

Parental Perspectives on Alcohol Use among School–Aged Children in Ghana

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Submitted: April 22, 2011; Revised and Accepted April 28, 2011

Abstract

Research on alcohol misuse and abuse indicates that it can cause many personal health and family problems. This study investigated whether Ghanaian parents would reward their children with alcohol if they sent the children to buy alcoholic drinks and whether they would favor legislation banning children from using alcohol. Also addressed in this study was how parental attitudes towards alcohol affect children's attitudes toward alcohol. A total of 104 parents were included in this research. The data were analyzed using basic descriptive statistics for the closed-ended questions and thematic analysis for questions that were open-ended. Results indicated that 81% of the respondents had not sent children to buy alcohol, whereas 16% had done so; 3% had no recollection. Of the respondents who had sent children to buy alcohol, 43.8% had rewarded them with alcoholic drinks. The majority of the parents who rewarded the children with alcohol were drinkers themselves. Overall, 95% of the parents in the study favored legislation banning children from using alcohol. With parents overwhelmingly in favor of legislation banning children from using alcohol, a larger study should be conducted that explores the views of parents throughout Ghana as one step in an initiative to tackle alcohol-use among Ghanaian children.

Keywords: Alcohol, Children, Ghana, Legislation

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Research indicates that the misuse and abuse of alcohol causes problems not only for the health of the abuser but also for that person's family as well.¹ Furthermore, the literature on alcohol indicates that its consumption results in a variety of problems, including highway traffic fatalities.² Chronic alcohol abuse is linked to mild problems such as hangovers and to very severe problems such as attempts to commit suicide.³

Research indicated that children who begin to drink at an early age have a higher risk of developing health problems in adulthood.^{4,5} Both the 2010 Youth Risk Behavior Survey of the Centers for Disease Control and Prevention (CDC)⁶ and the work of Hingson and colleagues⁷ indicated that children who drink before the age of 14 have a propensity to drink more than those who begin drinking at age 17 or older and that early drinkers are more likely to drink to intoxication when in high school. The frequent use of alcohol, as pointed out by these researchers starts in stages and progresses to total dependence, which can cause many more health problems.

The work of DeWit and associates,⁴ Hingson and coworkers,⁷ and Young and associates⁵ has shown that some of the problems produced by early drinking include developing an addiction to alcohol within 10 years, being diagnosed as addicted by age 21, and having major life problems by age 25. Research by DeWit et al.⁴ found that a person who uses alcohol at age 14 years or younger is susceptible to developing alcohol disorders later in life. DeWit and colleagues recommend policies that delay the first use of alcohol to later years in order to avert the onset of alcohol-related problems later in life.⁴

Young and coworkers⁵ compared factors that contribute to drinking, such as being part of a higher education environment, living in a rural area, coming from homes where alcohol is abused, experiencing abuse during childhood (i.e., emotional or sexual abuse), experiencing domestic violence, and early use of alcohol, among young men who were entering the U.S. Marine. They concluded that the strongest risk factor for abusing alcohol is initiation to alcohol use before the age of 13. Also, according to Gordon and colleagues,² the use of alcohol by children and having problems stemming from that use can be

attributed to being raised in homes with adults who drink.

Studies relating the use of alcohol to academic performance indicated that such use has a profound influence on academic achievement. For example, Howell and coworkers⁸ found that prenatal exposure to alcohol that did not even result in a diagnosis of fetal alcohol syndrome was linked to learning and academic problems in children. Elsewhere, Hingson and associates⁷ found that use of alcohol was associated with falling grades as well as risk behaviors such as not wearing a seat belt, carrying weapons, engaging in a fight, and having unprotected sex.

In some African countries, and in Ghana in particular, access to alcoholic drink and drinking alcohol is socially accepted.^{9,17} In Africa, alcoholic drinks are also consumed at funerals and important celebrations such as festivals, marriages, and naming ceremonies for children.¹⁰ Varieties of alcoholic drinks are easily available in Ghana, and are inexpensive, and can be afforded by many people, even children. The question that might be raised is whether this situation has harmful effects on the development of children and adolescents, including their academic progress. In Ghana, several local alcoholic beverages have a high alcohol content, such as *akpeteshie* (a kind of gin, 50% alcohol by volume), palm wine (5.2% alcohol by volume), and *pito* (millet wine, 3% alcohol by volume). The availability of such cheap and high alcoholic drinks puts children at risk of drinking.¹¹ However, given the many problems associated with drinking by children,^{4,7} and recognizing the fact that children have a tendency to learn unhealthy lifestyles at an early age and carry on such lifestyles to adulthood,¹³ the situation in Ghana may have unforeseen consequences. Clearly, it is important for adults to assist children in establishing good health habits at a young age and to help them find out the most efficient strategies necessary for achieving optimal health. The present study was conducted to examine whether parents in Ghana send their children to buy alcoholic drinks and whether they reward them for doing so by giving them alcohol. In addition, the study asked parents whether there should be legislation banning children from using alcohol in Ghana. Also, a part of this study was an exploration of how parental attitudes towards alcohol affect a child's attitudes toward alcohol.

Study Site and Population

A pilot study took place in Accra, the capital of Ghana, in November 2009, and the current study took place in December 2009 after approval from an institutional review board for the protection of human subjects (Indiana University Human Subjects Committee). Purposeful sampling¹⁴ was used because the target participants were parents of school-aged children. Potential participants were contacted by asking teachers and school administrators to provide e-mail addresses (if they had one) for these parents and to request whether it would be possible to meet them in person. Teachers provided the researchers with the e-mail addresses of participants. In cases where teachers had no information on whether the parents had e-mail, an arrangement was made for the researchers to meet the parents in person. The in-person meetings were held shortly after contact by e-mail. A total of 150 questionnaires were distributed in person to parents residing in Accra, and 104 parents completed the questionnaires, a response rate of 69%.

Instrumentation and Procedures

Two researchers who had lived in the community for several years and had taught school-aged children there developed the research questionnaire. The data collection instrument contained closed- and open-ended questions and was designed to be anonymous. In the pilot study, which was designed to determine the cultural appropriateness of the questionnaire, the respondents were asked whether they had ever sent any child aged 17 years or younger to buy alcohol, whether they rewarded these children with alcohol, and whether they would support legislation that prevents children from using alcohol. These questions were posed based on the researchers' lived experiences. The questionnaires were distributed to participants by e-mail or in person; the principal investigator and two paid research assistants collected the completed questionnaires.

Thirty parents took part in the pilot survey, and to ensure that none of them were included in the final (current) research study, they were not invited to participate further. After an initial analysis of the data from the pilot study, three questions it contained were found to be suitable and were retained for the final study. To obtain in-depth answers from participating parents additional questions were added to the pilot study questionnaire. For example, in addition to asking whether they had *ever* sent children aged ≤ 17 years to buy alcohol, respondents were asked *when*

they last did so. The question on rewarding the children was expanded to ask whether they rewarded the children with an alcoholic drink. As for legislation, they were also asked to explain why they would or would not support legislation that prevents children from using alcohol. Finally, they were asked an entirely new question on how they would feel if they saw a child drinking alcohol. The questions were completed by the respondents in their free time, and their responses were collected by e-mail or in person at home.

Data Analysis

The descriptive statistics performed on the quantitative questions involved calculating percentages for age, sex, and respondents' views on the main questions. Data from the open-ended questions was coded by looking for similar answers in the respondents' narratives and then sorting the data into themes. The open-ended questions also led the research team to examine, where necessary, for sub-themes in the parents' responses on whether they would support (or not support) legislation that prevents children from using alcohol.

RESULTS

Demographics

Of the 104 respondents, 46 (44%) indicated they were female, and 38 (37%) were male. The remaining 20 (19%) respondents did not indicate their sex. The mean age of the 35 women who revealed their ages was 34, and the mean age of the 34 men was 39. Of the 20 persons who did not identify their sex, 12 revealed their mean age as 39 years old. The overall mean age of the 81 respondents was 34 years old.

Use of Alcohol and Sending Children to Buy Alcohol

Of the 46 parents identified as women, 22 (48%) said they used alcohol (Table 1). Of the 38 parents identified as men, 23 (61%) said they used alcohol, and of the 20 parents whose sex was not known, 16 (80%) said they used alcohol. In all, 81% (n=84) of the respondents indicated that they had not sent children to buy alcohol, while 16% (n=17) had done so (Table 1). Three (3%) of the respondents had no recollection of sending children to buy alcohol.

As shown in Table 1, of the 22 parents identified as women who used alcohol, 8 (36%) had sent a child to purchase alcohol; of the 24 women who were nonusers, only 1 (4%) had sent a child to get alcohol. Of the 23 men who used alcohol, 6 (26%) had sent a child to get alcohol and of the 15 nonusers, 1 (7%) had done so. Finally, of the 16 parents of unknown sex who were users of alcohol, 1 (6%) had sent a child to get alcohol.

Offering Alcohol to Children and Feelings about Children Drinking

Five of the eight women and two of the six men who drank alcoholic beverages and had sent children to buy alcohol had offered alcohol to the child as a reward. The one participant of unknown sex who used alcohol beverages and had sent a child to get alcohol also offered that child alcoholic drinks as a reward.

On the open-ended question on how participants felt about children drinking alcohol, the two themes that emerged were danger *to children's immature organs* and *deviant behavior* and *societal roles*. As revealed in Table 2, at least five organs were mentioned: liver, lungs, kidney, heart, and brain (the last one was mentioned under *deviant behavior*). As the table shows, some participants viewed the issue of children drinking alcohol to be extremely serious.

Parental Attitudes on Legislation

All 104 respondents (100%) responded to the question on legislation that would prevent children from using alcohol. Ninety-eight parents (43 women, 35 men, and 20 adults whose sex was not stated) supported such legislation, while six (5.8%) did not. Eight themes that were each attributable to 3 to 28 participants emerged (Table 3). As shown in the table, the seven themes other than legislation *per se* had to do with stopping adults from sending children to buy alcohol, stopping the sale of alcohol to minors, sanctions for lawbreakers, deterrence of the children, not liking children to come into contact with alcohol, the fact that parents were not with their children throughout the day, and the idea that children had been in danger for a long time.

There were three women and three men who did not support legislation to protect children from alcohol; all indicated that it was absolutely wrong to make any law for any particular group of people and that there should be "freedom and justice." Two of the six stated further that it was alright to send children to

buy anything for an adult and that it was up to parents to decide whether their children should drink alcohol or not. These two stated that coming up with such alcohol legislation was a waste of everybody's time.

DISCUSSION

In reviewing the themes that emerged in this study of 104 Ghanaian parents, one could make a clear interpretation, based on the 81% of participants, that sex of the responders played an important role related to the opinions about consequences of alcohol use. The men were more likely to focus on the organs that alcohol would affect in the children's body, while the women's responses were often geared more towards how alcohol use would affect the children's societal roles, behavior, and future relationships. These differences by sex may be related to educational and gender roles in Ghana. In Ghana, the literacy rate for women is well below that of men (women: 59.3%; men: 72.3%¹⁵). As a result, men may have more knowledge about the influence of alcohol on human organs than women. The responses of the women may have been associated with the fact that, in Ghana, women shoulder the majority of the caring duties at home¹⁶, making it reasonable to think they were more likely to be concerned about how alcohol might affect how well children would carry out their societal roles in the future.

Another point of interest in this study is that cultural practices may affect parental responses toward alcohol legislature about alcohol use among children regardless of their own alcohol use. For example, most participants were in favor of legislation banning the use of alcohol among children even though they indicated that they drank alcohol. Six respondents, who were against legislation, also indicated that they drank alcohol. African/Ghanaian culture permits adults to send children on various errands, including sending them to buy alcohol from the market or a shop.⁹ Thus, the parents who sent children to buy drinks may have been operating from this cultural assumption and may have felt it was their right to send the children. Indeed, they may have felt that there was nothing wrong with sending the children to buy alcohol. We should note also that in Ghanaian culture, adults are responsible for all children in their neighborhood, even if they are not their parents; it is therefore normal in this country for children to help adults to shop and to carry things like their luggage when the need arises.

From the responses of the participants who were against legislation on banning alcohol use among

children, we observed that the notion of children being “protected” from alcohol was alien to them, which may have been because, in Ghana, use of alcohol starts at an early age. A similar situation has been reported by Heath,¹⁷ who noted that in Zambia (a country in southern Africa), children start learning how to drink alcohol in small quantities at a young age, particularly when they are sent to buy alcohol for adults. Heath¹⁷ has also described children in countries like Spain, France, and Italy, who drink wine routinely as part of a meal or celebration.

Concerning the parents in the present study who did not drink, the combination of their comments and the statistical data (very few had sent a child to get alcohol) suggested their dislike and anger on the subject of alcohol use among children. Some of these parents called for immediate action to prevent children from drinking alcohol. Speaking more broadly, it came as no surprise that the majority of the parents who took part in this study believed children would be better off if they did not come into contact with alcohol (this can be inferred from our finding that 68 participants saw a danger to children’s “immature organs” from alcohol). It was also not surprising that almost all participants were in favor of banning children from early drinking. These parents’ concerns are warranted, given the research indicating that using alcohol at an early age can cause many health and societal problems.^{2-4, 7}

Limitations

The various strengths of this study are noticeable, but it had several limitations that should be noted. First, there were no face-to-face interviews, and in view of the low literacy rate among adults, especially adult women in Ghana, it is possible that some respondents did not completely understand the questionnaire and had no immediate source of clarification. Another limitation of the study was that it was carried out in the capital of the country only, and such a ‘limited’ urban population is clearly not representative of the entire country.

Conclusion

To sum up, there were many Ghanaian parents who were in favor of having a law to ban children from using alcohol. Thus, a larger study should be conducted in which the sponsors make a conscientious effort to expand it to include parents from all regions of Ghana. Such a study could evaluate parents’ perspectives on the use of alcohol and on the necessity for legislation to ban alcohol

among children. Also, Ghanaian parents’ perspectives on alcohol use have the potential to add useful information regarding what might be done to prevent children around the world from drinking alcoholic beverages and to help tackle the ongoing use of alcohol among Ghanaian children in particular.

Implications for Health Education

Based on the comments made by parents on banning alcohol use among children, stakeholders such as health education specialists, teachers, physicians, and nurses should come up with a culturally appropriate curriculum with important information on alcohol to help school-aged children in Ghana achieve health knowledge about the use of alcoholic beverages and enhance their skills to refuse to participate in drinking with their friends or even at home.

This study also helps international health education specialists and those in the field of health promotion by understanding the need to curb alcohol use among school-aged children in Ghana. The stakeholders mentioned above could help in making a curriculum on *alcohol abstention* available in all schools in Ghana. This curriculum could also be made available to schools in other African countries where there is a problem with the consumption of alcoholic beverages by children. It is important that children everywhere, including those living in Ghana or elsewhere in Africa, understand the numerous problems associated with the use of alcohol at an early age.

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Table 1 Parental Alcohol Use and Sending a Child to Get Alcohol

Parental Alcohol Use			
Alcohol Use	Women (N = 46)	Men (N = 38)	Unknown Sex (N = 20)
User	22 (48%)	23 (61%)	16 (80%)
Non-user	24 (52%)	15 (39%)	4 (20%)
Parental Sex and Alcohol Use Status for Those Who Sent a Child to Get Alcohol			
Alcohol Use	Women	Men	Unknown Sex
User	8 of 22 (36%)	6 of 23 (26%)	1 of 16 (6%)
Non-user	1 of 24 (4%)	1 of 15 (7%)	0 of 4 (0%)

Table 2 Thematic Responses on Children Drinking Alcohol

Major Themes Related to Alcohol Effects (Number expressing: 68)
Danger to children's immature organs Alcohol has very serious implications, especially to children's health. Alcohol could damage children's liver, lung, and kidneys, and destroy their body. Some mentioned the possibility of heart issues if children take alcohol at a tender age.
Major Themes Related to Deviant Behavior and Societal Roles (Number expressing: 30)
Alcohol may cause malfunction of the brain and could inhibit children's thinking processes to cause them to misbehave and therefore destroy their lives. Alcohol use could impact the effective function of future roles of children when they become adults.

Table 3 Thematic Responses Concerning Legislation to Ban Children's Use of Alcohol

Theme	Number Expressing
A. Legislation would regulate the use of alcohol among children.	28
B. Stop adults from sending children to buy alcohol, which they believe is not good for children.	24
C. Would prevent individuals from selling alcohol to minors.	12
D. Make sanctions for lawbreakers.	8
E. Deter children from drinking and becoming alcoholic.	7
F. Would not like children to have contact with alcohol.	6
G. Not with children throughout the day.	5
H. Children have been in danger for a long period of time.	3*

* Three participants were angry and unhappy and believed that because there has not been any legislation on alcohol, children have been in danger for a long period of time, and it would not hurt to pass a law aiming to protect children from coming into contact