools, families, and community organizations may or may not coordinate. The exosystem includes the local alcohol economy—bars, distribution networks, advertising—which influences youth without their direct participation. The macrosystem includes Ghana's cultural practices around alcohol in festivals and funerals, national alcohol policies, and economic structures creating unemployment. The

chronosystem includes developmental changes as youth mature and life transitions like school completion or job loss.

Bronfenbrenner's later refinement, the Process-Person-Context-Time (PPCT) model (Bronfenbrenner & Morris, 1998, 2006), emphasizes that development results not from static environmental features but from ongoing interactions—termed "proximal processes"—between individuals and their environments. Proximal processes include activities like family conversations, peer group participation, school engagement, and media consumption. These ongoing interactions, occurring repeatedly over time within environmental contexts, are the primary mechanisms driving development. In the context of alcohol abuse, this means that repeated peer interactions around alcohol use, ongoing exposure to alcohol availability and advertising, continued family modeling of alcohol consumption, and frequent participation in alcohol-centered social activities together constitute the proximal processes through which youth develop alcohol abuse patterns. This framework is particularly valuable for understanding how the community environment of Sefwi Wiawso—with readily accessible alcohol, cultural normalization of drinking, peer networks centered on drinking, and limited alternative opportunities—creates an environment where proximal processes systematically drive toward alcohol use rather than away from it.

The Social Development Model (Catalano & Hawkins, 1996) extends ecological theory by identifying specific mechanisms through which risk and protective factors operate at multiple levels. The model proposes that substance abuse and other antisocial behaviors emerge through a process involving four key elements: (1) opportunities for meaningful participation in family, school, peer, and community contexts; (2) youth possession of skills enabling successful participation; (3) reinforcement and recognition provided for prosocial participation; and (4) development of strong emotional bonds with prosocial people and institutions (Catalano & Hawkins, 1996; Lonczak et al., 2001).

Applied to Sefwi Wiawso, this model illuminates why youth develop alcohol abuse. Consider the first mechanism—opportunities for involvement. Youth in this study report 90% unemployment (Table 4.7). This means they lack legitimate "opportunities for involvement" in productive economic or educational activities. Instead, they have abundant opportunities to involve themselves in peer groups centered on alcohol use and, as the study documents, in informal alcohol distribution. The second mechanism—skills—relates to what competencies youth develop. Without legitimate employment opportunities, youth develop skills related to alcohol knowledge and distribution rather than job-relevant skills. The third mechanism—reinforcement—suggests that youth receive recognition and reinforcement for alcohol-related participation (peer status, belonging, feeling "high") but not for educational or employment achievements. The fourth mechanism—bonding—means youth form strong bonds with alcohol-centered peer groups and gang structures because these provide the security and belonging they cannot access through legitimate institutions. This analysis shows how the absence of legitimate opportunities systematically channels youth toward substance abuse by default rather than as a discrete choice

These models also guide prevention and intervention approaches (Objective 4) by directing attention to multiple levels of intervention: individual-level education and skills training, family-level involvement and communication, school-based prevention, community mobilization, and policy-level regulations on alcohol pricing, availability, and marketing.

2.1.3 Developmental Psychopathology and Biopsychosocial Models (Objective 3: Effects of Alcohol Use)

To explain the effects and consequences of alcohol use on youth (Research Question 3), the study integrates developmental psychopathology perspectives and the biopsychosocial model. The biopsychosocial model, originally proposed by psychiatrist George L. Engel (1977), represents a paradigm shift in medical thinking. Rather than

viewing illness as purely biological phenomena, the biopsychosocial model recognizes that health and illness result from complex interactions among three domains: biological (physical health, brain chemistry, genetics), psychological (emotions, cognition, coping strategies), and social (relationships, culture, economic context) (Engel, 1977). This integrative approach is particularly relevant for understanding substance abuse, which involves all three domains simultaneously.

At the biological level, this framework recognizes that alcohol affects neurotransmitter systems (dopamine, GABA, serotonin), brain development and structure, liver function, and hormonal systems—effects that are particularly pronounced during adolescence when the brain is still developing. Early alcohol exposure during critical developmental periods can produce lasting alterations in cognitive function, emotional regulation, and behavioral control (WHO, 2018). At the psychological level, the framework addresses how alcohol effects unfold through cognitive impairments (memory, attention, decision-making), emotional dysregulation, and altered personality functioning. The biopsychosocial model also recognizes how trauma, adverse childhood experiences, and mental health conditions (depression, anxiety) increase vulnerability to alcohol's effects and the development of problematic use patterns. At the social level, this framework acknowledges how alcohol effects extend to social relationships, academic functioning, economic productivity, risk of violence and victimization, and long-term life course outcomes. In the Ghanaian context, limited access to mental health and rehabilitation services means that psychological and social effects may be prolonged and more severe.

Contemporary applications of the biopsychosocial model in addiction research (Shapiro et al., 2022) emphasize the interconnection of biological, psychological, and social components in understanding and treating substance use disorders. This integrated perspective guided the analysis of effects in Research Question 3, examining not just

health consequences but educational, occupational, social, and developmental consequences of alcohol abuse.

At the biological level, this framework recognizes that alcohol affects neurotransmitter systems (dopamine, GABA, serotonin), brain development and structure, liver function, and hormonal systems—effects that are particularly pronounced during adolescence when the brain is still developing. Early alcohol exposure during critical developmental periods can produce lasting alterations in cognitive function, emotional regulation, and behavioral control (WHO, 2018). The reward system continues to develop throughout adolescence, making teens more susceptible to the rewarding effects of alcohol and potentially increasing addiction risk (Engel, 1977).

Developmentally, adolescence represents a period of heightened vulnerability due to ongoing neurobiological changes in the prefrontal cortex, limbic system, and reward pathways. These developmental changes increase sensation-seeking and risk-taking while reducing impulse control, potentially amplifying the harmful effects of alcohol exposure. Developmental psychopathology perspectives emphasize that early-onset substance use can alter developmental trajectories and interfere with accomplishment of normative developmental milestones (Cicchetti, 2006), with consequences extending into adulthood. At the psychological level, the framework addresses how alcohol effects unfold through cognitive impairments (memory, attention, decision-making), emotional dysregulation, and altered personality functioning. The biopsychosocial model also recognizes how trauma, adverse childhood experiences, and mental health conditions (depression, anxiety) can increase vulnerability to alcohol's effects and the development of problematic use patterns. Psychological factors include sensation-seeking, low self-esteem, unhealthy thought patterns, and difficulty managing emotions (Shapiro et al., 2022).

At the social level, this framework acknowledges how alcohol effects extend to social relationships, academic functioning, economic productivity, risk of violence and victimization, and long-term life course outcomes. In the Ghanaian context, limited access to mental health and rehabilitation services means that psychological and social effects may be prolonged and more severe. Social factors including social norms, peer pressure, community environment, and access to substances all contribute to the expression and severity of alcohol-related harms (Engel, 1977).

2.1.4 Life Course and Developmental Trajectories Perspective

Finally, the study adopts a life course perspective that recognizes alcohol use during youth as having both immediate and long-term consequences. The life course perspective, as articulated by Elder (1985, 1994), emphasizes that development is lifelong, multidirectional, and cannot be understood in isolation from other life stages. Central to this approach are concepts of developmental trajectories, transitions, and turning points that shape individuals' pathways from adolescence through adulthood. Applied to substance use, the life course perspective proposes that early-onset, heavy, or escalating alcohol use during adolescence predicts problematic use in adulthood, educational disruption, employment difficulties, and various health and social problems.

Life course research demonstrates that substance use trajectories show considerable heterogeneity, with distinct patterns including persistent heavy use, desistance from use, escalation, and abstinence groups (Schulenberg & Maggs, 2002; Jackson, Sher, & Wood, 2000). The timing of alcohol initiation is particularly critical: early-onset alcohol use is associated with higher risk for later alcohol use disorders and poor long-term outcomes (Chen & Jacobson, 2012). Additionally, major life transitions—such as school transitions, residential moves, marriage, parenthood, and employment changes—can alter substance use trajectories, either amplifying risk or creating opportunities for change (Schulenberg, O'Malley, Bachman, & Johnston, 2005).

The developmental cascade model, grounded in both life course theory and developmental psychopathology (Cicchetti, 2006; Kellam & Rebok, 1992), indicates that early risk factors in one domain (e.g., behavioral problems, peer difficulties) can cascade to influence substance use trajectories in adolescence, which in turn predicts adjustment problems in adulthood (Ialongo, Poduska, Werthamer, & Kellam, 2001). This model emphasizes that prevention efforts must address the developmental timing and trajectories of use, with particular attention to critical windows of opportunity for intervention before patterns become entrenched.

Integrated Application: These theoretical frameworks are complementary rather than competing. Social Learning Theory (Bandura, 1977) explains the initiation and learning of alcohol use behaviors; bioecological models (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 1998, 2006) and the Social Development Model (Catalano & Hawkins, 1996) explain the multi-level risk and protective factors contributing to abuse; biopsychosocial and developmental psychopathology models (Engel, 1977; Cicchetti, 2006) explain the effects and consequences of use; and developmental/life course perspectives (Elder, 1994; Schulenberg et al., 2005; Jackson et al., 2000) integrate these insights to understand how youth alcohol use develops over time and affects long-term trajectories. Together, they provide a comprehensive theoretical foundation for understanding the full scope of youth alcohol abuse in the Ghanaian context and for designing evidence-based, multi-level interventions (Hawkins, Catalano, & Miller, 1992).

2.2 How Youth Learn About Alcohol Consumption (Objective 1)

2.2.1 Family Environment and Modeling

Research shows that children of alcoholics have a high risk of developing alcohol problems due to inherent motivation to drink or sensitivity to the drug (Butcher, Mineka, Hooley & Carson, 2014). Children with parents who are extensive alcohol or drug abusers are

vulnerable to developing substance abuse problems themselves (Carson & Butcher, 2000; Liddle & Rowe, 2006).

In Ghana, family-based alcohol initiation is particularly notable. Kyei-Gyamfi et al. (2023) found that approximately 16.2% of children had their drinking experience initiated through parents, highlighting the significant role of parental modeling in Ghanaian youth alcohol use. This finding underscores the importance of addressing family-level interventions in the Ghanaian context, where alcohol consumption is deeply embedded in cultural practices and family gatherings.

Youth who drink alcohol are firstly exposed to parents who themselves drink and act as models for consumption (Urberg, Luo, Pilgrim & Degirmencioglu, 2003). Parental alcohol consumption is positively correlated with adolescent alcohol use (Chassin, Rogosch & Barrera, 1993). However, children exposed to parental drinking do not necessarily become problem drinkers (Butcher, Mineka, Hooley & Carson, 2014), indicating the role of multiple factors.

The family environment plays a role in both promoting and protecting children from drug abuse and dependence (Carson, 2015; Butcher, 2014; Rice & Dolgin, 2018). Recent Ghanaian research reveals that living arrangements significantly influence alcohol use patterns. Male students living with relatives were found to have a higher likelihood of alcohol use compared to those living with parents, suggesting that household composition affects protective family dynamics (Addo et al., 2025). Additionally, students with peers who drank alcohol and those living with relatives had substantially elevated odds of alcohol use, emphasizing the complex interplay between family structure and peer influence.

2.2.2 Peer Influence and Social Learning

Peer influence is seen as a strong determinant of alcohol use (Kelly, Chan, Mason & Williams, 2012). Having influential friends who are frequent users of alcohol is a predictor

of alcohol use among adolescents. Youth may feel pressure to conform to peer drinking habits (Urberg et al., 2003).

In Ghana, peer influence is remarkably strong in driving adolescent alcohol initiation. Kyei-Gyamfi et al. (2023) found that more than half of children who reported ever taking alcohol were first introduced to drinking by friends, substantially exceeding parental initiation. This finding aligns with a secondary school study by Dogbe, which revealed that 49% of participants were introduced to drugs by non-student friends, while 17.6% were initiated into alcohol use by student friends. These figures underscore the preponderance of peer-driven initiation pathways in the Ghanaian youth context.

Recent Ghanaian research among senior high school students identified that students with peers who drank alcohol had significantly higher odds of alcohol use themselves, reinforcing the power of peer modeling in adolescent substance use (Addo et al., 2025). This peer influence mechanism appears to operate across different educational levels and geographic regions in Ghana, making peer-focused interventions critically important.

The social norm approach explains how incorrect perceptions of peer attitudes and behaviors influence drinking. The theory states that human behaviors are influenced by incorrect perceptions of how other members of our social group think or act. Applied to alcohol use among adolescents, an adolescent assumes that other adolescents' attitudes towards alcohol are more accommodating than expected and that they consume more than they actually do.

2.2.3 Media and Advertising Exposure

Media, including television, movies, music, and social media, can normalize or glorify alcohol consumption (Anderson, de Bruijn, Angus, Gordon & Hastings, 2009). Exposure to alcohol advertising has been linked to increased alcohol consumption among adolescents (Snyder, Milici, Slater, Sun & Strizhakova, 2006).

Alcohol advertising plays an important role in sustaining a cultural environment where drinking is seen as normal and shapes adolescents' perceptions and attitudes towards alcohol use (Gerbner, 2015). Considerable research effort has shown that media exposure can make youth and adolescents more likely to experiment with alcohol intake (Strasburger, 2012; American Academy of Pediatrics, 2017).

Various advertising techniques include use of successful and attractive people to sell alcoholic drinks, use of popular music with enticing rhythms that make customers feel good, and celebrity endorsements from famous sportsmen, actors, and television personalities, and portrayal of alcohol as enhancing sexual performance and curing diseases.

2.2.4 Cultural and Social Context

In Ghanaian society, people consume alcohol at social gatherings, marriage ceremonies, parties, outdoor ceremonies, and funerals. The use of alcoholic beverages has become part of social activities and gatherings. Some spirits consumed in Ghana are mixed with herbs believed to cure diseases such as hemorrhoids and menstrual pain, enhancing youth patronage (Ghana Health Foundation, 2016).

Alcohol is utilized in Ghanaian cultural contexts as a form of traditional medicine. Hormenu et al. (2018) found that using alcohol as medicine to cure diseases and seasonal festivals were the main reasons for alcohol initiation among adolescents in the Central Region of Ghana. This cultural medicinal use represents a distinct pathway to alcohol initiation specific to the Ghanaian context and is often overlooked in prevention efforts designed around Western frameworks.

Geographic variation in alcohol prevalence is notable within Ghana. Research indicates that students from the northern part of Ghana's Central Region were at less risk to drink alcohol than those from the southern and central parts of the region, with students from the Greater Accra region showing higher lifetime alcohol consumption than those in the Eastern and Northern regions (Kyei-Gyamfi et al., 2023). These regional differences

suggest that localized cultural norms, economic factors, and alcohol outlet density significantly influence youth alcohol use patterns and require region-specific interventions. Community norms and values influence attitudes towards alcohol consumption (Room, 2005). In certain communities, alcohol consumption may be viewed as a rite of passage or symbol of masculinity. Cultural norms and values significantly influence patterns of alcohol use and abuse (Mäkelä, Tryggvesson, & Rossow, 2018). In Ghana, alcohol consumption is often associated with manhood and social status, particularly among male youth.

Studies have shown that it is youth in the productive age group who are commonly victims of alcohol abuse (Manfreda, Breznik, Fisinger & Kobal Tomc, 2018). Students in Ghana have reported having their first drink of alcohol at remarkably early ages, with some consumption reported in primary school (Hormenu et al., 2018, showing 52% early exposure), and 1.4% of children aged 8-10 having consumed alcohol (Kyei-Gyamfi et al., 2023). These findings highlight the urgent need for early intervention strategies in Ghana.

2.3 Why Youth Abuse Alcohol (Objective 2)

2.3.1 Individual Factors

Experimental Curiosity: Curiosity to experiment with unknown facts about alcohol motivates adolescents into alcoholism (Craig & Baucum, 2019). The first experience produces states of arousal such as happiness and pleasure, motivating continued use. According to Haladu (2013), the first experience in drug abuse produces arousal states that motivate continued use.

Biological Predisposition: Some individuals possess genes or combinations of genes that make them more susceptible to substance abuse (Lettieri, Sayers & Pearson, 2016). Most support for genetic theory derives from twin and familial studies. Ramo (2016) found that

certain biological factors may increase alcoholism risk, including differences in metabolism, neuropsychological factors, and electrophysiological differences.

Metabolic Imbalance: The theory of metabolic imbalance suggests that some individuals may suffer from metabolic imbalance and consume substances to reach normality that others feel without consuming drugs (Lettieri, Sayers & Pearson, 2016). When drugs wear off, users return to their original state and craving cycles emerge (Liungman, 2017).

2.3.2 Family Factors

Poor Parental Control: Many parents lack time to supervise their children. Some have little interaction with family members while others pressure children academically (Hanson, 2015). These phenomena initialize and increase alcoholism among youth.

Family Structure: Living with a single parent or step-parent correlates with greater frequency and heavier alcohol consumption (Anderson et al., 2006). DeLeire and Kalil (2012) found that teenagers in families where parents were unmarried were more likely to drink alcohol than those in married households. Children in disrupted families are more likely to become early substance abusers (Rutter, 2007). In Ghana, research shows that male students living with relatives (not parents) had higher odds of alcohol use, suggesting that family instability or non-traditional family arrangements increase risk (Addo et al., 2025).

Parental Provision of Alcohol: In a Swedish study, Danielsson (2011) found that parental supply of alcohol to underage children related to heavier and more frequent consumption. In the USA, Warner and White (2003) found that parental alcohol supply correlated with later problem drinking. In Ghana, parental provision and normalization of alcohol remain significant concerns, with 16.2% of youth first drinking through parental exposure.

Intergenerational Transmission: The intergenerational transmission of drinking behavior is particularly strong for heavy drinking behavior (Moore et al., 2010). Antonji et al. (2010) found that alcohol use among younger siblings could be affected by older siblings'

examples. In Ghana, research documenting intergenerational transmission patterns specifically among Ghanaian families would strengthen intervention planning.

2.3.3 Peer Pressure

Peer pressure plays a major role in influencing youth into alcohol use (Narcotic Control Board, 2010). As youth depend less on parents, they show more dependency on friends. The fear of exclusion or ostracism leads to conformity and participation in alcohol drinking. Recent Ghanaian research emphasizes peer pressure as a dominant force in adolescent alcohol initiation. Students whose peers drank alcohol had substantially higher odds of drinking themselves (Addo et al., 2025). Furthermore, over 50% of children in Ghana reported first trying alcohol with friends, highlighting how peer-driven experimentation and conformity pressure operate in this context.

Membership in groups where most members consume alcohol frequently leads to adoption of similar behavior. As adolescents grow older, family influence decreases while peer influence increases as part of normal development away from parents (Schulenberg & Maggs, 2012). This developmental shift appears to be particularly pronounced in Ghana, where peer groups may become the primary social reference.

Different groups of adolescents have different behavior patterns used for self-description. While alcohol consumption can be found in almost every cultural subgroup, there are preferences for particular drugs in different subculture groups (White et al., 2016). In Ghana, emerging research suggests that certain subgroups, including those with part-time work responsibilities, may have elevated risk.

2.3.4 Socio-Economic Factors

Personality Problems from Socio-Economic Conditions: Youth with personality problems arising from social conditions abuse alcohol (Haladu, 2013). Poverty is widespread, broken homes and unemployment are increasing, causing youth to roam streets looking for

employment. Frustration from these problems leads to alcohol use for temporarily removing tension.

Need for Energy: Economic deterioration drives parents to send youth out to earn income through hawking, bus conducting, head loading, and scavenging. These youth use alcohol to gain energy for long working hours (Haladu, 2013). This pattern is particularly relevant in Ghana's informal economy, where many adolescents engage in economic activities outside formal schooling.

Availability and Accessibility: Easy availability influences youth drinking behaviors (Gruenewald, Johnson, Light, Lipton & Saltz, 2006). In Ghana, alcoholic beverages are considerably cheaper than soft drinks, leading young people to consume them due to accessibility and low cost (Osman et al., 2016). This economic barrier to preventing youth alcohol use remains a critical challenge in Ghana, particularly for low-income families.

Socioeconomic Status: Research indicates a strong correlation between socioeconomic status and adolescent alcohol use (White & Widom, 2017). Youth from disadvantaged backgrounds experience disproportionately high risk of alcohol misuse (Moffitt et al., 2011). In Ghana, economic pressures and informal employment often necessitate that adolescent's work, increasing alcohol use risk as a coping mechanism for work-related stress.

2.3.5 Psychological Factors

Stress and Coping: Youth with inadequate coping skills may turn to alcohol to manage stress, anxiety, or negative emotions (Wills, Sandy & Yaeger, 2000). Low self-efficacy in managing emotions links to alcohol abuse (Bandura, 1997). In Ghana, adolescents facing academic pressure, economic uncertainty, and social transitions may utilize alcohol as a maladaptive coping strategy.

Self-Efficacy Issues: Youth with low self-efficacy in resisting peer pressure are more likely to succumb to social influences (Bandura, 1997). Youth's belief in their ability to drink responsibly influences their choices, with low self-efficacy increasing dependency risk. Ghanaian research among university students has identified low self-efficacy in alcohol abstinence as a significant predictor of continued use (Glozah et al., 2017).

Withdrawal Symptom Prevention: Once dependent, youth continue drinking to prevent withdrawal symptoms characterized by pain, anxiety, excessive sweating, and shaking. The inability to tolerate these symptoms motivates continued use (Oluremi, 2012).

2.4 Effects of Alcohol Use Among Youth (Objective 3)

2.4.1 Health Effects

Physical Health Consequences: WHO (2013) reports that excessive alcohol use causes liver disorders, nausea, vomiting, anorexia, muscular incoordination, poor judgment, and clammy skin. It can lead to sexual dysfunction, menstruation problems, cardiovascular problems, neurological complications, congenital effects, and death.

Harmful alcohol consumption serves as a risk factor in over 200 diseases and injuries (Htet et al., 2020). These contribute to about 3 million deaths annually, representing 5.3% of all mortality globally and 132.6 million disability-adjusted life years (WHO, 2020).

Brain and Neurological Effects: Alcohol interferes with brain communication pathways, affecting brain function (Witt, 2010). These disruptions change mood and behavior, making clear thinking and coordination difficult. Alcohol consumption during early years associates with alterations in attention, verbal learning, memory, and altered brain development (WHO, 2018). Given that over 50% of Ghanaian youth report early exposure to alcohol in primary school, the neurodevelopmental impacts are a significant public health concern.

Liver Effects: Elevated liver enzymes are found in youth who drink alcohol. The National Institute on Alcohol Abuse and Alcoholism (2016) found that youth alcohol use disorders

were associated with higher gamma-glutamyl transpeptidase and alanine aminotransferase levels.

Effects on Development: Early alcohol use during rapid development can disrupt normal growth and endocrine development through effects on the hypothalamus, pituitary gland, and target organs like ovaries and testes (Dees, Srivastava & Hiney, 2013).

2.4.2 Academic and Educational Effects

Alcohol undermines students' academic ability. In the USA, students abusing alcohol regularly are twice as likely to get below-average marks or failing grades (Dallas, 2015). School dropouts are twice as likely to be alcohol abusers.

In Ghana, substance use among senior high school students signals concerning trends in academic risk. Addo et al. (2025) found that many students engaged in substance use, with potential substance use disorder symptoms documented, which likely impacts educational attainment and future economic prospects.

Alcohol disrupts entire schools when several students abuse alcohol or are absent due to alcohol abuse. This brings illegal practices into schools including theft, indiscipline, and drug selling (Government Gazette, 2018).

2.4.3 Social Effects

Crime and Violence: Studies show significant associations between alcohol and crime. In Caribbean studies, 55% of convicted offenders reported being under drug influence during offenses, with 19% saying they would still have committed crimes without substance influence.

Among street-connected youth in Ghana, substance use shows complex relationships with violence and trauma. Sexual assault, indirect sexual victimization, physical beating, robbery, and assault with weapons all increased odds of lifetime and past-month alcohol use, indicating that victimization and substance use are intricately linked in the Ghanaian

street youth context (Abubakar et al., 2021). These findings suggest that youth experiencing violence are particularly vulnerable to problematic alcohol use.

Alcohol has been associated with numerous acts of interpersonal violence including physical and sexual abuse, emotional and psychological abuse, and neglect (WHO, 2015). A national study found that just under half of prisoners and parolees had taken alcohol prior to their crimes (Rocha-Silva & Stahmer, 2016).

Family Impact: Domestic abuse, divorce, poor work performance, loss of self-esteem, disrespect, self-embarrassment, and higher incidence of suicide and murder are socio-economic effects of alcoholism (Chauke, van der Heever & Hoque, 2014). In Ghana, these impacts are compounded by limited mental health support services and rehabilitation facilities.

Risky Sexual Behavior: Adolescent alcohol consumption associates with risky sexual behavior (Halpern-Felsher et al., 2016). Alcohol consumption among young women was associated with lower contraception use (Kaestner & Joyce, 2001). Baliunas et al. (2010) found that alcohol consumers have about 77% higher HIV risk compared to non-consumers. These risks are particularly concerning in the Ghanaian context, where sexual health infrastructure remains limited.

2.4.4 Economic Effects

Work productivity declines with 153 workdays lost due to absenteeism from alcohol-related illnesses (Department of Social Development, 2016). Alcohol use negatively impacts healthcare systems, depleting scarce resources available to improve health (Department of Health, 2017).

In the United States, economic-compulsive crime costs approximately \$20 billion yearly, mostly from burglary, fraud, and robbery committed to obtain money for drugs. In the UK, similar costs are estimated at \$20 billion annually. Ghana's developing healthcare and economic systems make these impacts proportionally more severe.

2.4.5 Injuries and Mortality

Alcohol increases injury probability mainly from intentional (homicides, suicides) and unintentional (car crashes) incidents rather than chronic health conditions. Heavy drinking is a major suicide risk factor among adolescents (Andrews & Lewinsohn, 1992; Beautrais, 2000).

In the EU, over 10% of female mortality and around 25% of male mortality in the 15-29 age group relates to hazardous alcohol consumption (Commission of the European Communities, 2006). The World Health Organization estimated that about 63,000 deaths among 15-29 year-olds in Europe were alcohol-related in 2002 (Duarte et al., 2007). While comparable Ghana-specific mortality data would strengthen surveillance, available research indicates that drunkenness rates among youth are concerning, with 73% of alcohol-using students in the Central Region reporting high levels of intoxication.

2.5 Conditions to Promote Growth and Overcome Alcohol Problems (Objective 4)

2.5.1 Prevention Approaches

Education and Information Approaches: While information-only approaches are insufficient alone (Tobler, 2018; Botvin, 2015), providing factual information about short-term effects and social drawbacks is necessary. Bachman, Johnson and O'Malley (2020) recommend presenting straightforward information on health risks and consequences. In Ghana, school-based prevention programs require culturally tailored content that addresses local pathways to initiation, such as alcohol use for medicinal purposes and cultural festivals.

Psychosocial Approaches: The social influence model is the most promising substance-use prevention model (Ellickson, 2015). These programs include normative education to undermine beliefs that drug use is prevalent, resistance skills development, personal and social skills training including decision-making, problem-solving, and assertiveness, and counter-advertising education exposing alcohol and tobacco advertisement tactics.

Studies evaluating psychosocial prevention programs found significant behavioral effects in delaying or preventing substance use, typically lasting a few years after initial delivery (Tobler & Stratton, 2018). Ghana's school-based prevention efforts should incorporate these evidence-based components while adapting them to local contexts.

2.5.2 Counselling Services

The Ministry of Youth and Sports (2007) outlined several counselling strategies that remain foundational to Ghana's approach to alcohol and substance abuse prevention.

Family Education: Parents should provide appropriate alcohol education to children, informing them of dangers to health, society, and nation. Research demonstrates that family-based interventions are particularly effective in preventing adolescent substance use. A systematic review of 60 studies by the Community Preventive Services Task Force (CPSTF, 2023) found that family-based interventions—including small group sessions, web-based modules, and workbooks delivered by health professionals—significantly reduce initiation and use of alcohol, cannabis, tobacco, and illicit substances among youth. These interventions typically teach parents and caregivers to enhance children's substance use preventive skills through content addressing parent-child communication, rule setting, and monitoring (ODPHP, 2023). In Ghana, Parent-Teacher Associations and School Management Committees require education on alcohol dangers, as evidence shows that 16.2% of adolescents are initiated into drinking by their own parents (Kyei-Gyamfi et al., 2023), making parental intervention essential. Research specifically on parent-led programs shows that adolescents whose parents engage in frequent, developmentally appropriate discussions about alcohol are significantly more likely to align with parental expectations regarding alcohol use (National Institute on Alcohol Abuse and Alcoholism, 2016).

Counseling Centers: Community-based counseling centers with qualified health counselors should help youth with alcohol problems through specialized advice on withdrawal processes. However, recent research from Northern Ghana reveals significant barriers to accessing substance use services among adolescents, including stigma, confidentiality concerns, and affordability challenges (Anaba et al., 2025), indicating that strengthening counseling infrastructure and reducing barriers is essential. Brief interventions delivered by health professionals have demonstrated effectiveness, with research showing that a single 15-minute counseling session can produce measurable reductions in adolescent alcohol use, particularly when followed by multiple contacts with appropriate follow-up guidance (Brown et al., 2015). Group-based counseling programs—such as Creating Lasting Family Connections (CLFC)—have shown documented effectiveness in reducing alcohol and drug use frequency among high-risk youth, with effects particularly pronounced as family pathology decreases (Catalano & Hawkins, 1996).

Curricula Development: The Ministry of Education should add drug and alcohol education to curricula at all educational levels as a matter of urgency. Research strongly supports school-based prevention programs that combine multiple components. Evidence shows that programs incorporating social skills training, resistance skills development, decision-making training, and problem-solving are significantly more effective than information-only approaches (Tobler et al., 2000; Botvin & Griffin, 2007). The LifeSkills Training (LST) program, for example, has demonstrated sustained effectiveness through long-term follow-up, with participating students showing reductions in tobacco, alcohol, and marijuana use lasting through high school graduation (Botvin et al., 1995). In Ghana, early intervention programming starting in primary school is critical given that over 50% of youth report early alcohol exposure and some have consumed alcohol by ages 8-10 (Kyei-Gyamfi et al., 2023). Effective school-based curricula in other contexts have included components addressing knowledge about biological and behavioral consequences

of alcohol use, contextual factors influencing use (peer, family, media influences), and practical social and personal skills training (Foxcroft et al., 2011).

Campaign Intensification: National Drug and Alcohol Law Enforcement Agency should intensify anti-alcohol campaigns, particularly at secondary school level during peak adolescence. Ghana has implemented several notable campaigns reflecting this approach. The Food and Drugs Authority's "Daabi—Say No to Drug Abuse" campaign, launched in partnership with MUSIGA and the entertainment industry, represents an innovative strategy using music videos featuring popular musicians to reach youthful populations (FDA, 2022). The campaign includes school-based components, peer-to-peer prevention programs through youth ambassador networks, and multimedia outreach combining music, video, and social media platforms (FDA, 2022). More recently, the Ministry of Youth Development and Empowerment, in collaboration with the FDA, launched the "Ghana Against Drugs—Red Means Stop" campaign (2025), combining sensitization, rehabilitation, and media advocacy to address emerging substance abuse crises. Research supporting campaign-based approaches shows that coordinated, comprehensive messages delivered through multiple channels—including entertainment-based media, school partnerships, and community organizations—are more effective than isolated information dissemination (Hutchinson et al., 2020). Additionally, peer-led and youth ambassador approaches have demonstrated particular effectiveness in substance abuse prevention among adolescents, as messages delivered by respected peer leaders gain credibility and relevance that adult-delivered messages may lack (Thomas et al., 2013; Tolan et al., 2014).

2.5.3 Regulatory Measures

Taxation and Pricing: Studies based on aggregate data suggest price elasticity of demand for beer at -0.3, wine at -1, and distilled spirits at -1.5 (Leung & Phelps, 1993). Jackson et al. (2009) found negative relationships between alcohol prices and adolescent consumption

in Australia. In Ghana, given that alcohol is cheaper than soft drinks and serves as an attractive option for low-income youth, pricing interventions have significant potential.

Age Restrictions: Most countries have minimum age limits for alcohol sales, though effectiveness depends on enforcement. ESPAD survey respondents in 2007 said it was easy to buy alcoholic beverages, with beer being most accessible (Directorate General for Health and Consumers, 2009). In Ghana, the Liquor Licensing Act (1970) and Public Health Act (851) restrict minors' access to alcohol, but enforcement remains inconsistent. Kyei-Gyamfi et al. (2023) noted that while regulations have been more successful in urban areas like Accra, they are difficult to enforce in rural areas, highlighting geographic disparities in implementation.

Outlet Density Control: Greater alcohol outlet density associates with increased consumption and alcohol-related problems (Mäkelä et al., 2002). Livingston et al. (2007) found positive associations between outlet density and violence, drunk-driving, and child maltreatment. Ghana could benefit from stricter controls on alcohol outlet density, particularly in areas with high youth populations.

Trading Hours Restrictions: Jackson et al. (2009) found that extended trading hours associated with greater violence and traffic accidents in Australia. Restrictions on alcohol licensing typically result in decreased consumption (Mäkelä, 2002). Ghana could explore restricting trading hours for alcohol sales, particularly near schools and youth centers.

2.5.4 Community and Environmental Interventions

Community Support: Strong community support is essential for effective alcohol abuse prevention. Lack of community support curtails government initiatives in preventing alcoholism among youth. In Ghana, organizations like VAST-Ghana are advocating for community mobilization to prevent sales and consumption of alcohol by underage youth and to develop alcohol-free environments.

Environmental Modifications: Reducing accessibility through outlet density controls, restricted trading hours, and availability limitations helps reduce consumption. Ghana's WHO SAFER package implementation would benefit from community-level support and monitoring.

Religious and Cultural Interventions: Religion serves as a protective factor for alcohol use (Almodovar et al., 2006; Hodge et al., 2001). Ayers et al. (2009) identified religious messages as mechanisms of social reinforcement influencing drinking behaviors. In Ghana, leveraging religious institutions and traditional community leaders could strengthen prevention efforts.

2.5.5 Family-Centered Interventions

Parental Involvement: Parents have crucial roles in preventing alcoholism through strong parent-child relationships. Families play important roles in developing alcohol and drug-related problems among youth (Rowe & Liddle, 2006; Hawkins, 2001). In Ghana, interventions should target parents to reduce modeling of alcohol use and to strengthen protective family dynamics.

Family Stability: Addressing household stability, income, and employment reduces family stress and vulnerability. Single-parent families may have increased difficulties, with parents functioning beyond their abilities. In Ghana, addressing economic pressures that force adolescents into informal work settings is essential for reducing both stress-driven alcohol use and overall economic vulnerability.

Prevention can employ knowledge about family dynamics to address personal and social concerns that would otherwise lead to alcohol abuse (WHO, 2013). In Ghana, family-centered approaches should account for diverse family structures, including those involving extended family and relatives, recognizing that non-parental guardianship may require distinct intervention strategies.

2.6 Summary of Literature Review

The literature reveals that alcohol abuse among youth is a complex phenomenon influenced by multiple interconnected factors. In the Ghanaian context specifically, youth learn about alcohol through family modeling (though at lower rates than peer initiation), peer influence (the dominant pathway), media exposure, and distinct cultural contexts where alcohol serves medicinal and ceremonial functions.

Social Learning Theory provides a comprehensive framework for understanding how observational learning, imitation, and modeling contribute to alcohol initiation and abuse. However, Ghana-specific applications must account for cultural practices that normalize early alcohol exposure, such as medicinal use and festival consumption.

Factors contributing to abuse include individual predisposition, family dysfunction, peer pressure, socio-economic conditions, and psychological factors. In Ghana specifically, gender differences (with males showing higher lifetime use), geographic variation (with Greater Accra showing higher prevalence), and the complexities of non-parental family arrangements all shape risk profiles.

The effects of alcohol abuse are wide-ranging, affecting physical health (particularly during critical developmental periods), academic performance, social relationships, and economic productivity. Ghanaian youth show particularly concerning signs of intoxication and potential substance use disorder, with over 50% reporting early initiation and 73% of users reporting high drunkenness.

Effective interventions require comprehensive approaches including culturally adapted education, accessible counselling services that address identified barriers, evidence-based regulatory measures adapted to Ghana's enforcement capacity, community involvement, and family-centered interventions. Ghana's implementation of the WHO SAFER package offers a promising policy framework.

The evidence demonstrates that prevention and intervention efforts must be culturally appropriate (accounting for medicinal use, festivals, and family structures), developmentally informed (with early primary school intervention critical), and sustained over time to be effective. Strong family relationships, community support, reduced alcohol availability and affordability, and comprehensive policy approaches emerge as critical components of successful alcohol abuse prevention among Ghanaian youth.

Ghana-specific research priorities include longitudinal studies to establish causal relationships, regional comparative analyses to understand geographic variation, interventions addressing barriers to counseling access, and evaluation of school-based and community prevention programs adapted for the Ghanaian context.



CHAPTER THREE

METHODOLOGY

3.0 Introduction

The chapter presents the various techniques used in collecting and analyzing data in a study. These include research paradigm, research approach, research design, population, sample and sampling techniques, research instruments, trustworthiness of the study, data collection procedures and ethical considerations.

3.1 Research Paradigm

A research paradigm describes the assumptions and beliefs with regards to how the world is perceived, and becomes the theoretical framework that guides the conduct of the researcher (DeVellis, 2016). Important academic research of this nature, deserves to lay claim to theoretical frameworks and philosophical perspectives regarding knowledge on the assumption on how we will study what we intend to learn as paradigm embedded in the research methodology (Goldkuhl, 2012). The philosophical and theoretical perspectives or assumptions underpinning this study was interpretative worldview or constructivist epistemology which argues that, meaning is constructed not discovered, so subject construct their own meaning (Kusi, 2012). This is linked to the nominalist ontological position which posits that knowledge of the world is socially constructed, understood and interpreted by the individual participants based on their experiences of the world in which they live and work (Kusi, 2012). Interpretive paradigm is chosen because the purpose of the study is to explore a phenomenon. Interpretive research acknowledges the feelings, experiences and viewpoints of the researched as data (Kusi, 2012). According to Sureepong (2010), the interpretivist uses open-ended research questions and also focus on qualitative data, from which the researcher will interpret meanings.

Interpretive paradigm was chosen for this particular study for three reasons. Interpretive paradigm allows the researcher to access the experiences and viewpoints of the research

participants, recognizes the role of the researcher and the research participants in knowledge construction and is useful in an attempt to understand a phenomenon in all its complexity in a particular socio-cultural context (Kusi, 2012). It also said that the interpretivist studies often use small numbers of participants. This is because the purpose is not to generalize, but to explore the meaning which the participant place on the social situation under investigation. The approach is interested in understanding the view of the participants, rather than predicting what the individual will say. This approach does not consider the knowledge generated from the study to be permitted but accepts it as relative to the time, context or culture in which the study is conducted. This approach also allows the researcher to interact more with the participants, making the researcher active in the research. The study adopted interpretive research paradigm to explore factors influencing alcohol initiation among the youth of Sefwi Wiawso.

3.2 Research Approach

According to Boateng (2014), researchers are free to choose between qualitative, quantitative and mixed method for their study. This indicates that there are three different kinds of research methods available for a researcher to choose for a problem under study. Undoubtedly, the selected method should be appropriate for the design of the study. The study adopted a qualitative research approach.

This study adopted a qualitative research approach to explore alcohol abuse in Sefwi Wiawso from the perspective of those experiencing it. Qualitative research emphasizes in-depth understanding of human experiences within their natural contexts (Bryman, 2012). Rather than testing predetermined hypotheses through standardized measures, qualitative research seeks to understand how individuals interpret their experiences, what meanings they attach to events, and how they navigate their social worlds (Johnson & Christiansen, 2012). This approach requires the researcher to immerse themselves in the research setting

and engage directly with participants to understand their perspectives and lived experiences (Creswell, 2013).

For this study, adopting qualitative methods was essential for several reasons. First, limited research existed on alcohol abuse specifically among Sefwi Wiawso youth, making it necessary to explore the phenomenon in depth rather than test existing theories. Second, the research questions explicitly asked youth to explain "how" and "why" they use alcohol and "what" solutions they believe would help—questions that require understanding youth perspectives, not just measuring prevalence. Third, the complex, multilevel factors influencing alcohol abuse (individual, family, peer, economic, cultural) could only be adequately understood by engaging with youth who could explain how these factors interconnect in their lives. Quantitative approaches would have provided prevalence data but not the rich contextual understanding necessary for developing effective, locally-appropriate interventions.

In such research, the researcher becomes immersed in the everyday life of the setting chosen for the study, and seeks participants' perspectives and meanings through ongoing interaction (Creswell, 2013; Cohen, Manion & Morison, 2011).

More so, qualitative design helped the researcher explore participants' different perceptions and understanding of the problem under study (Ziebland & McPherson, 2006). The nature of the questions gave the participants the ability to evoke responses that are rich in explanatory in nature, unanticipated by the researcher. This approach also helped the researcher to get a better understanding of the issues being explored, through first-hand experience, truthful reporting and quotations of actual conversation, it also helps to understand how the participant derive meaning from their surrounding and how their meaning influences their behaviour. In addition, Creswell (2012) opines that a qualitative research method is used in exploring people's lives, lived experiences, behaviours, emotions and feelings as well as organizational functioning, social movement, cultural

phenomena and interactions between nations. The researcher conducted interviews to explore factors influencing alcohol initiation among the youth of Sefwi Wiawso.

3.3 Research Design

According to Saunders, Lewis and Thornhill (2012), a research design is a plan or guide for data collection and interpretation, with sets of rules that enable the researcher to conceptualize and observe the problem under study. A phenomenological study was used to explore the experiences and perceptions influencing alcohol abuse among the youth of Sefwi Wiawso township.

Phenomenology is a qualitative research approach focused on understanding lived experience. Shaduk (2018) describes phenomenology as systematic inquiry into how individuals' conscious experiences with specific phenomena—events, situations, experiences—reveal deeper understanding of those phenomena and their significance. A key distinction in phenomenological research is that the focus is on phenomena (the experiences themselves) rather than on individual research subjects as such. This is an important epistemological position: phenomenology asks "What is the essence of this experience as people live it?" rather than "What are characteristics of these people?"

For this study, this phenomenological orientation meant the focus was on the phenomenon of "alcohol abuse among youth" as it is lived, experienced, and understood by young adults in Sefwi Wiawso, rather than on comparing individual participants or categorizing them into types. The researcher sought to understand the essential features of the alcohol abuse experience: how youth describe their initiation into drinking, how they understand their motivations, what consequences they perceive, and what they believe would help them recover. This phenomenological approach is particularly valuable for addressing the study's research questions, which ask youth to reflect on and explain their experiences—to provide accounts of what alcohol abuse means to them and how it shapes their lives.

Lester (1999) emphasizes that phenomenological methods are "particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives." This approach "challenges structural or normative assumptions" by grounding understanding in how participants actually experience phenomena rather than in existing theories or frameworks. For alcohol abuse, this meant resisting preconceived notions about causation and instead allowing youth experiences to reveal factors they themselves identified as important—peer pressure, economic desperation, psychological distress, and cultural normalization.

The considerations that warranted the adoption of this design include the nature of the research questions, the data required to answer them and the philosophical assumptions underlying the entire research.

"Phenomenology is a qualitative research approach focused on understanding lived experience. Shaduk (2018) emphasizes that phenomenological inquiry examines how individuals' conscious experience with specific phenomena—events, situations, experiences—provides deeper understanding of those phenomena and their broader significance. A key distinction in phenomenological research is that the focus is on phenomena (the experiences themselves) rather than on individual people as research subjects. For this study, this means the focus is on the phenomenon of 'alcohol abuse among youth' as it is experienced and understood by young adults in Sefwi Wiawso, rather than on categorizing or comparing individual participants."

In the human sphere this normally translates into gathering 'deep' information and perceptions through inductive, qualitative methods such as interviews, discussions and participant observation, and representing it from the perspective of the research participant(s) Lester (1999). Phenomenological methods are particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, and therefore at challenging structural or normative assumptions. Adding an

interpretive dimension to phenomenological research, enabling it to be used as the basis for practical theory, allows it to inform, support or challenge policy and action Lester (1999). The data collected in a qualitative study includes more than words; attitudes, feelings, vocal and facial expressions, and other behaviours are also involved.

3.4 Site and Sample Selection

3.4a Description of Sefwi Wiawso Township

Geographic and Administrative Context

Population and Youth Demographics

Sefwi Wiawso is the administrative capital of the Sefwi-Wiawso Municipal District in Ghana's Western North Region. According to the Ghana Statistical Service and the Sefwi-Wiawso Municipal Assembly, the municipality encompasses approximately 1,011.6 square kilometers with multiple administrative divisions. The area has a tropical rainforest climate with relatively consistent temperatures between 25-30°C throughout the year and substantial annual rainfall (1,524-1,780 mm), which supports agricultural activities that form the economic foundation of the region (Ghana Statistical Service, 2021; Sefwi-Wiawso Municipal Assembly, 2021).

According to the 2021 Population and Housing Census, Sefwi Wiawso Municipality has a population of approximately 151,220 residents (75,905 males and 75,315 females) with a 2.0% annual growth rate. The municipality's demographic composition reveals significant youth representation, with children less than five years constituting 20% of the population (32,295 individuals), and children between 6-59 months representing 18% (29,065 individuals). While specific statistics for the 20-35 age bracket defined in this study are not disaggregated separately, the young population structure indicates a substantial youth presence in the municipality.

Economic and Social Context

The economy of Sefwi Wiawso is predominantly agricultural, with approximately 80% of the working population engaged in this sector. The primary agricultural activities include cocoa farming (the most prominent cash crop), food crop farming, and livestock farming. The municipality has several educational institutions, including Wiawso College of Education, Sefwi Wiawso Senior High School, and Sefwi Wiawso College of Health, which serve the local youth population and contribute to youth migration and economic activities in the township.

Cultural Norms and Alcohol-Related Practices

Alcohol consumption is deeply embedded in Sefwi Wiawso's cultural practices. The community celebrates traditional festivals, including the Alluolue Festival (Eluo Festival), during which cultural leaders perform ceremonial libations honoring ancestors. Like many Ghanaian communities documented in the literature (Hormenu et al., 2018; Ghana Health Foundation, 2016), these festivals and major social events (funerals, weddings, outdoorings ceremonies) have become associated with extensive alcohol consumption. During these occasions, youth congregate in bars, parks, and community gathering spaces where alcohol flows freely. As Room (2005) discusses in his analysis of alcohol's social ecology, these cultural occasions create normative environments where drinking becomes not merely acceptable but expected and encouraged. The integration of alcohol into these traditional and social rituals means that youth grow up learning that alcohol is a normal and expected component of important community celebrations. This cultural normalization represents one pathway through which youth learn about and become introduced to alcohol, as documented in the study's findings on cultural and social contexts influencing initiation. Public spaces within the township—including bars, restaurants, parks, and community centers—serve as crucial sites for alcohol consumption. As noted in "The Social Ecology of Alcohol Use: A Critical Review" (Room, 2015), alcohol consumption and its

consequences are deeply intertwined with local social norms, environmental factors, and access to resources. In Sefwi Wiawso, the availability and accessibility of alcohol in these venues, combined with cultural acceptance during social gatherings, creates an environment conducive to alcohol use and potential abuse among young people.

3.4b Sampling Strategy and Participant Recruitment

Alcohol abuse in Sefwi Wiawso is not confined to clinical settings but is embedded within the community's social, cultural, and economic contexts. This community-embedded nature of the phenomenon shaped the recruitment strategy. Because alcohol abuse carries significant social stigma in Sefwi Wiawso—particularly for young women whose drinking is viewed especially negatively—direct, public recruitment was ethically problematic and likely to yield biased samples consisting only of individuals unconcerned about reputation (Bryman, 2016). Additionally, direct recruitment in a small community could compromise confidentiality and expose participants to social judgment. Therefore, the researcher employed a carefully planned, ethically sensitive recruitment strategy that protected participant dignity while reaching youth with lived experience of alcohol abuse.

Therefore, a multi-stage approach combining community engagement, collaboration with gatekeepers, and indirect recruitment methods were employed (Patton, 2015).

Collaboration with key community stakeholders, including traditional leaders, religious leaders, school authorities, and health officials, is foundational to this research (Tuhiwai Smith, 2012). Their involvement ensured ethical and culturally sensitive participant recruitment while simultaneously fostering trust and promoting community ownership of the research process (Banks et al., 2013). Prior to data collection, community engagement activities were implemented to build awareness, explained the study's purpose, and

emphasized the protection of participants' rights and confidentiality (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

For the qualitative component of the study, snowball sampling was used to identify participants for in-depth interviews (Goodman, 1961). This involved initial contact with individuals identified by key community gatekeepers, whom were then asked to refer other individuals who met the inclusion criteria and were willing to participate (Biernacki & Waldorf, 1981). This approach was essential for reaching potentially marginalized or hard-to-reach participants while maintaining ethical considerations and safeguarding against coercion (Atkinson & Flint, 2001). Recruitment of out-of-school youth were conducted through established community organizations and youth centers familiar with working with this demographic, emphasizing informed consent and voluntary participation (World Health Organization, 2016).

Throughout the research process, strict adherence to ethical research guidelines was maintained (American Psychological Association, 2017). This included obtaining informed consent from all participants and ensuring participant anonymity and confidentiality, providing access to relevant support services, and obtaining ethical review board approval prior to commencing data collection (Institutional Review Board Standards, 2018). The limitations inherent in relying on self-reported data was acknowledged, and steps was taken to mitigate potential biases (e.g., social desirability bias) (Podsakoff et al., 2003). These strategies ensured that the research adhered to the highest ethical standards while yielding valuable insights into the complex issue of alcohol abuse among youth within the Sefwi Wiawso community.

Understanding the "sites" of Alcohol Abuse goes beyond simply observing these public spaces. It necessitates delving into the experiences of those directly impacted by Alcohol Abuse, including individuals with the disorder, their families, and community members (Kvale & Brinkmann, 2009). As stated in *Qualitative Research on Alcohol and Drug Use:*

Methods and Applications, qualitative research methods, such as in-depth interviews and focus groups, allow researchers to gain nuanced insights into the lived experiences of individuals navigating Alcohol Abuse (Macnee & Room, 2019).

Sample Inclusion and Exclusion Criteria

- **Inclusion Criteria for Study Participation**

Participants were eligible for inclusion in this study if they met all of the following criteria:

1. **Age:** Participants must be between 20-35 years old, consistent with the study's operational definition of youth and the theoretical rationale for this age range provided in Section 1.7 (Arnett, 2000; Chen & Jacobson, 2012).
2. **Current Residence:** Participants must be current residents of Sefwi Wiawso Township or have resided there for at least the past 12 months, ensuring familiarity with the community context and local alcohol use patterns (Creswell & Creswell, 2018; Israel & Hay, 2006).
3. **Alcohol Abuse History:** Participants must have engaged in patterns of alcohol consumption that meet criteria for alcohol abuse, defined as drinking that results in harm to health, well-being, relationships, or productivity (Myadze & Rwomire, 2014). Participants should have:
 - Engaged in continuous or habitual drinking patterns for at least 6 months (Dennis et al., 1995)
 - Experienced demonstrable negative consequences related to alcohol use (e.g., relationship problems, employment difficulties, health issues, school dropout) (American Psychiatric Association, 2013)
 - Demonstrated patterns consistent with the operational definition of alcohol abuse outlined in Section 1 (Operational Definitions)

4. **Willingness to Participate:** Participants must be willing to provide informed consent and participate in a semi-structured interview of 30-40 minutes duration, conducted in either Twi or English (Kvale & Brinkmann, 2009).
5. **Capacity to Provide Informed Consent:** Participants must have the cognitive capacity to understand the study purpose, their rights, confidentiality protections, and voluntary nature of participation, and must be able to provide meaningful informed consent (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; American Psychological Association, 2017).
6. **Language Proficiency:** Participants must be fluent in Twi (the local language of Sefwi Wiawso) or English, as interviews were conducted in Twi with English translation available (Creswell, 2013).

Exclusion Criteria

Participants were excluded from the study if they met any of the following criteria:

1. **Age Outside Range:** Individuals younger than 20 years or older than 35 years were excluded to maintain focus on the study's defined youth population (Arnett, 2000).
2. **Acute Intoxication or Severe Withdrawal:** Individuals who were acutely intoxicated at the time of recruitment or who were experiencing acute withdrawal symptoms that would impair their ability to provide informed consent were excluded for ethical and practical reasons (Oluremi, 2012; American Psychological Association, 2017). Recruitment was deferred until the individual was in a state allowing clear understanding and meaningful participation.
3. **Active Severe Mental Health Crisis:** Individuals experiencing acute psychotic episodes, severe depression with suicidal ideation, or other acute mental health crises requiring immediate clinical intervention were excluded (Andrews &

Lewinsohn, 1992). These individuals were referred to appropriate mental health services rather than enrolled in research.

4. **Inability to Provide Informed Consent:** Individuals with severe cognitive impairment, intellectual disability, or other conditions substantially affecting their ability to understand the study and provide meaningful informed consent were excluded (Merriam, 2009; Creswell & Creswell, 2017).
5. **Current Involvement in Substance Abuse Treatment:** While not absolutely excluding individuals, those currently enrolled in formal inpatient or intensive outpatient substance abuse treatment were excluded to avoid potential therapeutic interference (Kumpfer et al., 2012). Individuals with prior treatment history but currently not in active treatment were eligible for inclusion.
6. **Non-Resident Status:** Individuals who had not resided in Sefwi Wiawso for at least 12 months were excluded, as they would lack sufficient familiarity with community context and local alcohol use patterns (Patton, 2015).
7. **Solely Legal Involvement:** Individuals currently incarcerated or on active parole/probation with restrictions on research participation were excluded (Israel & Hay, 2006), though individuals with prior legal involvement were not automatically excluded.

Rationale for Inclusion and Exclusion Criteria

The inclusion criteria were designed to ensure that participants had substantial lived experience with alcohol abuse within the Sefwi Wiawso community context, sufficient cognitive capacity to provide meaningful data through semi-structured interviews, and voluntary willingness to participate (Patton, 2015). The age range (20-35 years) balances the need for information-rich participants with sufficient lived experience while maintaining alignment with the study's operational definition of youth (Schulenberg et al., 2005). The 12-month residency requirement ensures participants have deep familiarity

with community context and local patterns of alcohol use, which is essential for phenomenological inquiry (Moustakas, 1994).

The exclusion criteria prioritize participant safety and ethical research conduct by excluding individuals in acute crisis who require clinical intervention rather than research participation (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; American Psychological Association, 2017). These criteria also maintain the integrity of the data collection process by excluding individuals whose acute symptoms or current treatment involvement might compromise their capacity for meaningful participation or whose responses might be substantively altered by immediate treatment contexts (Podsakoff et al., 2003).

Sample

A sample is a number of persons, things or situations placed together, selected from a larger population or group. According to Babbie (2005) a sample comprises the elements of the population considered for actual inclusion in the study. A sample may be regarded as part of a whole taken from the population in which one is interested.

Snowball sampling technique was used in the selection of the 20 youth who abuse alcohol. This is a type of purposive sampling in which the researcher identifies the target population who possess specific characteristics relevant to the research question for the research by locating one person who fits the purpose of the study and then use the person to locate others. This is used in cases where the target population is not easily accessible (Ofori & Dampson, 2011). The process continued until the needed number of drug users was obtained for the study.

3.5.0 Research Instrument: Semi-Structured Interview Guide

3.5.1. Definition and Purpose

Semi-structured interviews were selected as the primary data collection instrument for this study. Interviews are particularly suited for phenomenological research because they

enable the researcher to explore participants' lived experiences, understand meanings they construct from those experiences, and ask follow-up questions that probe emerging themes (Kvale & Brinkmann, 2009). Unlike quantitative questionnaires with fixed response categories, interviews allow participants to describe their experiences in their own words and direct the conversation toward what they perceive as most important.

A semi-structured interview guide provides a flexible structure organized around research topics and questions, rather than a rigid script of standardized questions

The purpose of the interview guide in this study was to explore factors influencing alcohol abuse among the youth of Sefwi Wiawso while maintaining flexibility to probe deeper into emerging themes and participant experiences.

The semi-structured interview method typically consists of a dialogue between researcher and participant, guided by a flexible interview protocol and supplemented by follow-up questions, probes and comments, allowing the researcher to collect open-ended data and explore participant thoughts, feelings and beliefs about a particular topic (Crabtree & Miller, 2012).

The interview guide used in this study had the following characteristics:

Structure and Flexibility: The interview was designed to ensure flexibility in how and in what sequence questions were asked, and in whether and how particular areas might be followed up and developed with different interviewees. This allowed the interview to be shaped by the interviewee's own understandings as well as the researcher's interests, and permitted unexpected themes to emerge naturally.

Open-Ended Questions: The interview guide contained predetermined but open-ended questions designed to encourage rich, narrative responses from participants rather than closed yes/no answers. This approach enabled youth to express their experiences, perceptions, and understandings regarding alcohol use and its contributing factors in their own words. Sample questions included: "Tell me about your experiences with alcohol use

in your community. How common is it among your friends?" "What are some of the reasons why young people in Sefwi Wiawso might start drinking alcohol?" "Have you ever felt pressure from your friends or family to drink alcohol? If so, can you describe that experience?" and "What could be done to make Sefwi Wiawso a safer and healthier place for young people in terms of alcohol use?"

Probing Capability: Semi-structured interviews use a variety of probes that elicit further information or build rapport through the researcher's use of active listening skills, such as paraphrasing, reflection, and neutral probes like "Can you tell me more about what that was like?" This allowed the researcher to moderate the proceedings and explore responses in depth.

Focused Yet Adaptive: While the interview guide directed the conversation toward specific research themes (how youth learn about alcohol, reasons for use, perceived effects, and conditions for overcoming alcohol abuse), the researcher-maintained flexibility to follow promising lines of inquiry and adapt the sequence of questions based on participant responses.

3.5.2 Alignment with Research Questions and Theoretical Framework

The semi-structured interview guide was meticulously designed to directly correspond with the four research questions guiding this study while maintaining flexibility for participants to explore emerging themes. The interview questions were organized into four thematic sections; each aligned with a specific research objective and grounded in the theoretical frameworks employed.

Research Question 1: How Did the Youth of Sefwi Wiawso Learn About Alcohol Consumption and Its Subsequent Abuse?

Theoretical Grounding: This research question is grounded in Social Learning Theory (Bandura, 1977), which posits that individuals learn behaviors through observational learning, imitation, and modeling within family, peer, and media contexts.

Interview Questions Addressing This Question:

1. "Tell me about your first experience with alcohol. How old were you? Who was with you? What prompted you to try it?"
 - *Purpose:* This opening question invites participants to describe their initiation pathway, including age, social context, and triggers for first use.
2. "What kind of alcohol do you take? Can you describe the different types of alcoholic beverages available in Sefwi Wiawso?"
 - *Purpose:* This question explores the specific alcoholic beverages available in the community and participants' familiarity with different types, revealing the accessibility and prevalence of substances.
3. "Tell me about your experiences with alcohol use in your community. How common is it among your friends and family?"
 - *Purpose:* This question elicits information about the prevalence and normalization of alcohol use within participants' social networks, addressing peer and family modeling.
4. "What are some of the cultural factors that contribute to alcohol use in Sefwi Wiawso? Are there particular occasions or events where alcohol consumption is expected or encouraged?"
 - *Purpose:* This question explores cultural contexts including festivals, funerals, and traditional ceremonies that normalize alcohol use, as documented in the study's findings regarding the Eluo Festival and funeral rites.
5. "Have you seen any advertisements for alcohol on television, radio, or in the community? If so, how did these advertisements affect you?"

- *Purpose:* This question directly addresses media influence on alcohol initiation, allowing participants to describe their exposure to alcohol advertising and its persuasive effects.
6. "How did your parents or guardians influence your views about alcohol? Did they drink alcohol themselves?"
- *Purpose:* This question explores family modeling and parental influence on alcohol attitudes and behaviors, a key mechanism in Social Learning Theory.

Research Question 2: Why Do the Youth of Sefwi Wiawso Abuse Alcohol?

Theoretical Grounding: This research question is grounded in Bronfenbrenner's Bioecological Model (1979) and the Social Development Model (Catalano & Hawkins, 1996), which identify multi-level risk factors contributing to substance abuse across individual, family, peer, community, and structural levels.

Interview Questions Addressing This Question:

1. "What are some of the reasons why young people in Sefwi Wiawso might start drinking alcohol and continue drinking heavily?"
 - *Purpose:* This broad question allows participants to articulate multiple motivations and factors driving alcohol abuse from their perspective.
2. "Have you ever felt pressure from your friends or peers to drink alcohol? If so, can you describe that experience?"
 - *Purpose:* This question directly addresses peer pressure as a risk factor, allowing participants to describe how peer influence operates in their context.
3. "Can you tell me about your employment situation? Do you have a job or regular income? How does your economic situation relate to your alcohol use?"

- *Purpose:* This question explores the structural economic factors identified in the study, including unemployment, poverty, and economic desperation as drivers of substance use.
4. "Do you engage in alcohol distribution or sales? If yes, how did that start, and how does it relate to your personal consumption?"
- *Purpose:* This question specifically addresses the novel finding about economic pathways to alcohol abuse through distribution activities.
5. "Can you describe any stressful situations, losses, or difficult emotions you've experienced? How does alcohol help you cope with these challenges?"
- *Purpose:* This question addresses psychological distress and self-medication as motivations for alcohol use, identifying alcohol's role as a coping mechanism.
6. "Are there any specific times, places, or situations when you feel most drawn to drink? What triggers your alcohol use?"
- *Purpose:* This question explores contextual and situational factors triggering alcohol consumption.

Research Question 3: How Do Alcohol Use Affect the Youth of Sefwi Wiawso?

Theoretical Grounding: This research question is grounded in the Biopsychosocial Model (Engel, 1977) and Developmental Psychopathology (Cicchetti, 2006), which conceptualize effects of alcohol use across biological, psychological, and social domains.

Interview Questions Addressing This Question:

1. "What are some of the risks and consequences of alcohol use that you are aware of? Have you personally experienced any of these consequences?"
- *Purpose:* This question elicits both knowledge of alcohol's effects and personal experience of consequences, allowing exploration of health, social, and occupational impacts.

2. "How has your alcohol use affected your education or schooling? Have you ever been disciplined or expelled due to alcohol use?"
 - *Purpose:* This question specifically addresses educational disruption and school dropout as consequences of alcohol abuse.
3. "Can you tell me about your work situation? How has alcohol use affected your employment, your ability to concentrate, or your relationships with employers?"
 - *Purpose:* This question explores occupational consequences including job loss, absenteeism, and impaired work performance.
4. "What health problems or physical changes have you noticed as a result of drinking alcohol? Have you sought medical care for any alcohol-related health issues?"
 - *Purpose:* This question addresses biological/health consequences including liver disease, respiratory problems, and other physical effects.
5. "How has alcohol use affected your relationships with family, friends, and romantic partners? Have there been social consequences you've experienced?"
 - *Purpose:* This question explores social consequences including relationship disruption and social isolation.
6. "Looking back, do you regret starting to drink? What negative impacts has alcohol had on your life overall?"
 - *Purpose:* This reflective question invites participants to synthesize consequences and express their overall assessment of alcohol's impact.

Research Question 4: How Can the Youth of Sefwi Wiawso Be Enhanced to Overcome the Problem of Alcohol Abuse?

Theoretical Grounding: This research question is grounded in the Life Course and Developmental Trajectories Perspective (Elder, 1994; Schulenberg et al., 2005) and strength-based approaches that identify protective factors and intervention points enabling positive change.

Interview Questions Addressing This Question:

1. "What do you think would help young people in Sefwi Wiawso stop drinking alcohol or reduce their drinking?"
 - *Purpose:* This broad question invites participants to suggest solutions based on their lived experience and understanding of community needs.
2. "If counseling or mental health services were available in Sefwi Wiawso, would you use them? What kind of support would be most helpful to you?"
 - *Purpose:* This question addresses the need for mental health services as identified in the study findings, exploring participants' receptiveness and specific needs.
3. "What kind of education or information about alcohol would be helpful? Who should provide this information?"
 - *Purpose:* This question explores substance abuse education as a prevention strategy and the most trusted messengers.
4. "If you could learn job skills or trade skills to find employment, would that help you reduce drinking? What skills would be most valuable?"
 - *Purpose:* This question addresses vocational skills training and economic empowerment as intervention strategies.
5. "What role could your family, friends, religious leaders, or community leaders play in helping young people overcome alcohol problems?"
 - *Purpose:* This question explores community-level support and protective factors including family involvement and community engagement.
6. "What changes in your community would make it easier for young people to avoid or reduce alcohol use?"

- *Purpose:* This question addresses structural and environmental interventions including policy changes, reduced alcohol availability, and community norms change.
7. "If you were to recover from your alcohol problem, what would need to happen? What would support your recovery?"
- *Purpose:* This question invites participants to articulate their own recovery vision and necessary supports.

Advantages for This Study

Ravitch and Riggan (2017) affirm that, when assessing the scope of the guide, it is important to review whether it allows respondents to give a full and coherent account of the central issues and incorporate issues they think are important. The semi-structured interview is more powerful than other types of interviews for qualitative research because it allows for researchers to acquire in-depth information and evidence from interviewees while considering the focus of the study, and it allows flexibility and adaptability for researchers to hold their track as compared to an unstructured interview (Ruslin et al., 2021). For this study exploring the complex phenomenon of alcohol abuse among youth, the semi-structured interview guide enabled the researcher to maintain focus on the research questions while allowing participants to share their lived experiences authentically and comprehensively.

The interview allowed for cross-examining of participants views they expressed. According to DeVellis, (2016) interviews are more like conversations than formal predetermined response categories, where the researcher explores a few general topics to aid the participants in expressing their views but respects the participant's response. The interview method was chosen because it afforded the researcher the opportunity to moderate the proceedings and the participants amongst themselves. This gave the

researcher better insight into the thoughts of the youth as it could reveal respondents' body language and how they answered certain questions. This allowed for merging the views from the participants with the researcher being less predominant (Cohen et al., 2011).

3.6 Trustworthiness of the Interviews

Guba and Lincoln (1985) were of the opinion that the words, reliability and validity can be replaced with the term trustworthiness when conducting qualitative research. Morse, Barrett, Mayan, Olson and Spires (2002) also opined that, steps to ensure rigor in a qualitative study should be carried out during the research process, and outlined the following strategies, among others: ensuring methodological coherence, researcher responsiveness, ensuring appropriateness of sample, and active analytical stance. McMillan and Schumacher (2010) described validity in qualitative research as the extent to which interpretations of data collected have the same meaning for the researcher and participants.

Qualitative research is trustworthy when it accurately represents the experiences of the study participants (Merriam, 2009). To ensure trustworthiness in this study the researcher adhered to the constructs proposed by Guba (1981), namely credibility, dependability, transferability and confirmability, which some authors (Guba & Lincoln, 1994; Merriam, 2009; Creswell & Creswell, 2017) opined correspond to internal validity, external validity, reliability and objectivity respectively, in quantitative research. The manner of doing this is discussed next;

Credibility

Credibility in qualitative research deals with the extent to which the findings from the study measure reality (Creswell & Creswell, 2017). According to Kusi (2012), it implied "how we ensure rigor in the research process and how we communicate to others that we have done so" (p. 95).

To ensure credibility, the researcher became familiar with the informants by building a rapport with them at the beginning of each interview session and presented to them an informed consent form which explained in detail the essence of the study and their right to voluntary participation and withdrawal. The researcher also included direct quotations from the text in the presentation of the findings, which according to Kusi (2012) also reflected the credibility of a study. Also, throughout the period of the study there were regular discussions between the researcher and the research supervisor, and during these sessions, we deliberated on the best approach and methodology for the study as well as the instruments for data collection.

Also, the researcher engaged in prolonged engagement by spending 2 months in the field collecting data. Also, the researcher took the research findings to those who participated in the research for confirmation, congruence, validation and approval. It is noted that the higher the agreement of the respondents with the findings, the higher the validity of the study (Kumar, 2014). At the end of the transcription process, the data also presented to the research supervisor for him to add his expert knowledge to it.

Dependability

Dependability corresponds to reliability of findings in qualitative research (Kusi, 2012). In this study, dependability was established through the establishment of appropriate enquiry decision. This included review of interviewer bias to resist early closure and at the same time prevent the provision of unreliable data due to boredom on the part of the respondents because of prolonged interview sessions. In addition, information from literature assisted the researcher to develop questions that elicit appropriate responses to answer the research questions that are formulated to guide the study. There was a systematic data collection procedure that reached the point of saturation, the extensive documentation of the data (transcriptions of interview narratives), methods and decisions in the memo are steps in proving the dependability of the data. Thesis supervisors assessed the work to find out

whether or not the findings, interpretations and conclusions are supported by the data. The researcher planned in clear terms the instruments to be used for data collection, and the method and general design for the study at the beginning of this chapter.

Transferability

Transferability is equivalent to generalizability of findings in qualitative study (Kusi, 2012). The researcher also achieved transferability in this study by extensively and thoroughly describing the process that was adopted for others to follow and replicate. Thus, the researcher kept all relevant information and documents regarding the study. Also, in this study, the research context, and methodological processes was provided. These could enable other researchers to apply the findings of this study to similar settings of their choice thereby regarding the findings in this study as answers in their chosen contexts. Furthermore, there was adequate background information about the respondents; the research context and setting that allow others to assess how transferrable the finding is. The researcher kept accurate record of all the activities while carrying out the study. These include the raw data (transcripts of interviews) as well as details of the data analysis.

In view of this, earlier in the chapter, the researcher provided details of the context, sample, sampling technique, data collection and analysis of the study, which made it easy for the reader to decide on its transferability. Also, the researcher included direct quotes from the transcribed text, so as to add to the richness of the findings that was presented.

Confirmability

Conformability of qualitative research means ensuring that the findings reflect the experiences of the participants and not the prejudices or bias of the researcher (Berg & Lune, 2012). The researcher ensured that he puts aside his opinion in the analysis of the data by reading the transcripts over and over again, such that the researcher became familiar

with the ideas therein, which was evident in the description of the data analysis process, which was presented in the report. Also, the researcher ensured that it that she provided a justification for the methodology used for the study by referencing appropriate authors and gave a clear description of the manner in which the data was collected and analyzed, such that the reader finds it easy to decide on the acceptability of the findings. Furthermore, since interpretive research rejects the notion of an objective reality, confirmability is demonstrated in terms of "inter-subjectivity", i.e., if the study's participants agree with the inferences derived by the researcher. In order to establish confirmability, the researcher after coding and transcribing the audiotapes, interview questions, and all other relevant information and documents regarding the study, it was given back to the participants to confirm the responses. The researcher effected changes where necessary and give the transcribed data back to the participants again for them to authenticate the inferences derived by the researcher. The researcher then took the final transcribed data from the participants as a true record of what the respondents factually provided.

3.7 Data Collection Technique

Ethical Approval and Access

An introductory letter was obtained from the University of Education, Winneba to seek permission from the selected youth for their cooperation and assistance during the data collection. Prior to commencement of data collection, ethical review board approval was obtained to ensure adherence to ethical research standards. The data was personally collected by the researcher, ensuring consistency in data collection procedures and establishing direct rapport with participants.

Interview Setting and Language

Interviews were conducted in natural settings within Sefwi Wiawso township, including community centers, youth meeting spaces, and other locations convenient to participants. While the people of Sefwi Wiawso speak both Sefwi (the indigenous language of the region)

and Twi (a widely spoken Akan language), the interviews were conducted in Twi, which the researcher understood and could communicate effectively in. The use of Twi facilitated clear communication and ensured that participants could express themselves freely and authentically in a language accessible to both researcher and participant, thereby enhancing the depth and richness of their responses. The use of Twi, a language well understood in the community, also demonstrated cultural respect and sensitivity, which facilitated rapport-building and encouraged participants to share sensitive information about their alcohol use experiences. In the process, the researcher explained verbally in Twi the purpose of the study and the demands of each section of the interview, ensuring informed consent and full comprehension of participant rights.

Sample Size and Interview Procedures

Interviews were conducted with 20 youth who met the inclusion criteria for the study. The sample size for the interviews was based on data saturation, a principle in qualitative research whereby data collection continues until no new information or themes emerge from additional interviews (Glaser & Strauss, 1967). Face-to-face interviews were used, which allowed the researcher to listen empathetically to the views of the interviewees and establish rapport. The advantage of individual face-to-face interviews over group interviews is that in group interviews, participants may be influenced by others and may feel the need to conform to group norms. Additionally, in group interviews it is not always possible to observe confidentiality or prevent the adverse effects that group participation may have on certain individuals (Creswell, 2013).

Interview Duration and Timing

During the interviews, participants were given ample time to respond to the questions without time pressure. Each interview lasted between 30 to 40 minutes, allowing sufficient time for participants to provide comprehensive responses while maintaining focus and preventing respondent fatigue. The researcher spent two months conducting interviews

with the study participants, from 2nd September, 2021 to 2nd November, 2021. There was no fixed timetable for interviewing participants each day; instead, the researcher met with participants according to their individual schedules and availability, respecting their time constraints and life circumstances. This flexible scheduling approach was particularly important given that many participants were engaged in informal economic activities or had employment responsibilities that required accommodation.

Data Recording and Preservation

All interview sessions were audio-taped using a recording device with the explicit consent of participants. This ensured an accurate, verbatim record of participant responses and allowed the researcher to focus on active listening and note-taking during the interviews rather than attempting to capture all verbal information simultaneously. Following each interview, the researcher transcribed the audio recordings into written form. Verbatim transcription preserves the exact language, expressions, pauses, and emphases of participants, which are important for accurate thematic analysis. The transcripts were initially in Twi (the language of data collection) and were later translated into English for analysis and reporting, ensuring that translations maintained the original meaning and intent of participant statements. This helped to maintain the original, authentic data for subsequent analysis and ensured the integrity of the research findings.

3.8 Data Analysis Procedures

Overview of Thematic Analysis Approach

The interview data collected through the semi-structured interviews was analyzed using thematic analysis, a rigorous and systematic qualitative data analysis method.

Thematic analysis (TA) is a systematic qualitative method for identifying and interpreting patterns of meaning within datasets. According to Braun and Clarke (2006), who developed the most widely-used framework for this approach, thematic analysis provides both structure and flexibility in data analysis. The method involves searching for and identifying

patterns—called themes—that recur across interview data. A critical feature of thematic analysis is that themes are not always immediately evident upon first reading of interviews. Instead, as Braun and Clarke (2006) note, themes become apparent through an iterative process of careful analysis where the researcher systematically examines data, codes individual pieces of meaningful information, and then clusters related codes into broader conceptual categories. This process requires the researcher to "step back" from detailed coding and examine patterns holistically, considering both what participants explicitly stated and the underlying meanings implied in their accounts (Braun & Clarke, 2019).

This study employed Braun and Clarke's (2006) six-phase framework for systematic thematic analysis. The six phases are: (1) data familiarization through repeated reading of transcripts; (2) open coding through line-by-line examination to generate initial codes; (3) theme generation by grouping related codes into broader conceptual categories; (4) theme review and refinement to ensure coherence and adequate data support; (5) theme definition and naming with clear conceptual descriptions; and (6) report writing where findings are presented in narrative form supported by data excerpts.

A distinctive feature of Braun and Clarke's approach, particularly in their refined reflexive thematic analysis (2019), is explicit attention to researcher reflexivity. This means the researcher must maintain critical awareness of how personal values, theoretical assumptions, and social positioning influence data interpretation. Throughout analysis, the researcher explicitly documents assumptions that guide theme development and considers how these assumptions relate to broader theoretical, social, cultural, and political contexts. In practice, this meant the researcher regularly examined how living in close proximity to alcohol consumption in Sefwi Wiawso might bias interpretations, and deliberately resisted allowing preconceptions about akpeteshie, bitters, and beer to override what participants themselves expressed about their experiences.

Phase 1: Data Familiarization and Immersion

The first phase involved deep engagement with the interview data to achieve complete familiarization. All 20 audio-recorded interviews were professionally transcribed verbatim to preserve exact participant language, expressions, pauses, and emphases. The researcher then engaged in repeated, careful reading of the complete transcripts. Initial impressions and patterns were noted in research memos.

Given that interviews were conducted in Twi and transcribed into English, particular attention was paid to ensuring that translations maintained the original meaning and intensity of participant statements. For example, when one participant stated (in translation): "I have lost everything. I lost my parents and two sisters in an accident. In fact, I don't see anything good about this world. Now I have only one thing that gives me excitement and that is alcohol," the researcher ensured that the emotional weight and sense of desperation were preserved in the English version, as these were central to understanding psychological distress as a motivation for substance use.

This familiarization phase is essential because, as Braun and Clarke (2006) note, coding is only efficient when the researcher is completely familiar with the data. Through repeated reading, the researcher develops intuitive understanding of the data's character and can move into coding with thorough comprehension rather than superficial knowledge.

Phase 2: Open Coding and Code Development

In Phase 2, the researcher systematically examined all 20 interview transcripts line by line, identifying meaningful units of text that related to the four research questions. Open coding, as defined by Saldaña (2016), involves assigning short descriptive labels ('codes') to passages that capture important participant statements or concepts.

Example 1 - Codes for Peer Pressure: When a participant stated "I learned how to drink when I joined a group. I joined the group because of loneliness...being a youth and also to avoid loneliness and insecurity," the researcher coded this as: (1) "Gang membership as security mechanism," (2) "Peer belonging and social bonding," (3) "Loneliness as vulnerability factor."

Example 2 - Codes for Economic Pathways: Another passage: "I became a K20 and Alomo distributor through the persuasion of my friend...because I was not doing anything and I needed money to even feed on" was coded as: (1) "Economic desperation," (2) "Peer-driven distribution," (3) "Pathway to substance use through economic necessity," (4) "Informal economic participation."

Example 3 - Codes for Health Effects: When a participant reported "I have severe lung problem as well as throat cancer. I have undergone series of medical treatment but to no avail," this was coded as: (1) "Respiratory disease from alcohol use," (2) "Cancer," (3) "Multiple health problems," (4) "Ineffective health interventions."

This process identified both explicit content (what participants directly stated) and latent content (underlying meanings and assumptions embedded in what was said). For instance, the explicit content of a participant statement might be "I drink because my friends drink," but the latent content (underlying meaning) relates to peer conformity, social belonging, and fear of exclusion.

A codebook was created documenting what each code represented, what ideas should be included in it, and examples from raw data. This structured approach ensured consistency in how codes were applied throughout analysis. The coding process was inductive, allowing the data to determine codes rather than forcing data into predetermined theoretical categories. Saldaña (2016) emphasizes that inductive coding involves multiple rounds of

refinement as understanding deepens. The researcher remained vigilant against confirmation bias—the tendency to notice only data supporting preconceptions—by deliberately examining codes that seemed to contradict initial assumptions about alcohol use in Sefwi Wiawso.

Phase 3: Theme Generation and Organization

Once open coding was completed across all 20 transcripts, Phase 3 involved organizing codes into broader thematic categories by examining relationships and patterns among them. The researcher asked three key questions: "Which codes address similar concepts? Which relate to the research questions? What underlying themes do they represent?"

Example Theme 1: Economic Factors

Codes including "Economic desperation," "Lack of employment," "Need for income," "Poverty," "Informal work," "Unemployment stress," and "No job prospects" were grouped under the theme "**Structural Economic Factors Contributing to Alcohol Abuse.**" These diverse codes all spoke to the same underlying concept: youth's lack of legitimate economic opportunity creates vulnerability to substance use both as a coping mechanism and as a pathway through informal alcohol distribution.

Example Theme 2: Peer Influences

Codes including "Peer pressure," "Gang membership," "Friend influence," "Social belonging," "Fear of exclusion," "Conformity to peers," and "Need for protection" were organized under "**Peer Pressure and Social Belonging as Primary Influences.**" Though worded differently, all these codes addressed a common underlying meaning: youth's need for social belonging and protection drives them to engage in peer groups centered on alcohol use.

Example Theme 3: Psychological Factors

Codes including "Lost parents," "Grief," "Depression," "Emotional pain," "No one to talk to," and "Self-medication" were grouped under "**Psychological Distress and Alcohol as Coping Mechanism.**" This theme captured how youth experiencing unresolved trauma and psychological distress resort to alcohol as a maladaptive coping strategy in the absence of mental health services.

Braun and Clarke (2006) describe themes in thematic analysis as central organizing concepts that represent important patterns in data. Using their analogy, a theme functions like the sun in a solar system—other related concepts and codes organize around this central concept. The theme "Peer Pressure and Social Belonging" thus became a central organizing principle around which multiple related codes (peer pressure, gang membership, social belonging, fear of exclusion) clustered, all contributing to understanding how peer relationships drive alcohol initiation among Sefwi Wiawso youth.

Phase 4: Theme Review and Refinement

In Phase 4, the researcher reviewed each theme to ensure it was internally coherent, distinct from other themes, and adequately supported by participant data. For each theme, the researcher examined all associated codes and participant quotations to verify that the codes truly shared a common conceptual focus.

Example: Examining the Educational Disruption Theme

The theme "Educational Disruption and School Dropout" was examined by reviewing all associated codes: school expulsion, voluntary dropout, and academic failure, suspension, being “caught drinking on school premises, “and” sacked from school. The researcher verified that all codes shared the common element of alcohol-driven educational disruption rather than addressing different phenomena. When one code seemed to address a different concept, it was recoded or moved to another theme.

Example: Examining Economic and Peer Pathways

Initially, the researcher had grouped all "peer influence" codes together. However, upon review in Phase 4, it became clear that some codes addressed direct peer pressure ("my friends pressured me to drink") while others addressed economic pathways ("my friend asked me to become a distributor, which led to my own use"). Rather than treating these as one theme, they were separated into distinct sub-themes: (1) "Direct Peer Pressure and Conformity" and (2) "Economic Pathways to Substance Use Through Peer Networks." This separation revealed a unique finding: economic factors and peer factors are intertwined, and youth's economic vulnerability makes them susceptible to peer influence to participate in alcohol distribution.

The Recursive Nature of Analysis

Importantly, Braun and Clarke (2006) emphasize that thematic analysis is a recursive process, not strictly linear. This means the researcher may return to earlier phases, re-examine data, and revise coding or themes as understanding deepens. In this study, this recursive quality proved essential. For instance, when the theme "Economic Pathways to Substance Abuse" first emerged, several codes related to alcohol distribution seemed unclear. The researcher returned to the raw interview data, re-read relevant passages, and recoded them more precisely, eventually recognizing that economic desperation created distinct pathways (unemployment → alcohol distribution → personal consumption) that progressively normalized substance use.

Removing and Merging Themes

Themes lacking sufficient data support were removed. For example, an initial code related to "Religious involvement as protection" appeared only once in the data and did not

constitute a robust theme supported across multiple participant accounts. It was eliminated. Conversely, themes containing heterogeneous elements were subdivided. The initial broad theme "Effects of Alcohol Use" was divided into more specific sub-themes: "Educational Disruption," "Employment Difficulties," and "Health Deterioration," each with distinct supporting data and distinct implications for intervention.

Cross-Referencing with Research Questions

The researcher verified that themes accurately answered the research questions posed in the study. Each theme was cross-referenced with the original research questions: (1) How did youth learn about alcohol? (2) Why do youth abuse alcohol? (3) How does alcohol use affect youth? (4) How can youth overcome alcohol problems? For instance, themes addressing media advertising, peer modeling, and family influence corresponded to Research Question 1. Themes addressing economic desperation, peer pressure, and psychological distress corresponded to Research Question 2. This systematic alignment ensured that the analysis remained focused on answering the original research questions rather than pursuing tangential directions.

Phase 5: Theme Definition and Naming

In Phase 5, each theme received a clear, descriptive title and detailed definition that articulated: (a) what the theme represented, (b) which specific codes comprised it, (c) what elements it included and excluded, and (d) how it answered the research questions.

Example Theme Definition: Peer Pressure as Primary Influencing Factor

Theme Title: Peer Pressure as Primary Influencing Factor

Definition: The influence of peer relationships in initiating and sustaining alcohol use among youth in Sefwi Wiawso, operating through both direct social pressure to conform to peer drinking behaviors and indirect economic pathways where youth become alcohol distributors due to peer persuasion, subsequently developing personal consumption patterns. This theme encompasses the need for social belonging, fear of peer exclusion, gang membership as a security mechanism, and the normalization of substance use through peer group participation.

What is INCLUDED: Participant statements about direct peer pressure, gang influence, desire for belonging, conformity pressure, peer role modeling, friend introduction to alcohol, peer-driven distribution participation.

What is EXCLUDED: Family-driven initiation, individual curiosity not involving peers, media-driven initiation not involving peer discussion, solitary drinking.

Related Research Question: This theme directly answers Research Question 1 (How did youth learn about alcohol?) and Research Question 2 (Why do youth abuse alcohol?).

Example Theme Definition: Economic Pathways to Substance Abuse

Theme Title: Economic Pathways to Substance Abuse

Definition: How economic desperation and unemployment create vulnerability to substance abuse through multiple mechanisms: (1) youth seek income through informal alcohol distribution due to lack of legitimate employment, (2) this distribution participation normalizes alcohol exposure and consumption, (3) psychological stress from poverty drives substance use as coping, (4) absence of economic opportunity eliminates a protective factor (sense of purpose and future hope).

What is INCLUDED: Unemployment, poverty, need for income, informal work, alcohol distribution, economic stress, lack of job prospects, motivation to engage in alcohol trade.

What is EXCLUDED: Peer pressure unrelated to economic factors, psychological factors not involving economic stress, health consequences of use.

Related Research Question: This theme directly answers Research Question 2 (Why do youth abuse alcohol?).

Selecting Representative Quotations

For each theme, representative participant quotations were selected that exemplified and illuminated the theme's meaning. For instance:

Quote for Peer Pressure theme: "I learned how to drink when I joined a group. I joined the group because of loneliness. When you are not in any group and you have any problem or need expecting some assistance, no one will assist you. You can be beaten to death" (PY18)—This quote was selected because it captures not just peer influence but the deeper survival function peer groups provide in insecure community contexts.

Quote for Economic Pathways theme: "I started as a K20 and Alomo distributor through the persuasion of my friend. He was the main supplier and I was the retailer. In fact, I finally accepted to do that job for him because I was not doing anything and I needed money to even feed on" (PY13)—This quote exemplifies the economic desperation driving informal work participation.

Moving from Description to Interpretation

Following Braun and Clarke's (2019) reflexive guidance, the analysis moved beyond mere description of what participants said to interpretation of what their statements mean in context. For example, rather than describing that "youth become alcohol distributors," the analysis interpreted this as evidence of how economic desperation creates vulnerability to peer influence and how substance use becomes normalized through informal economic

participation. This interpretive move is what transforms coding into meaningful thematic analysis.

Phase 6: Computer-Assisted Analysis and Report Writing

Software-Assisted Organization

Data analysis was conducted systematically with the aid of Atlas.ti 7.5.18, a Computer-Assisted Qualitative Data Analysis Software (CAQDAS). Computer-assisted tools like Atlas.ti allow researchers to manage large qualitative datasets systematically, organizing codes and themes while maintaining connection to original data passages (Miles & Huberman, 1994). Specifically, Atlas.ti enabled the researcher to: (1) store and organize all 20 interview transcripts in a single database, (2) apply codes to specific text passages while maintaining links to the original context, (3) retrieve all instances of a particular code across all interviews, (4) track code frequencies to identify frequently occurring themes, (5) visualize relationships between codes and themes through network diagrams, and (6) generate reports showing coded passages organized by theme.

For example, when the researcher identified "Peer Pressure" as a code, Atlas.ti allowed retrieval of all 15+ instances of this code across different interviews, making it easy to verify whether peer pressure was truly a major theme (appearing frequently) or an isolated concern (appearing rarely). This frequency analysis helped determine which codes and themes warranted emphasis in the final report.

Report Writing: Narrative Presentation of Findings

The final phase involved writing the thematic analysis report in narrative form. According to Braun and Clarke (2006), effective thematic analysis writing presents themes in a clear, logical sequence that tells the coherent story of the data while providing compelling evidence through participant quotations. Rather than simply listing findings, the report needed to:

1. **Address each research question systematically:** The Results and Discussions chapter (Chapter 4) organized findings around the four research questions, ensuring each question was answered completely.
2. **Connect findings to theoretical frameworks:** Each finding was related back to the theoretical frameworks outlined in Chapter 2 (Social Learning Theory for initiation, Bioecological Models for multi-level factors, Biopsychosocial Model for effects, Life Course Perspective for interventions and recovery).
3. **Use vivid participant quotations as evidence:** Rather than the researcher simply stating conclusions, participant quotations provided the actual voice and evidence supporting each theme. For example, instead of writing "Youth join gangs for security," the report quoted: "I joined the group because of loneliness...You can be beaten to death" (PY18), letting the participant's own words demonstrate the security function of gangs.
4. **Provide interpretation moving beyond description:** The report moved beyond merely describing what youth said to explaining what their statements reveal about alcohol abuse in their context. For instance, findings about peer pressure were interpreted in light of economic desperation, recognizing that peer influence operates within a context of limited alternatives for belonging and security.

The resulting narrative accounts: (1) how youth in Sefwi Wiawso initiate alcohol use through peer and media influences within cultural contexts that normalize drinking, (2) how multiple interconnected factors (economic desperation, peer pressure, psychological distress, availability of alcohol) sustain that use, (3) what serious consequences result for education, employment, and health, and (4) what community members themselves believe would help address this problem (counseling, education, skills training).

Quality and Rigor in Analysis

Throughout the thematic analysis process, the researcher maintained records of all coding decisions, maintained a detailed audit trail documenting the evolution of codes into themes, and regularly consulted with the research supervisor regarding analytical interpretations. A well-documented coding process allows other researchers to understand the steps taken to arrive at certain conclusions, thereby enhancing the credibility and rigor of the study by providing a clear trail from raw data to final report. The iterative and reflexive nature of the analysis ensured that the researcher remained critically engaged with the data throughout the process and acknowledged her positioning and potential biases in interpretation.

3.9 Limitations of the Study

The limitations of the study are essentially those inherent in any qualitative research. Critics of the phenomenology argue that generalizing the findings of such studies is difficult, unreliable due to limitation in coverage (Denzin & Lincoln, 2000). According to Robson (2003) a case study lends itself to naturalistic generalization. The application of the findings of a case study becomes more difficult when the case under study is an abnormal case. The researcher's aim of conducting this study was to provide a better understanding of the phenomenon under investigation among the youth of Sefwi Wiawso. In addition, the findings of a phenomenology study could be influenced by the personal opinions and beliefs of the researcher, leading to subjectivity (Conel, 2007). The researcher lives in an area that is so close to the sales of various alcohol, ranging from Alomo bitter, Akepeshie, K 20, beer, Adonko, among others. Therefore, there could have been the temptation to allow the interpretation of the interview data to fit these understanding and preconceptions rather than allowing the data of the participants to speak for themselves. Once this awareness was created, the researcher habitually avoided relying on initial intuitive interpretation rooted in the researchers own understanding and interpretation (Kusi, 2012). In this study, attempts were made to ensure that the procedure for collecting

data was trustworthy. The interview schedule was pre-tested before the execution; the data were collected from 20 youth who drink alcohol who live within of Sefwi Wiawso: Future research could employ a larger sample size to enhance the representativeness of the findings. This could involve stratified sampling to include various subgroups within the population.

The researcher in an attempt to mitigate Researcher's bias suggested that future research could employ strategies such as triangulation (using multiple data sources and methods), member checking (sharing findings with participants for feedback), and reflexivity (regularly reflecting on how the researcher's perspectives might influence the research).

Generalizability and Transferability Gap

Qualitative research, by its nature, prioritizes in-depth understanding within a specific context. This limits the generalizability of findings to other populations or settings. The findings did not apply to other communities in Ghana or other countries. The researcher focused on a specific community, Sefwi Wiawso Township, making the findings limited to that context. This is an inherent limitation of qualitative studies. To enhance generalizability, future research could replicate this study in diverse communities, comparing findings to see if the identified factors are consistent.

Access and Recruitment Challenges

The researcher encountered several significant challenges in participant recruitment that affected the comprehensiveness of the study. First, it was difficult to reach and recruit out-of-school youth engaged in high-risk alcohol behaviors, which limited the representativeness of the findings and affected the depth of insights from this potentially high-risk subgroup. Out-of-school youth are often marginalized, mobile, and less accessible through traditional institutional channels, making recruitment particularly challenging (Otieno et al., 2019).

Second, and more significantly, the researcher experienced considerable difficulty in recruiting young female participants. Only 2 out of the 20 participants (10%) were young women who freely accepted participation in the study. This substantial gender imbalance reflects broader cultural and social barriers to female participation in research on alcohol use. The reluctance of young women to participate stems from several interconnected factors: social stigma associated with female alcohol consumption, cultural norms and values that view alcohol use among women as particularly transgressive or shameful, and fear of social judgment and reputational damage within the community. In many African societies, including Sefwi Wiawso, alcohol use by women is often viewed more negatively and with greater moral disapproval than alcohol use by men (Okonkwo et al., 2019). This cultural understanding of gendered alcohol use meant that young women were less willing to openly discuss their experiences or admit to alcohol consumption, even in a confidential research context. As a result, the study is heavily weighted toward male perspectives (90% male, 10% female), which limits the ability to explore gender-specific factors influencing alcohol abuse among female youth in the community.

These recruitment challenges highlight important limitations in the study's ability to capture the full diversity of youth experiences with alcohol use in Sefwi Wiawso. It is recommended that future research could employ alternative recruitment strategies to reach hard-to-reach populations, potentially involving additional community partnerships with organizations specifically serving out-of-school youth, and culturally sensitive approaches to recruiting female participants that explicitly address confidentiality, reduce stigma, and build trust with young women in the community.

Saturation Gap

The researcher reached saturation on the 17th interviewer and that limited the comprehensiveness of my analysis, since qualitative research involves collecting data until no new information is gained. The researcher missed additional factors and stopped. The

researcher suggested that future research could continue data collection until a comprehensive understanding of the other contributing factors could emerge.

The problem of drug usage touches every section of society. It is one of the biggest problems confronting the nation today. It has social, economic, academic and health implications for all. It is a phenomenon that has crept into most sectors of society. In spite of these limitations, it could be said that the phenomenology approach was adequate and appropriate for the study. It was suitable for answering the key research questions set out in chapter one

Interview Duration and Timing: A Guide for 20 Phenomenological Participants

Understanding Phenomenological Research Timelines

This Phenomenological study differs significantly from other qualitative research approaches in terms of data collection timeframes. Phenomenological studies typically require fewer than 10 interviews according to some scholars; however, other researchers note that the number of participants in phenomenological studies can range from 1 to 20 depending on the time frame available (Moustakas, 1994; Guest et al., 2006).

The researcher conducted 20 in-depth interviews over a two-month period from 2nd September, 2021 to 2nd November, 2021, with an average of 2-3 interviews per week. Each interview lasted between 30-40 minutes, with a total of approximately 10-12 hours of direct interview time. The flexible interview schedule accommodated participants' availability and work commitments. Data collection continued until data saturation was reached, at which point no new themes or information emerged from subsequent interviews. The two-month timeframe also allowed the researcher to conduct preliminary analysis and member checking between interview rounds.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

The purpose of the study was to explore the factors contributing to alcohol abuse among the youth of Sefwi Wiawso and analyze the ways through which the youth can be assisted to overcome the problem of alcoholism. This chapter presents the findings from the data gathered from participants in this study through interviews. The findings are presented in two main sections. Section A focuses on the demographic data of the participants, while Section B focuses on the thematic findings from the semi-structured interviews, structured around the four research questions guiding this study.

4.2 Demographic Characteristics of Respondents

This section presents the demographic information of respondents, including gender, age, and years of consuming alcohol, educational level, marital status, and occupational status.

Table 4.1: Sex Distribution of Respondents

| Responses | Frequency | Percent |
|--------------|-----------|--------------|
| Male | 18 | 90.0 |
| Female | 2 | 10.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

Table 4.1 indicates that male participants comprised 18 (90%) of the sample, while female participants were 2 (10%). This substantial gender imbalance reflects the recruitment challenges discussed in Chapter 3, where social stigma and cultural norms surrounding female alcohol consumption made it difficult to recruit young women willing to openly discuss their experiences with alcohol use.

Table 4.2: Age Distribution of Respondents

| Responses | Frequency | Percent |
|--------------|-----------|--------------|
| 20-25 | 11 | 55.0 |
| 26-30 | 7 | 35.0 |
| 31-35 | 2 | 10.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

The majority of participants (55%) were between 20-25 years of age, followed by 35% aged 26-30, and 10% aged 31-35 years. This age distribution reflects the study's focus on youth, with the largest concentration in the younger age bracket (20-25 years), aligning with the operational definition of youth in this study.

Table 4.3: Years Since Beginning Alcohol Consumption

| Years | Frequency | Percentage |
|--------------|-----------|--------------|
| 1-10 ago | 3 | 15.0 |
| 11-20 ago | 12 | 60.0 |
| 21-30 ago | 5 | 25.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

The majority of respondents (60%) reported initiating alcohol consumption between 11-20 years prior to the study, suggesting that most participants began drinking during late adolescence or early adulthood. This finding is significant as it aligns with research demonstrating that early alcohol initiation is strongly associated with sustained alcohol abuse and dependence (Grant et al., 2015).

Table 4.4: Duration of Current Alcohol Consumption

| Years | Frequency | Percentage |
|--------------|------------------|-------------------|
| 1-10 | 3 | 15.0 |
| 11-20 | 12 | 60.0 |
| 21-30 | 5 | 25.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

Table 4.4 shows that the majority of participants (60%) have been continuously consuming alcohol for 11-20 years, while 25% have consumed alcohol for 21-30 years. This indicates a chronicity of alcohol consumption among the sample, suggesting progression from initiation to sustained abuse and potential dependence.

Tables 4.3 and 4.4 together reveal the chronicity of alcohol abuse in this sample. The majority of participants (60%) initiated alcohol consumption 11-20 years ago, suggesting initiation during late adolescence (approximately ages 11-20). Importantly, these same individuals have maintained continuous alcohol consumption for 11-20 years—meaning that early initiation predicted sustained, chronic abuse. This finding directly supports Grant et al. (2015) and WHO (2018), who document that early alcohol initiation strongly predicts long-term alcohol dependence and related problems. The current study provides qualitative evidence of what this prediction means lived experience: youth who began drinking during adolescence are now, in their late 20s and early 30s, still drinking regularly, having experienced educational disruption, employment barriers, health consequences, and persistent poverty as a result. This chronicity underscores the critical importance of preventing early initiation, since early initiation trajectories toward chronic abuse are difficult to interrupt.

Table 4.5: Educational Level of Respondents

| Educational Level | Frequency | Percentage |
|---------------------------|------------------|-------------------|
| Primary School Leaver | 7 | 35.0 |
| Junior High School Leaver | 9 | 45.0 |
| Senior High School Leaver | 4 | 20.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

Concerning educational attainment, 45% completed Junior High School, 35% completed Primary School, and 20% completed Senior High School. Notably, no participants reported tertiary education completion. This low educational profile is significant, as research demonstrates a correlation between low educational attainment and increased substance abuse risk (Moffitt et al., 2011). The finding also reflects the school dropout effect of alcohol abuse, which will be discussed further in Research Question 3.

The educational profile (35% primary school completion, 45% junior high school completion, 20% senior high school completion, 0% tertiary education) indicates that all participants had their education disrupted before reaching tertiary level. This finding must be understood in conjunction with Research Question 3 findings documenting that alcohol abuse directly causes school dropout. The relatively low educational attainment in this sample reflects both: (1) the general context of limited educational opportunity in rural Sefwi Wiawso; and (2) the specific impact of alcohol abuse in disrupting education. These low education levels, combined with 90% unemployment, create a compounding disadvantage where youth lack both educational credentials and economic opportunity—the twin foundations for escaping poverty.

Table 4.6: Marital Status of Respondents

| Marital Status | Frequency | Percentages |
|-----------------------|------------------|--------------------|
| Single | 18 | 90.0 |
| Married | 2 | 10.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

The majority (90%) of participants were single, while 10% were married. This distribution reflects the youthful profile of the sample, as most youth typically have not yet married. The high proportion of single individuals is also consistent with the study's operational definition of youth (ages 20-35).

Table 4.7: Occupational Status of Respondents

| Occupational Status | Frequency | Percentage |
|----------------------------|------------------|-------------------|
| Employed | 2 | 10.0 |
| Unemployed | 18 | 90.0 |
| Total | 20 | 100.0 |

Source: Fieldwork Data (2021)

Table 4.7 reveals that 90% of participants were unemployed, while only 10% were employed. This extraordinary unemployment rate is the single most significant demographic finding and directly supports the structural factors identified in the literature review. Specifically, this finding aligns with the socioeconomic disadvantage framework articulated by White and Widom (2017), who document that youth from disadvantaged backgrounds with limited economic opportunities experience disproportionately high risk of alcohol misuse. In the Ghanaian context documented by Addo et al. (2025), similar patterns have been observed, with economic desperation driving substance use as both a

coping mechanism and, as this study reveals, as a pathway through alcohol distribution. This finding is crucial because it suggests that interventions addressing employment and economic opportunity are not peripheral to alcohol abuse prevention but are central mechanisms."

The overwhelming unemployment rate (90%, n=18) is the most significant demographic finding in this study and stands as the single most important contextual factor for understanding youth alcohol abuse in Sefwi Wiawso. This finding directly validates the socioeconomic disadvantage framework articulated in the literature review. White and Widom (2017) demonstrated that "youth from disadvantaged backgrounds, characterized by low parental education levels, unemployment, poverty, and neighborhood deprivation, experience a disproportionately high risk of alcohol misuse." The current study's 90% unemployment rate places Sefwi Wiawso youth squarely within this high-risk category.

The finding is particularly significant when considered in relation to the study's findings on why youth abuse alcohol (Research Question 2). The thematic analysis revealed that economic desperation operates as a direct pathway to substance abuse through multiple mechanisms: (1) youth engage in informal alcohol distribution as a survival strategy when legitimate employment is unavailable; (2) this economic participation normalizes alcohol; (3) youth then progress to personal consumption; (4) simultaneously, poverty creates psychological stress (identified as another motivation for use); and (5) the absence of economic productivity eliminates a protective factor (sense of purpose, accomplishment, hope for the future). As one participant stated, "We need support from individuals and groups to enable us find some work to do some skills to produce something to be economically independent" (PY14), explicitly linking economic desperation to continued alcohol use.

This unemployment finding also connects directly to the consequences of alcohol abuse documented in Research Question 3. The 90% unemployment rate includes youth who dropped out of school due to alcohol abuse and youth who were terminated from employment because of substance use-related poor performance. This illustrates the vicious cycle wherein unemployment contributes to alcohol use, and alcohol use perpetuates unemployment, trapping youth in poverty.

Finally, this demographic profile underscores why interventions addressing economic opportunity are not peripheral to alcohol abuse prevention in Sefwi Wiawso but are central to any comprehensive strategy. Psychological counseling alone, without addressing the economic desperation that drives substance use as coping, will have limited effectiveness.

SECTION B: THEMATIC FINDINGS FROM INTERVIEWS

The interview data were analyzed thematically and structured around the four research questions guiding this study. Findings are presented below.

Research Question 1: How Did the Youth of Sefwi Wiawso Learn About Alcohol Consumption and Its Subsequent Abuse?

Theme 1: Types of Alcoholic Beverages in the Community

Analysis of interview data revealed that youth in Sefwi Wiawso have access to two broad categories of alcoholic beverages: locally produced and foreign-imported (exotic) alcoholic beverages.

Locally Produced Beverages: The study identified three primary locally produced alcoholic beverages consumed by youth: akpeteshie (locally produced hard liquor), palm wine, and traditional bitters. Akpeteshie and bitters emerged as the most frequently consumed locally produced substances. One participant shared:

"I learnt about akpeteshie long time ago. Among the different kinds of drinks sold in this area, akpeteshie popularly called 'Apio' is what I consume most. Though I cannot really tell the number of times I take it because any time I have money and felt for it I willingly go for it. In a day, I consumed more than quarter of a beer bottle at a visit and at least I visited the bar more than two times a day. The drink is very powerful...I cannot leave without it" (PY7).

Foreign-Imported (Exotic) Beverages: Participants also reported consuming imported beverages including beer, Guinness, and foreign wines. Some participants expressed preference for imported beverages, citing concerns about the quality and purity of locally produced drinks:

"I do not drink any of the locally made products such as akpeteshie. Drinking the locally made drinks, to me is dangerous, the sellers sometimes add more water to the drink in order to increase the quantity leading to an increase in their profit margins. I drink the exotic ones like Guinness and Beer of different types. Averagely, I take not less than six bottles" (PY10).

Mixed Consumption Patterns: Interestingly, a substantial subset of participants reported consuming both local and imported beverages, often mixing them at a single drinking session:

"When I go to the spot, I do not only buy local drink. Although I consume the local drink a lot, sometimes I also consumed the exotic drinks like beer and Guinness. The exotic drinks are expensive so I take them on days that I have enough money on me" (PY3).

One participant reported consuming four different types of alcoholic beverages in a single sitting, explaining that mixing drinks enhanced the desired intoxication effect.

Comparative Analysis: These findings are consistent with WHO (2014) data on alcohol consumption patterns in Ghana, which indicated that unrecorded alcohol (locally produced beverages at 57%) is consumed more frequently than beer (30%), wine (10%), or spirits (3%). The prevalence of locally produced beverages in Sefwi Wiawso reflects broader African consumption patterns, where locally brewed alcoholic beverages are more accessible and affordable than imported alternatives (WHO, 2014). The study's finding that youth engage in mixed consumption patterns represents an understudied phenomenon in African youth alcohol research, suggesting a sophisticated understanding of how different beverages interact to produce desired psychoactive effects.

Research Question 2: Why Do the Youth of Sefwi Wiawso Abuse Alcohol?

Four major themes emerged explaining why youth initiate and sustain alcohol abuse: peer pressure, youthful curiosity and experimentation, coping with psychological distress, and economic factors.

Theme 1: Peer Pressure as a Primary Influencing Factor

Indirect Peer Influence Through Economic Participation: Data revealed that peer pressure operates through both direct and indirect pathways. Indirect peer pressure emerged when youth, facing economic hardship, became distributors of alcohol through peer persuasion. One participant explained:

"I started as a K20 and Alomo distributor through the persuasion of my friend. He was the main supplier and I was the retailer. In fact, I finally accepted to do that job for him because I was not doing anything and I needed money to even feed on" (PY13).

As distributors, these youth gained exposure to alcohol and gradually transitioned to personal consumption, eventually developing patterns of abuse. This pathway illustrates the intersection of economic vulnerability and peer influence in precipitating alcohol abuse.

Direct Peer Influence and Gang Membership: The data also revealed that youth are directly pressured by peers to consume alcohol, particularly within gang structures. Gang membership itself functions as a protective mechanism against perceived community threats, with alcohol consumption serving as an initiation and bonding mechanism:

"I learned how to drink when I joined a group. I joined the group because of loneliness. When you are not in any group and you have any problem or need expecting some assistance, no one will assist you. You can be beaten to death. I joined the group for security. Socialization begins with sitting with others over some bottles of assorted alcoholic beverages" (PY18).

Comparative Analysis: The peer pressure finding is extensively supported in the literature. Pearson and Mitchell (2000) documented that peer influence is one of the strongest predictors of adolescent substance use. Research by Schulenberg et al. (1999) found that perceived exposure to peer drinking among young people is significantly high and predicts personal alcohol use. Killeya-Jones and Costanzo (2007) demonstrated that adolescent females are particularly susceptible to peer influence regarding substance use. Notably, Chopak (1993) identified peer behavior as the most significant predictor of alcohol, tobacco, and drug use among rural female adolescents.

The finding that youth join gangs partly for security and social belonging, with alcohol consumption serving as a bonding mechanism, aligns with social ecology and stress proliferation theories. Low socioeconomic status creates multiple stressors (insecurity, poverty, lack of opportunity), leading youth to seek protective peer networks, which then facilitate substance use (Dishion et al., 2012).

Theme 2: Youthful Curiosity and Media-Driven Experimentation

Desire to Be Part of In-Groups: Beyond direct peer pressure, youthful curiosity about social belonging and group membership drove some youth to experiment with alcohol:

"I learned how to drink when I joined a group. I joined the group because of loneliness...being a youth and also to avoid loneliness and insecurity, it seemed attractive joining a gang" (PY18).

Curiosity About Psychoactive Effects: A second manifestation of youthful curiosity involved youth wanting to experience the psychoactive affects others described. Witnessing peers' behavioral changes after alcohol consumption motivated some youth to experiment:

"I heard that when you drink and also smoke wee you will become high and aggressive. One day I saw a friend behaving strangely, so later I asked him why he was behaving that way. He told me any time he drinks and smoke he gains an extraordinary excitement and strength. One day I followed him to drink and smoke and that was all till date I continue to drink and smoke and it feels good to be high" (PY12).

Media Influence and Advertisement: Media exposure, particularly television advertising, was identified as a significant trigger for experimentation:

"I drank for the first time when I saw an advert on television. In fact, one day I was in a room alone watching television. There was an advert on kasapreko alomo bitters drink which was so attractive. After the advert I went to a drinking spot and bought that particular drink. The name is...and when I tried it the first time, I became so aggressive. Since then, I have been consuming this drink and other types" (PY3).

Comparative Analysis: The curiosity and media influence findings extend existing literature on how substance advertising influences youth behavior. Grube (1995) demonstrated that alcohol advertising portrayals, which commonly depict alcohol use as neutral or positive, significantly influence youth attitudes and behavior. Breed and De Foe (1984) documented that a single evening of television contains more than a dozen drinking episodes, normalizing alcohol consumption. The study finding that a single television advertisement prompted immediate experimentation exemplifies the power of media in shaping youth substance use behavior.

The finding also connects to developmental psychology literature on adolescent risk-taking. Grant et al. (2015) documented that early alcohol initiation, often driven by curiosity and desire for novel experiences, significantly increases risk for later alcohol dependence and related problems.

Theme 3: Alcohol as Coping Mechanism for Psychological Distress

Analysis revealed that some youth initiate and sustain alcohol use as a coping mechanism for psychological distress, including grief, loss, depression, and lack of emotional support. One participant whose family experienced tragedy reported:

"I have lost everything. I lost my parents and two sisters in an accident. In fact, I don't see anything good about this world. Now I have only one thing that gives me excitement and that is alcohol. With it there is nothing call happiness" (PY10).

Another participant articulated the need for psychological support:

"Sometimes, I need somebody to confide in. I need someone who has better understanding about the world and the devastating effects social ills such as alcohol and drug abuse" (verbatim quotation of PY10).

These narratives indicate that alcohol serves a self-medication function, temporarily alleviating psychological pain despite ultimately exacerbating emotional distress.

Comparative Analysis: This finding aligns with extensive literature on stress-coping models of substance use. Research demonstrates that individuals experiencing high stress, depression, and limited access to emotional support are at elevated risk for substance abuse as a maladaptive coping mechanism (Dishion et al., 2012; White & Widom, 2017). WHO (2018) identified that alcohol use during formative years is associated with alterations in attention, verbal learning, and memory, combined with altered brain development that subsequently leads to behavioral, emotional, social, and academic problems. The cycle of using alcohol to cope with emotional distress, which then impairs emotional regulation and causes additional psychological problems, represents a key mechanism perpetuating alcohol abuse among vulnerable youth.

Theme 4: Economic Factors and Structural Unemployment

The data revealed that economic hardship and unemployment directly contribute to alcohol abuse. Youth transition from economic desperation to alcohol distribution to personal consumption, as illustrated previously. The absence of legitimate economic opportunities creates vulnerability to informal economy participation, including alcohol distribution, which normalizes substance use.

Comparative Analysis: This finding reflects broader socioeconomic inequality frameworks. White and Widom (2017) demonstrated that youth from disadvantaged backgrounds, characterized by low parental education, unemployment, and poverty, experience disproportionately high risk of alcohol misuse. Moffitt et al. (2011) documented how low socioeconomic status creates stress proliferation, whereby one risk factor (poverty) precipitates a chain of events (unemployment, limited opportunity, gang involvement) leading to substance abuse. The finding that 90% of study participants were unemployed

(Table 4.7) underscores the centrality of economic disadvantage in explaining their alcohol abuse.

Research Question 3: How Do Alcohol Use Affect the Youth of Sefwi Wiawso?

Three major themes emerged describing consequences of alcohol abuse: educational disruption and school dropout, employment difficulties and occupational failure, and health deterioration.

Theme 1: Educational Disruption and School Dropout

Data revealed two pathways through which alcohol abuse disrupts education. First, some youth were formally expelled from school after being caught consuming alcohol or other substances on school premises. Second, other youth voluntarily dropped out to pursue drinking and associated social activities, choosing gang affiliation over education.

One participant shared:

"I was caught drinking on the school premises. I served various suspensions and punishments before finally I was sacked" (implied from interview data).

Comparative Analysis: The school dropout finding is well-documented in international literature. Yamada and colleagues (1996), analyzing cross-sectional data of 672 secondary school students, found that frequent drinkers were 4.3% less likely to graduate on time, while students using marijuana monthly were 5.6% less likely to graduate. DuPont et al. (2013) similarly demonstrated that frequent alcohol and drug use significantly predict failure to complete secondary education. The current study's finding that youth chose gang membership and drinking over education reflects a constellation of push (school discipline, academic struggle) and pull (peer belonging, immediate gratification) factors.

Theme 2: Employment Difficulties and Sustained Unemployment

Data revealed that alcohol abuse creates barriers to employment through two mechanisms: employer discrimination and impaired work performance.

Employer Discrimination: Some youth reported being denied employment due to perceived or actual alcohol use, or being terminated after employers discovered their substance dependence:

"I was working very hard and making good money but because of my drinking attitude and my indulgence in illicit drugs I was sacked" (PY2).

Impaired Work Performance: Others described inability to concentrate on work tasks due to alcohol addiction, leading them to resign from positions:

"Some were addicted to alcohol so they were unable to concentrate. This led to some of them resigning from their work positions in order to be idle" (interview summary).

The data suggested absenteeism and lateness contributed to employment loss.

Comparative Analysis: The employment disruption finding aligns with the broader literature on alcohol's occupational impacts. Research demonstrates that alcohol dependence impairs cognitive function, decision-making, and behavioral regulation, reducing workplace productivity and increasing the likelihood of disciplinary action or termination (Miller et al., 2014). The connection between unemployment and sustained alcohol abuse creates a vicious cycle: unemployment increases stress and psychological distress, prompting alcohol use as a coping mechanism, which further impairs employment prospects and earning capacity. The current finding that 90% of participants are unemployed (Table 4.7) likely reflects this reciprocal relationship.

Theme 3: Health Deterioration and Disease Burden

Participants reported multiple health consequences of sustained alcohol abuse, including hepatic disease, respiratory disease (severe coughs, lung problems), weight loss, and mental health deterioration.

One participant reported:

"I have severe lung problem as well as throat cancer. I have undergone series of medical treatment but to no avail" (PY16).

Another mentioned:

"Physical and mental weakness...severe coughs, lungs problems and weight loss were revealed as the attendant sicknesses of alcohol abuse and drug usage."

Comparative Analysis: The health consequences reported align with WHO epidemiological data. WHO (2020) identified that harmful alcohol consumption serves as a risk factor in over 200 diseases and injuries, contributing to approximately 3 million deaths annually and 132.6 million disability-adjusted life years (DALYs). The respiratory disease, weight loss, and mental health deterioration reported by study participants exemplify alcohol's systemic effects on human health. Sweetney and Neff (2001) documented that repeated substance use has major health implications, particularly mental health problems. They explained that repeated use sensitizes motivational brain circuits, leading to dependence. Clark and colleagues (2001) found that adolescent alcohol use disorders were associated with elevated liver enzymes, indicating hepatic damage. The current study's finding of self-reported hepatic and respiratory disease demonstrates premature health deterioration among young people, highlighting the urgency of intervention.

Research Question 4: How Can the Youth of Sefwi Wiawso Be Enhanced to Overcome the Problem of Alcohol Abuse?

Analysis of data regarding potential interventions revealed three primary recommendations from participants: establishment of well-resourced counseling services, provision of substance abuse education and information, and equipping youth with employable skills.

Theme 1: Mental Health and Counseling Services

Participants identified psychological support as critical for overcoming alcohol abuse. Youth recognized that uncontrolled stress, depression, and trauma drive substance use and that they lack skills for managing psychological challenges independently:

"Sometimes, I need somebody to confide in. I need someone who has better understanding about the world and the devastating effects social ills such as alcohol and drug abuse" (PY10).

Participants recommended establishment of well-resourced counseling units where youth could seek professional assistance for emotional and psychological challenges. This finding highlights the perceived mental health crisis among substance-abusing youth and the absence of accessible mental health services in the community.

Comparative Analysis: The participant recommendation for counseling aligns with evidence-based intervention literature. Substance abuse prevention and treatment research demonstrates that addressing underlying mental health conditions (depression, anxiety, trauma) through counseling and psychotherapy significantly improves outcomes (Kumpfer et al., 2012). The WHO (2018) acknowledges that alcohol's effects on developing brains create cascading mental health problems, requiring integrated approaches addressing both substance use and mental health.

Theme 2: Substance Abuse Education and Risk Communication

Participants recommended continued education on the types of substances available, their specific health effects, and strategies for resisting temptation and peer pressure. This suggestion reflects their perception that many youth lack knowledge about substance dangers:

Youth suggested "the continue provision of information on various kinds of substances and their effects as well as how to overcome the temptation."

This recommendation aligns with the finding that many participants initiated substance use through curiosity and media influence, suggesting that counterbalancing information could reduce initiation.

Comparative Analysis: Omigbodun and Badalona (2004) surveyed both in- and out-of-school adolescents, concluding that most youth who begin substance use are unaware of the substance's dangerous effects. They identified curiosity, the desire to feel good, stress reduction, and desire to appear mature as key motivations for youth substance use. The current study's finding that media advertising triggered substance experimentation supports evidence-based arguments for comprehensive substance abuse education counteracting pro-substance messaging.

Theme 3: Economic Empowerment Through Skills Training

Participants strongly recommended equipping youth with marketable employment skills as a strategy for reducing alcohol dependence. One participant articulated:

"We need support from individuals and groups to enable us find some work to do some skills to produce something to be economically independent" (PY14).

The underlying logic is that idleness and economic desperation drive substance use, while employment and economic productivity provide meaning, structure, and legitimate sources of income. This intervention addresses the structural economic factors identified in Research Question 2.

Comparative Analysis: The skills training recommendation directly addresses the economic mechanisms identified in the current study and supported by broader literature. Moffitt et al. (2011) demonstrated that low socioeconomic status creates stress proliferation

effects where lack of economic opportunity, combined with other risk factors, increases substance abuse risk. The current finding that youth transition to alcohol distribution through economic desperation, then progress to personal consumption, illustrates how skills training and legitimate employment could interrupt this trajectory. Research on substance abuse prevention demonstrates that economic opportunity, vocational training, and employment are protective factors reducing substance use risk (White & Widom, 2017).

Summary of Key Findings in Relation to Theoretical Framework

The findings of this study demonstrate the utility of ecological and social stress frameworks for understanding youth alcohol abuse in Sefwi Wiawso. Individual factors (youthful curiosity, coping needs) interact with immediate social environment factors (peer pressure, gang involvement, media influence) and structural factors (poverty, unemployment, lack of services) to create vulnerability to alcohol abuse. The progression from initiation (through curiosity, peer influence, media exposure) to sustained abuse (driven by stress, economic desperation, lack of coping alternatives) and resulting consequences (educational disruption, employment loss, health deterioration) illustrates the complex, multilevel etiology of youth alcohol abuse.

The finding that 90% of participants are unemployed, that most initiated alcohol use in late adolescence/early adulthood, and that psychological distress and economic hardship drive continued use, highlights the intersection of developmental stage, socioeconomic disadvantage, and individual vulnerability factors. Interventions must address all three levels: individual mental health and education; social/relational factors including peer networks and family involvement; and structural factors including economic opportunity and community resources.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a comprehensive overview of the study, synthesizing the major findings to draw evidence-based conclusions and suggest strategic pathways forward. The chapter is organized into five main sections: summary of the study, conclusions grounded in the data, explicit contributions to knowledge, stakeholder-specific recommendations with implementation responsibilities, and suggestions for future research.

5.2 Summary of Study

5.2.1 Research Design and Methodology

A phenomenological research design guided this study, which explored the lived experiences of youth engaged in alcohol abuse within the Sefwi Wiawso community. Twenty participants were recruited through snowball sampling from the township's youth population (ages 20-35 years). Semi-structured interviews lasting 30-40 minutes were conducted over a two-month period and analyzed thematically using Braun and Clarke's (2006) six-phase framework with the aid of Atlas.ti 7.5.18 software.

5.2.2 Research Purpose and Objectives

The study was guided by the overarching purpose of exploring the factors contributing to alcohol abuse among the youth of Sefwi Wiawso and identifying evidence-based strategies for intervention. Four specific research objectives were pursued:

Explore how the youth of Sefwi Wiawso learn about alcohol consumption and its subsequent abuse

Explore why the youth of Sefwi Wiawso abuse alcohol

Identify the perceived effects of alcohol use among the youth of Sefwi Wiawso

Identify the conditions that can promote growth among the youth to overcome the problem of alcohol abuse.

These objectives were addressed through four aligned research questions that guided data collection and thematic analysis.

5.2.3 Sample Characteristics

The study included 20 youth participants with the following demographic profile: 90% male (n=18) and 10% female (n=2), reflecting significant gender recruitment challenges related to cultural stigma surrounding female alcohol consumption. Age distribution showed 55% aged 20-25 years, 35% aged 26-30 years, and 10% aged 31-35 years. Notably, 90% of participants were unemployed, 45% had completed Junior High School, and 60% reported initiating alcohol consumption 11-20 years prior to the study, indicating both chronicity of use and early initiation during late adolescence.

5.2.4 Major Findings Summary

The study revealed that youth in Sefwi Wiawso abuse both locally produced (akpeteshie, palm wine, traditional bitters) and foreign-imported (beer, Guinness, wine) alcoholic beverages, with many engaging in mixed consumption patterns. Four primary factors contribute to alcohol abuse: (1) peer pressure, operating through both direct influence and economic participation in alcohol distribution; (2) youthful curiosity and media-driven experimentation, particularly in response to alcohol advertising; (3) psychological distress and limited access to mental health services; and (4) structural economic factors including unemployment and poverty. Significant adverse effects documented include educational disruption and school dropout (affecting 35-45% of participants based on educational attainment data), employment loss due to impaired concentration and absenteeism, and health deterioration including hepatic and respiratory disease. Recommended interventions emerging from participant perspectives included mental health counseling services, substance abuse education, and vocational skills training.

5.3 Conclusions

The conclusions of this study are grounded in the empirical data and integrated with existing theoretical and empirical literature. Seven major conclusions emerge:

Conclusion 1: Youth Alcohol Abuse in Sefwi Wiawso Reflects Complex, Multilevel Etiology

The study definitively demonstrates that youth alcohol abuse in Sefwi Wiawso cannot be attributed to single factors but rather reflects the intersection of individual vulnerabilities (youthful curiosity, unmet psychological needs), proximal social factors (peer pressure, gang involvement, media influence), and structural factors (poverty, unemployment, lack of community services). The finding that 90% of participants are unemployed, combined with data showing that youth progress from economic desperation to alcohol distribution to personal consumption, illustrates how economic disadvantage creates vulnerability that peers and media exploit. This multilevel etiology aligns with contemporary ecological frameworks and stress proliferation theory, confirming that effective interventions must address multiple system levels simultaneously.

Conclusion 2: Early Alcohol Initiation Predicts Sustained Abuse and Chronicity

The data revealed that 60% of participants initiated alcohol use 11-20 years prior to the study, suggesting initiation during late adolescence (approximately ages 11-20), and that 60% have sustained alcohol consumption for 11-20 years continuously. This finding demonstrates that early initiation is indeed predictive of chronic alcohol abuse trajectories, consistent with Grant et al. (2015) and WHO (2018) findings that early alcohol use is strongly associated with sustained dependence and related harms. The chronicity of use documented in the current study—where youth have been drinking continuously for over a decade—indicates that initiation events have long-lasting consequences and that prevention of early initiation is critically important.

Conclusion 3: Peer Pressure and Social Belonging Motivate Initiation Among Economically Disadvantaged Youth

The study reveals that peer pressure operates as perhaps the most significant proximal factor driving alcohol initiation, but that this operates within a context of economic desperation and lack of alternative sources of belonging and protection. The finding that youth join gangs for security and that gang membership is predicated on alcohol consumption indicates that peers serve not only as sources of influence but as survival mechanisms within an insecure community. The related finding that some youth become alcohol distributors due to economic hardship, then progress to personal consumption, demonstrates how economic vulnerability creates susceptibility to peer influence. This nuances the peer pressure literature by showing that peer effects are not merely social but are embedded within economic and security contexts that make peer group membership literally protective.

Conclusion 4: Media Advertising and Market Accessibility Enable Experimentation and Progression to Abuse

The study provides compelling evidence that media advertising significantly drives alcohol experimentation among youth. The finding that one participant initiated use directly following a television advertisement for alcohol demonstrates advertising's proximal causal influence on behavior. Combined with the finding that locally produced beverages are inexpensive and widely accessible in the community, this suggests that low barriers to experimentation, combined with aggressive marketing, facilitate progression from curiosity-driven initiation to sustained abuse. This validates concerns raised by Grube (1995) and Breed and De Foe (1984) regarding how marketing normalizes and promotes substance use among youth populations.

Conclusion 5: Psychological Distress and Limited Mental Health Services Create Vulnerability to Substance Use as Self-Medication

The study documents that youth experiencing grief, loss, depression, and psychosocial stress resort to alcohol as a coping mechanism. Critically, participants articulated explicit need for mental health services ("I need somebody to confide in") and recognized that they lack skills for emotional regulation. This indicates that alcohol functions as self-medication for untreated mental health conditions in a context where professional mental health services are unavailable or inaccessible. This finding aligns with WHO (2018) documentation of the relationship between mental health, stress, and substance abuse, and underscores that substance abuse prevention requires concurrent investment in mental health service expansion.

Conclusion 6: Alcohol Abuse Perpetuates Intergenerational Poverty Through Educational and Occupational Disruption

The study reveals that alcohol abuse disrupts education and employment, thereby perpetuating poverty. Specifically, the finding that youth dropout from school to pursue drinking, that employers refuse to hire individuals identified as substance users, and that 90% of the sample is unemployed, demonstrates how substance abuse creates educational and occupational barriers that lock youth into unemployment and poverty. This, combined with data showing that unemployment itself drives substance use as a coping mechanism, indicates a vicious cycle: poverty → substance use (as coping) → educational/occupational disruption → sustained poverty. Breaking this cycle requires simultaneous intervention on multiple fronts: addressing root causes of poverty (employment), providing alternative coping mechanisms (mental health services), and removing barriers to education and employment created by substance abuse history.

Conclusion 7: Community-Level Factors—Including Cultural Norms, Alcohol Availability, and Lack of Services—Are Critical Contributors Requiring Structural-Level Intervention

The study documents that alcohol consumption is normalized within Sefwi Wiawso's cultural contexts, including traditional festivals (Eluo Festival, funerals, weddings) during which youth extensively drink. Combined with findings that alcohol is inexpensive, widely accessible in community bars, and aggressively advertised, this indicates that community environments facilitate and reinforce alcohol use. The absence of counseling services, vocational training, and employment opportunities further reduces protective factors. These structural and environmental factors suggest that individual-level interventions (e.g., education, counseling) will have limited effectiveness without concurrent structural changes including: stricter regulation of alcohol advertising and accessibility, development of community-based mental health and vocational services, and engagement of cultural and traditional leaders in reshaping cultural norms around alcohol use.

5.4 Explicit Contributions to Knowledge

This study makes several important contributions to the literature on youth alcohol abuse in sub-Saharan Africa:

Contribution 1: Detailed Phenomenological Account of Youth Alcohol Abuse in Ghana

This is among the first phenomenological studies documenting the lived experiences of youth with alcohol abuse in Ghana, particularly in the Western North Region. The study provides rich, qualitative detail regarding how youth experience and make meaning of alcohol consumption, moving beyond epidemiological prevalence data to capture the subjective experiences driving initiation and sustaining abuse.

Contribution 2: Empirical Evidence of Economic Pathways to Substance Abuse

The study provides novel empirical documentation of how economic desperation creates pathways to substance abuse through alcohol distribution. The finding that youth become alcohol distributors due to lack of economic alternatives, and subsequently develop personal consumption patterns, represents an understudied mechanism linking poverty to

substance abuse in sub-Saharan African contexts and provides evidence for the importance of addressing economic factors in substance abuse prevention.

Contribution 3: Integration of Ecological, Social, and Economic Frameworks for Understanding Youth Substance Abuse

By documenting how individual vulnerabilities, peer influence, media exposure, psychological distress, and structural economic factors interact to produce alcohol abuse, the study provides empirical validation for multilevel ecological frameworks and extends their application to the Ghanaian context. This contributes to theory development in substance abuse epidemiology by demonstrating the necessity of multilevel intervention approaches.

Contribution 4: Evidence on the Role of Media Advertising in Driving Substance Experimentation

The study provides compelling case evidence that media advertising directly triggers substance experimentation among youth, supporting arguments for regulation of alcohol marketing in settings with vulnerable youth populations. The finding that a single television advertisement prompted immediate experimentation provides concrete evidence for the power of advertising to influence behavior in low-income African settings.

Contribution 5: Documentation of Gender-Specific Barriers to Research Participation and Substance Abuse

The study explicitly documents that only 2 of 20 participants (10%) were female, attributable to cultural stigma surrounding female alcohol consumption. This finding contributes to understanding of how gender norms shape both substance abuse patterns and research participation, highlighting the need for gender-sensitive research methods and interventions in similar contexts.

Contribution 6: Community-Identified Intervention Strategies Grounded in Lived Experience

Rather than imposing external intervention frameworks, the study documents intervention recommendations emerging directly from youth experiencing alcohol abuse (counseling, education, skills training), providing evidence for community-engaged intervention development and demonstrating that affected populations can articulate evidence-based solutions when given opportunity for voice and participation.

5.5 Recommendations and Implementation Responsibilities

Based on empirical findings and guided by the principle that sustainable intervention requires clear responsibility assignment and stakeholder engagement, the following recommendations are proposed with specific responsibility assignments:

RECOMMENDATION CATEGORY 1: ADDRESSING INDIVIDUAL-LEVEL RISK FACTORS AND PROMOTING MENTAL HEALTH

Recommendation 1.1: Expansion of Mental Health and Counseling Services

Counseling units should be established in Sefwi Wiawso township. These units should employ trained mental health professionals. Services should be culturally appropriate. Services should focus on youth with depression, anxiety, trauma, and stress.

The Sefwi Wiawso Municipal Health Authority should take the lead. They should identify suitable locations for the counseling units. They should recruit qualified staff. They should ensure compliance with Ghana Health Service standards. They should establish links with hospitals for referrals.

The Ministry of Health should fund the initiative. They should pay staff salaries. They should cover operational costs. They should provide training in evidence-based counseling methods.

The Sefwi Wiawso Traditional Council and Chiefs should advocate for resources. They should engage the community. They should ensure services are culturally appropriate.

NGOs and Development Partners should provide grants. They should offer technical assistance. They should help with staff training.

Implementation should take 6-12 months for planning and setup. After that, services should operate continuously.

Key steps include the following. Conducting a needs assessment to determine how many counselors are needed. Identifying locations in health centers, youth centers, and community centers. Recruiting and hiring qualified counselors. Developing culturally appropriate counseling methods using the Twi language. Creating referral systems to hospitals. Establishing quality assurance processes. Launching awareness campaigns to reduce stigma.

Recommendation 1.2: Substance Abuse Education and Risk Communication Program

Substance abuse education should be integrated into school curricula. Community awareness campaigns should be created. Campaigns should communicate health risks of alcohol. Campaigns should explain legal consequences. Campaigns should address social impacts.

The Ghana Education Service should integrate this content into existing curricula. They should train teachers. They should monitor implementation.

The Sefwi Wiawso Municipal Health Authority should develop educational materials. Materials should be age-appropriate. They should conduct awareness campaigns. They should train youth peer educators.

Community Health Volunteers should support campaign implementation. Traditional Leaders should help reach community members. They should use trusted channels.

Media outlets including radio should broadcast educational messages. They should provide counter-advertising to alcohol marketing.

Implementation should take 3-6 months for curriculum development. Then delivery should continue ongoing.

Key steps include the following. Developing curriculum modules for Junior High and Senior High Schools. Training teachers to deliver this content effectively. Creating materials in the Twi language. Materials should address local substances like akpeteshie, bitters, and beer. Including messages that counter local beliefs. For example, correcting the belief that alcohol improves sexual performance. Establishing youth peer educator programs. Launching radio campaigns during festival seasons. Involving recovered individuals in public testimonies. Partnering with religious institutions.

RECOMMENDATION CATEGORY 2: ADDRESSING PEER PRESSURE AND SOCIAL BELONGING NEEDS

Recommendation 2.1: Youth-Led Programs Building Self-Esteem, Resilience, and Healthy Belonging

Youth-led organizations should be established. These programs should provide positive peer networks. Programs should build self-esteem and resilience. Programs should offer healthy alternatives to gangs. Programs should provide alternatives to alcohol-centered socializing.

The Sefwi Wiawso Municipal Assembly's Youth and Sports Department should coordinate these programs. They should secure community spaces. They should provide oversight.

Youth Organizations should establish and operate youth clubs. They should recruit peer leaders. They should deliver programming.

The Sefwi Wiawso Traditional Council should facilitate youth engagement. They should use traditional structures to deliver programs.

Schools should help recruit youth participants. Schools should provide meeting spaces. Schools should integrate program messages into curricula.

Implementation should take 6-12 months for setup. Then programs should operate continuously.

Key steps include the following. Mapping existing youth organizations to identify gaps. Establishing sports clubs, arts programs, and educational groups. Training peer leaders in youth development and conflict resolution. Providing mental health first aid training. Creating economic opportunity components. Including savings groups and microfinance. Providing skills training. Addressing security concerns by creating safe gathering spaces. Building relationships with police and traditional authorities. Developing cultural programming using traditional dance and music. Creating spaces for youth to participate in community decision-making. Monitoring youth participation and substance use outcomes.

Recommendation 2.2: Family-Strengthening Interventions and Parental Capacity Building

Parent and guardian education should be provided. Parents should learn to recognize early signs of alcohol use. Parents should improve parent-child communication. Parents should learn family-level prevention strategies. Parents should know how to access support services.

The Sefwi Wiawso Municipal Health Authority should develop training materials. They should train facilitators.

Community Health Volunteers should conduct parent education sessions. Sessions should be held in communities.

Schools should reach parents through parent associations. Schools should integrate parent education into existing structures.

Religious and Traditional Leaders should facilitate parent groups. They should provide moral authority and support.

Implementation should take 3-6 months for curriculum development. Then delivery should continue ongoing.

Key steps include the following. Developing a parent education curriculum. Addressing how to recognize substance use signs. Teaching parent-child communication skills. Teaching how to set rules and boundaries. Training community health volunteers to facilitate sessions. Conducting monthly parent education sessions. Holding sessions in accessible locations like schools and health centers. Developing culturally appropriate materials. Creating parent support groups. Linking parent education with school systems. Developing counseling access for families experiencing conflict.

RECOMMENDATION CATEGORY 3: ADDRESSING STRUCTURAL ECONOMIC FACTORS AND EMPLOYMENT

Recommendation 3.1: Vocational Skills Training and Economic Empowerment Programs

Vocational training programs should be established. Programs should teach marketable skills. Skills should include agriculture, trades, and small business. Programs should include microfinance support. Programs should provide job placement assistance. Programs should offer ongoing business mentoring.

The Ministry of Education and Ghana TVET Service should develop curriculum standards. They should certify programs. They should monitor quality.

The Sefwi Wiawso Municipal Assembly should coordinate with local employers. They should facilitate job placement. They should support business registration.

NGOs and Community-Based Organizations should operate training programs. They should provide mentoring. They should offer business development support.

Local Businesses and Agricultural Cooperatives should provide practical training. They should offer apprenticeships. They should create employment opportunities.

Microfinance Institutions and Banks should provide funding. This funding should help youth start businesses.

Implementation should take 6-12 months for curriculum development. Then programs should operate continuously.

Key steps include the following. Conducting skills assessment to identify relevant training areas. Looking for market demand in agriculture, trades, and handicrafts. Establishing training programs in high-demand areas. Ensuring clear pathways to employment. Including practical job skills in training. Teaching financial literacy. Teaching business development and life skills. Linking graduates with employers. Establishing microfinance support for business startup. Providing ongoing mentoring for self-employed youth. Monitoring employment and income outcomes. Adjusting training based on market feedback. Prioritizing out-of-school youth and dropouts. Considering apprenticeship models with community businesses.

Recommendation 3.2: Community-Level Economic Development and Job Creation Advocacy

Advocacy should be conducted with District government. Advocacy should target Regional government. Government should create policies that promote job creation. Government should invest in local business development. Government should reduce barriers to youth employment.

The Sefwi Wiawso Traditional Council and Chiefs should advocate for resources. They should engage District Assembly and Regional Government.

The Sefwi Wiawso Municipal Assembly should develop economic development strategies. They should allocate resources. They should support business development services.

District and Regional Government should allocate funding. They should provide policy support.

Private Sector employers should create jobs. They should employ youth. They should offer apprenticeships.

Implementation should be ongoing. Economic development projects should be implemented over 3-5 years.

Key steps include the following. Documenting economic challenges through data collection. Documenting employment gaps. Developing economic development proposals for District Assembly. Advocating for investment in economic infrastructure. Including markets, roads, and technology access. Supporting agricultural cooperatives. Supporting rural enterprise development. Creating business development services. Providing business registration assistance. Teaching financial literacy. Creating market linkages. Facilitating partnerships between youth and established businesses. Advocating for preferential hiring of local youth.

RECOMMENDATION CATEGORY 4: ADDRESSING COMMUNITY-LEVEL FACTORS AND CULTURAL CHANGE

Recommendation 4.1: Community-Wide Awareness and Stigma-Reduction Campaigns

Community-wide awareness campaigns should be launched. Campaigns should be sustained over time. Campaigns should use local media. Campaigns should use traditional structures. Campaigns should use trusted community messengers. Campaigns should highlight alcohol abuse risks. Campaigns should promote help-seeking. Campaigns should reduce stigma.

The Sefwi Wiawso Municipal Health Authority should develop messaging. They should coordinate campaign implementation. They should monitor reach and impact.

Traditional Council, Chiefs, and Religious Leaders should serve as messengers. They should use their authority to promote behavior change. They should integrate messaging into cultural and religious events.

Community Media should broadcast messages. This includes radio and town criers.

Youth and Community Organizations should support campaigns. They should conduct grassroots outreach.

Recovered Individuals should provide testimonials. Community Members should share lived experience perspectives.

Implementation should take 3-6 months for development. Implementation and sustained impact should take 2-5 years.

Key steps include the following. Developing messaging for the Sefwi Wiawso context. Addressing local beliefs and concerns. Creating materials in the Twi language. Using radio, Community Theater, posters, and community gatherings. Identifying and training community messengers. Including chiefs, religious leaders, and health workers. Conducting campaigns during festival seasons. Conducting campaigns throughout the year. Developing messaging for female substance use. Reducing gender-based stigma. Creating pathways for behavior change. Informing people where to access counseling. Informing people where to access treatment. Informing people where to access skills training. Monitoring campaign reach through surveys. Adjusting messaging based on feedback. Sustaining campaigns for multiple years to create culture change.

Recommendation 4.2: Engagement of Traditional and Cultural Leadership in Alcohol Policy and Norm Change

The Sefwi Wiawso Traditional Council should be engaged. Chiefs and cultural leaders should be engaged. They should discuss cultural practices. They should address practices that normalize alcohol consumption. They should include festivals and funeral rites. Modified celebration practices should be developed. These should reduce the focus on alcohol. These should maintain cultural meaning.

The Traditional Council and Chiefs should lead deliberations. They should make decisions about modifying practices. They should enforce these decisions.

Religious Leaders should support norm change in religious contexts.

Community Members and Youth should participate in deliberations. They should offer perspectives on modifications.

Public Health Authority should provide evidence. They should facilitate dialogue.

Implementation should take 6-12 months for engagement and deliberation. Then implementation should continue ongoing.

Key steps include the following. Conducting respectful dialogue with Traditional Council.

Presenting evidence of alcohol's health consequences. Presenting evidence of social consequences. Facilitating brainstorming about how to modify practices. Maintaining cultural meaning while reducing alcohol focus. Implementing modified practices.

Examples include ceremonial libation with minimal consumption. Providing alternative beverages during traditional events. Providing alternative social activities during festivals.

Monitoring and celebrating modifications. Addressing resistance through dialogue.

Emphasizing youth protection and community well-being.

Recommendation 4.3: Regulation of Alcohol Advertising and Accessibility

Advocacy should be conducted with District government. Advocacy should target Regional government. Government should enforce alcohol advertising regulations.

Government should restrict alcohol sales to minors. Government should reduce youth accessibility to alcohol.

Ghana NADCOP should enforce existing laws. The District Police should enforce laws regarding alcohol sales to minors. They should enforce advertising regulations.

District Assembly and Traditional Council should advocate for local regulations. They should provide enforcement support.

Community Vigilance Groups should monitor alcohol sales. They should report violations.

Implementation can begin immediately. Implementation should be ongoing.

Key steps include the following. Educating alcohol retailers about legal restrictions.

Including information about sales to minors. Establishing enforcement mechanisms.

Conducting periodic inspections. Imposing penalties for violations. Engaging retailers in dialogue about youth protection. Advocating for regulation of alcohol advertising in community media. Monitoring media for inappropriate advertising. Lodging complaints with regulatory authorities. Supporting traditional leaders in implementing restrictions. Restrictions should apply during youth events. Establishing community oversight mechanisms. Creating systems for reporting violations.

RECOMMENDATION CATEGORY 5: RESEARCH, MONITORING, AND EVALUATION

Recommendation 5.1: Establish Longitudinal Monitoring and Evaluation Systems

Systems should be developed for ongoing data collection. Data should track alcohol-related incidents. Data should track treatment access and utilization. Data should track youth outcomes. Data should track community perceptions. This will help monitor trends. This will help evaluate intervention effectiveness.

The Sefwi Wiawso Municipal Health Authority should coordinate data collection. They should maintain a database. They should report findings.

District Health Administration should provide technical support. They should ensure data quality.

Research Institutions should support data analysis and interpretation.

Implementation should be ongoing.

Key steps include the following. Developing standardized indicators to measure alcohol use prevalence among youth. Measuring school dropout rates. Measuring employment rates. Measuring health service utilization. Measuring help-seeking behavior. Measuring community awareness. Establishing baseline data at program initiation. Conducting regular monitoring surveys annually or biannually. Maintaining a confidential database to track trends. Analyzing data to evaluate intervention effectiveness. Identifying emerging issues. Sharing findings with stakeholders. Using findings to adjust strategy.

RECOMMENDATION CATEGORY 6: PARTNERSHIPS AND COORDINATION

Recommendation 6.1: Establish Multisectoral Coordination Mechanism

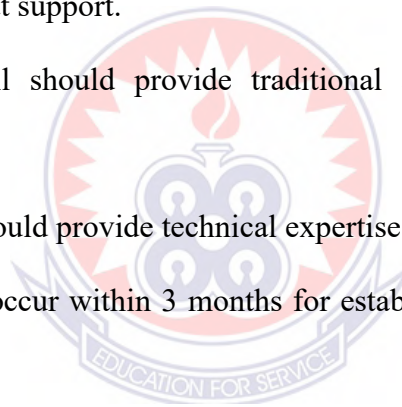
Regular meetings should be convened. Participants should include government agencies. Participants should include traditional leadership. Participants should include NGOs. Participants should include health providers. Participants should include educators. Participants should include youth. Participants should include business representatives. Meetings should coordinate prevention efforts. Meetings should coordinate treatment efforts. Meetings should ensure alignment.

The Sefwi Wiawso Municipal Assembly should establish a coordination committee. They should provide secretariat support.

The Traditional Council should provide traditional authority. They should provide community legitimacy.

The Health Authority should provide technical expertise.

Implementation should occur within 3 months for establishment. Meetings should occur monthly thereafter.



5.6 SUGGESTIONS FOR FUTURE RESEARCH

Research Priority 1: Gender-Specific Substance Abuse Patterns and Barriers

Future research should focus on gender-specific patterns. The current study recruited only 2 female participants. Cultural stigma prevented recruitment of more females. Future research should use gender-sensitive recruitment methods. Research should understand female youth alcohol use patterns. Research should identify unique risk factors for females. Research should identify barriers to help-seeking for females. This understanding is essential for designing gender-appropriate interventions.

Suggested approaches include conducting qualitative studies with female youth. Facilitating focus group discussions with female youth and key informants. Researching how gender norms shape alcohol use. Exploring how gender norms affect treatment access.

Research Priority 2: Longitudinal Tracking of Alcohol Initiation and Progression

This study was cross-sectional. Cross-sectional studies cannot establish causal relationships. Cross-sectional studies cannot track how youth progress from initiation to sustained abuse. Longitudinal studies are needed. These studies should follow youth cohorts over 5-10 years. They should identify mechanisms driving progression.

Suggested approaches include conducting prospective cohort studies. These studies should track youth from school entry through early adulthood. They should assess how peer relationships change. They should assess how economic circumstances change. They should assess mental health changes. They should assess media exposure changes. All should be assessed in relation to substance use trajectory.

Research Priority 3: Evaluation of Intervention Effectiveness

This study identified youth-recommended interventions. Recommended interventions include counseling, education, and skills training. Their actual effectiveness in the Sefwi Wiawso context requires rigorous evaluation.

Suggested approaches include implementing quasi-experimental designs. These should evaluate the impact of counseling on mental health. They should evaluate the impact on substance use. They should evaluate the impact of substance abuse education. They should measure initiation and progression. They should evaluate the impact of skills training on employment. They should evaluate the impact on substance use. Implementing implementation science studies should examine barriers to intervention uptake. They should examine facilitators of intervention uptake.

Research Priority 4: Economic Pathways and Structural Interventions

Youth become alcohol distributors due to economic desperation. They then progress to personal consumption. This mechanism is understudied. Research should examine how economic opportunity interventions affect substance abuse trajectories.

Suggested approaches include conducting impact evaluations. These should evaluate vocational training programs on employment. They should evaluate the impact on substance use. They should evaluate microfinance programs on employment and substance use. Conducting ethnographic studies should examine informal economy alcohol distribution. Performing economic modeling should assess cost-effectiveness of different economic interventions.

Research Priority 5: Media Effects and Regulation Impact

The study documented that media advertising triggers substance experimentation. Research should examine the impact of advertising restrictions. Research should examine the impact of counter-advertising campaigns. Research should measure the impact on youth substance use.

Suggested approaches include conducting media content analysis. This should examine alcohol advertising prevalence. This should examine advertising messaging. Administering surveys should assess youth exposure to advertising. Surveys should assess youth attitudes toward advertising. Performing quasi-experimental evaluations should assess counter-advertising campaign impact. Assessments should measure impact on substance use intentions. Assessments should measure impact on substance use behavior.

Research Priority 6: Cultural Adaptation of Evidence-Based Interventions

Most substance abuse interventions tested internationally come from high-income countries. Research should adapt evidence-based interventions. Interventions should be adapted to the Ghanaian context. Interventions should be adapted to the Sefwi Wiawso context. Their effectiveness in this setting should be evaluated.

Suggested approaches include conducting participatory adaptation research. Community members should participate in modifying interventions. Performing feasibility and acceptability studies should be conducted. Implementing pilot effectiveness trials should be conducted.

Research Priority 7: Mental Health and Substance Abuse Together

The study identified psychological distress as a driver of substance use. This suggests many youth have both mental health problems and substance abuse problems. Research should examine how common these combined problems are. Research should examine the nature of these problems. Research should examine treatment approaches.

Suggested approaches include conducting prevalence studies. These should assess depression among substance-abusing youth. These should assess anxiety among substance-abusing youth. These should assess trauma among substance-abusing youth. Performing studies should examine whether treating mental health reduces substance use. Developing treatment programs should address both mental health and substance abuse together. Evaluating these programs should be completed.

5.7 Final Reflection

This study has documented the lived experiences of youth struggling with alcohol abuse in Sefwi Wiawso, revealing how individual vulnerabilities, social influences, psychological distress, and structural economic factors converge to create and sustain alcohol abuse. The findings underscore that addressing this complex problem requires equally complex, multilevel interventions engaging individuals, families, communities, and government structures.

The youth of Sefwi Wiawso have articulated what they need: mental health support, substance abuse information, economic opportunity, and community engagement. These insights, grounded in lived experience, should guide policy and program development. Success requires commitment from traditional leaders, government institutions, health

providers, educators, youth organizations, and the youth themselves, working together toward a vision of a community where youth have access to mental health care, economic opportunity, protective peer networks, and information needed to make healthy choices—and where alcohol abuse is no longer a defining feature of youth experience.



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APPENDIX A

INTERVIEW GUIDE FOR THE SELECTED PARTICIPANTS EXPLORING THE FACTORS CONTRIBUTING ALCOHOL ABUSE AMONG THE YOUTH OF SEFWI WIAWSO TOWNSHIP.

1. Have you ever drunk any alcohol in your life?
2. What makes you drink the alcohol?
3. What kind of alcohol do you take?
4. Do you work and earn regular income?
5. Do you engage in alcoholism because you do not have permanent economic activity?
6. For what reason did you/do you drink alcohol?
7. Why do you think alcohol consumption is a problem to you?
8. How does alcohol affect your relationship with others, finances, education and health?
9. Do you know any existing strategies to address alcohol consumption in this town? If yes, are they flexible to follow?
10. Are you supported in any way to overcome the alcohol problem?
11. Have you been helped by any organization?
12. How possible can you be supported to overcome alcohol consumption: government, NGOs, Peers, School Management and Community Leaders.

Thank you for participating in this research