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A qualitative exploration of the perceived factors that influence alcohol consumption among South African adolescent girls and young women (AGYW) and the relationship with sexual risk behaviour

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Abstract

South Africa has one of the highest rates of problematic alcohol consumption, with rates particularly concerning among young people. South African adolescent girls and young women (AGYW), from low-resourced settings, exhibit increasingly problematic alcohol consumption behaviours. As alcohol is a key determinant of sexual risk behaviours, it increases AGYW's already disproportionate burden of potentially negative sexual and reproductive health outcomes. This paper reports on analysis of qualitative data from interviews with AGYW and stakeholders, conducted in six South African provinces. Data were thematically analysed to explore respondent's perceptions of factors influencing AGYW's alcohol consumption and experiences of alcohol-induced sexual risk behaviour.

Reasons for alcohol consumption included AGYW's desires for pleasure and enhanced sociability, but also to suppress negative emotions. Access to alcohol and social modelling were also perceived as influential factors. Alcohol consumption increased sexual risk through condomless sex and risk of sexual and physical violence against AGYW. Findings indicate that AGYW face negative social reactions to their consumption habits because they contradict social norms of youth and femininity.

An understanding of motivations for alcohol use among AGYW, and the influence of the social environments, are useful for formulating alcohol risk-reduction strategies for AGYW and the communities in which they live.

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PART A: RESEARCH PROTOCOL

Introduction

Alcohol is one of the most widely used and abused drugs both globally and in South Africa. South Africa has the fifth highest rate of alcohol consumption in the world, the highest in Africa, and one of the most dangerous and harmful consumption patterns in the world (WHO, 2018; WHO, 2022). With a pattern-drinking score (PDS) of four out of five, South Africa is a country with harmful individual-level drinking habits and a high burden of alcohol-related diseases (Rashied, 2021). A high PDS score has significant negative mental and physical consequences, such as injury, crime, violence, illness, and potentially premature death, in addition to having a negative economic impact on South African society (Shield, Parry & Rehm, 2013; Sommer et al., 2019; Chikritzhs & Livingston, 2021).

South Africa also has a high prevalence of alcohol consumption among its adolescents and young adult demographic, with one in four reported to consume alcohol (Stats SA, 2017). According to recent data from the World Health Organization (WHO), approximately 38% of South African female adolescents and 74% of male adolescents, aged 15 to 24, engage in binge or heavy episodic drinking (HED) patterns. HED referring to excessive alcohol consumption in a short period of time or on a single occasion (WHO, 2022).

In addition to the alarmingly high rates of alcohol use among this demographic, the 2011 South African Youth Risk Behaviour Survey (YRBS) found that 12% of high-school students had begun consuming alcohol, primarily in HED patterns, before the age of 13 (Bonner et al., 2020; May, Witten & Lake, 2020). There is currently limited availability of national prospective data that provides an update on population measures of alcohol consumption among South African youth. However, given the increasingly unregulated access to alcoholic sales outlets, increased affordability, and aggressive marketing, increases in alcohol consumption among this demographic are to be expected (Harker et al., 2020).

Problematic and harmful alcohol use among young people is acknowledged as a significant modifiable risk factor that is associated with a high likelihood of both immediate negative health outcomes and those that manifest later in life (Chikritzhs & Livingston, 2021).

Excessive consumption, or abuse, has been well established as a direct cause of a variety of

conditions such as alcoholic cardiomyopathy, liver cirrhosis, and chronic pancreatitis, or as a component-risk factor via a dose-response relationship that negatively impacts disease progression in certain cancers, neuropsychiatric conditions, and a variety of cardiovascular diseases (Shield, Parry & Rehm, 2013). Furthermore, in addition to contributing to injuries and violence, HED has also been identified to play a role in the acquisition and transmission of infectious diseases (Morojele et al., 2018; Bandoh, Sunkwa-Mills & Ernest, 2020). Currently, there is major public health concern regarding the potential link and impact of alcohol and South Africa's quadrupling disease burden, together with the significant number of fatalities and disability-adjusted life years (DALYs) attributable to alcohol-related chronic conditions (Shield, Parry & Rehm, 2013).

The consequence of early onset and excessive alcohol consumption also revolve around structural changes to the brain, involved in learning, memory, and impulse control, which occur approximately up until the age of 25 years (Harker et al., 2020). This is especially concerning in South Africa, where increased problematic consumption has been shown to typically occur in adolescent girls and young women (AGYW) around 18 to 24 years old (Stats SA, 2017). Side-effects of alcohol-induced intoxication, such as impaired judgment, reasoning skills, and responsibility, also make this young demographic vulnerable to the link between alcohol and sexual risk behaviour (Harker et al., 2020). Evidence suggests that youth who engage in HED are more likely to have condomless sexual encounters and both perpetrate and/or experience physical or sexual violence (Carels et al., 2022), all of which have the potential for negative sexual and reproductive health (SRH) outcomes, such as the acquisition and further transmission of HIV and other sexually transmitted infections (STIs), unintended pregnancies and non-consensual sexual encounters (Chikritzhs & Livingston, 2021 ; Prediger et al., 2022). Furthermore, excessive alcohol use has been shown to jeopardize the effectiveness of HIV treatment by, among other factors, accelerating the progression of HIV disease by decreasing the immune system and leading to unintentional and intentional non-adherence to the antiretroviral treatment (ART) regimen (Shield, Parry & Rehm, 2013; Dube et al., 2021c).

Literature has previously established that alcohol consumption can be motivated by an interplay of community and/or household social influential factors, alongside the environment in which people live and interact (Sudhinaraset, Wigglesworth & Takehuchi, 2016). Related to this, problematic alcohol consumption and misuse in South Africa has a long history that

dates back to the colonial era, when alcohol was used as a tool for control and was a key component in the oppressive practice of the Apartheid system (Carels et al., 2022). As a result, trans-generational trauma, amongst other factors, has become entrenched in the livelihoods of many low socioeconomic status communities and is a significant factor to numerous problematic behaviours, including HED and foetal alcohol syndrome (Kaminer & Eagle, 2010). Additionally, many low socioeconomic status communities lack equitable access to sufficient resources, which perpetuates health disparities and poor health outcomes (Omotoso & Koch, 2018). Numerous studies have linked HED and detrimental health outcomes to poverty and low socioeconomic status environments, such as those in South Africa (Glass et al., 2017).

Statement of the problem

Problematic alcohol consumption patterns in adolescents and young adults have been linked to violence and sexual risk behaviours, all of which are strongly associated with negative SRH outcomes (Chikritzhs & Livingston, 2021). Since males have been reported to be more likely to consume larger volumes of alcohol than females (Stats SA, 2017), early alcohol research has overwhelmingly focused on alcoholism amongst males (Schulte, Ramo & Brown, 2009). However, subsequent South African research has revealed a narrowing gender gap in alcohol consumption patterns (Mafa et al., 2019). South African females, between the ages of 18 and 24, have been shown to be increasingly susceptible to unsafe and problematic alcohol consumption practices, particularly in HED patterns (Stats SA, 2017; Carels et al., 2022).

South African females bear the brunt of adverse SRH outcomes, with HIV prevalence highest among South African AGYW aged 15 to 24 (Duby et al. 2020). The disproportionate SRH risk of HIV, STIs, and unintended pregnancy among AGYW is largely caused by sexual risk behaviour and sexual and gender-based violence (SGBV) (Kuo et al., 2022). Thus, the risk of these undesirable SRH outcomes is further increased by the rising prevalence of problematic alcohol consumption behaviours among South African AGYW.

Rationale of the study

AGYW are an important public health demographic to consider due to the complex relationship between alcohol consumption, sexual risk behaviour and negative SRH outcomes (Bello et al., 2017; Carels et al., 2022) affecting this population. Furthermore, few studies

have explicitly examined the perceptions of AGYW's alcohol consumption behaviours within South Africa. Thus, given the importance of this public health issue, this study is critical in bridging the research and knowledge gap. In addition to supplementing empirical research that advocates for improved alcohol regulations and more targeted intervention initiatives that support the reduction in the prevalence of problematic alcohol consumption.

The overarching aim of the study is to gain a better understanding of factors influencing alcohol consumption and experiences of alcohol-related sexual risk behaviour based on the different perceptions from both AGYW and relevant community stakeholders.

The underlying assumption is that analysis of qualitative data will be able to highlight understanding and social contexts of AGYW alcohol consumption behaviours, as well as attitudes towards potential risk-taking decisions. These perceptions should be taken into account when developing strategies for this young demographic and communities in general, as understanding the role of the social environment and how it mediates risk is critical to any public health response (Humphries et al., 2019).

Research aim and objectives

Aim

The aim of study is to explore the perceptions and experiences of alcohol consumption and the effect on SRH outcomes among AGYW within six South African districts.

Objectives

- Understand factors that AGYW perceive and understand as contributing and influencing the use of alcohol amongst AGYW in these communities.
- Explore AGYW understanding and experiences of the factors that contribute to the relationship between alcohol consumption and sexual risk behaviour.
- Explore community key informants' perceptions of alcohol consumption amongst AGYW.

Literature Review

A review of the literature on AGYW alcohol consumption and associated sexual risk behaviour was conducted, with a specific focus on South African studies however

comparative international studies were also reviewed and included. The reviewed domain consists of a substantial body of evidence, so studies published after 2015 and in English were predominantly prioritized.

Multiple global and South African studies have established a link between excessive and problematic alcohol use and sexual risk behaviour amongst adolescents and young adults (Bello et al., 2017; Carels et al., 2022). Problematic alcohol consumption patterns have been shown to increase the likelihood of having unprotected, condomless sex, being exposed to physical or sexual violence, and overall risk of negative SRH outcomes (Mabaso et al., 2017; DUBY et al., 2021a; Carels et al., 2022). Negative SRH consequences, particularly including acquisition and transmission HIV and other STIs, unplanned pregnancies, and non-consensual sexual interactions (Bello et al., 2017; May, Witten & Lake, 2020; Obeng & Obeng-Gyasi, 2021; Leddy et al., 2022). In summary, excessive alcohol intake can have far-reaching consequences for SRH. These rights encompass a range of issues related to sexual health, reproductive rights, and the ability to make informed decisions about one's own body. (Liang et al., 2019).

This section provides an overview of adolescent and young adult's alcohol-related sexual risk behaviour, with a focus on AGYW. It begins by discussing how alcohol consumption and alcohol-related permissive environments impact sexual risk behaviour through unprotected, condomless sexual encounters. This is followed by examining the relationship between problematic alcohol use and the occurrences of sexual and physical violence. Finally, a review of the extent to which AGYW alcohol consumption is influenced by surrounding community social norms is presented.

Alcohol consumption and engagement in condomless sexual encounters

Links between condomless sex and alcohol (or other substance) use is a prominent theme that appears in the existing literature. According to South African studies, alcohol consumption is associated with reduced willingness to use condoms, though it is unclear whether this is due to carelessness or a loss of inhibition as a result of alcohol-induced intoxication (DUBY et al., 2021a). An ethnographic study conducted in the Cape Flats region (Western Cape) revealed that excessive alcohol use serves as a catalyst to adolescents to engage in sexual activity. Participants also indicated that they were more likely to engage in sexual behaviour after HED as it often resulted in impaired judgment and impulsive behaviour (Carels et al., 2022).

Similarly, a qualitative study of male and female adolescents and young adults in rural KwaZulu-Natal found that alcohol use was associated with an increase in "ukulahla" (unplanned sex), which typically lacked the use of condoms or other forms of contraception, since these sexual encounters while intoxicated were spontaneous and not premediated (Zuma et al. 2020). These findings were also comparable to other studies conducted in other high-income countries. For example, Fairbairn et al. (2017) found that among youth in Vancouver (Canada), alcohol abuse was positively associated with unsafe sexual behaviour, particularly unprotected, condomless sex.

Interestingly, however, a study conducted in Dar es Salaam (Tanzania) argued that the location where adolescents and young adults chose to consume alcohol also influenced where they engaged in subsequent sexual behaviours. These chosen locations in turn additionally influenced how likely they were to use condoms and other safe sex practices. Youth described a variety of locations where they might engage in sexual activity after consuming alcohol but would not have access to condoms, such as cars, bars, the beach, unfinished homes, football fields, and alleys (Sommer et al., 2019).

The relationship context, together with alcohol (or other substance) use, also impacts whether or not individuals use condoms. When under the influence of alcohol, condomless sexual encounters are shown to occur when sexual partners are deemed as "casual" (Duby et al., 2021a), or in instances where alcohol is exchanged for sex (Duby et al., 2021b).

In the context of South Africa, poverty and a lack of socioeconomic opportunities severely hinders financial independence for many South African AGYW (Magidson et al., 2017). Thus, AGYW have realised alternative ways to express agency and their sense of independence (Carels et al., 2022), and having sex with men who buy alcoholic beverages for them has become part of this. In this way, men use alcohol as a form of "compensation" in exchange for sexual favours. In other words, if an AGYW accepts alcohol purchased by a man, she should expect to engage in sexual activity with him in return (Magni et al., 2015; Duby et al., 2021b). These transaction sexual relationships (TSR) have been found to increase the prevalence of HED behaviours among AGYW. According to a cross-sectional survey, conducted between 2017 and 2018 of 4399 AGYW from five South African provinces, TSR were higher among AGYW who consumed alcohol in HED patterns, and their alcohol use was strongly correlated with these transactional sexual experiences (Duby et al., 2021b).

An increasing amount of research, including throughout sub-Saharan Africa, reveals that TSR raises AGYW's risk of negative SRH outcomes, including HIV (Chiang et al., 2021). While there are a number of interventions that significantly reduce the risk of HIV transmission, such as condoms and pre-exposure prophylaxis (PrEP), research has shown that AGYW who engage in these TSR are more likely to contract HIV. This is related to AGYW's overall reduced bargaining power when it comes to using condoms, as it is common in these sexual exchanges for the paying man to set the terms and conditions (Duby et al., 2021b).

Furthermore, the elevated risk of sexual assault, multiple partners, and relationships with older men, who are more likely to be HIV-positive, also put AGYW at an increased risk of HIV acquisition and transmission (Chiang et al., 2021). As a result, alcohol may act as a barrier to interventions aimed at mitigating AGYW's vulnerability to HIV infection or other potentially negative SRH outcomes (Zuma et al., 2020; Duby et al., 2021b).

Alcohol and a permissive environment In many countries, including South Africa, alcohol availability extends beyond traditional establishments such as bars, taverns and shebeens. Alcohol is often readily available in various settings such as local spaza shops, convenience stores, supermarkets, and shopping centres. This widespread accessibility contributes to the ease with which individuals can obtain alcohol (Charman et al., 2013). Taverns and “shebeens” (township bars) are common places to buy alcohol in low-socioeconomic status communities, with shebeens typically classified as a more informal and unlicensed establishment (Western Cape Government, 2018). A significant portion of at-risk drinking behaviours are hosted by these alcohol establishments, which have also been identified as key HED locations. In many South African communities, people between the ages of 16 and 25 frequently use these establishments as their primary drinking spots (Harker et al., 2020). Shebeens are said to be popular among young people, due to their loud music and energetic atmosphere, but they are also unregulated and law enforcement holds little control over their operations. This is especially true when it comes to trading hours, which are significantly longer than those of formal/ licensed establishments, as well as the implementation of age restrictions that prevent minors under the legal drinking age from purchasing alcohol (Western Cape Government, 2018). Thus, among other factors, the easy and unrestricted access to alcohol in many of these South African communities has been widely criticized for the significant increase in alcohol consumption among this young demographic (Stats SA, 2017; Carels et al., 2022).

Shebeens have also been suggested as an environment where alcohol consumption and sexual encounters frequently coexist, and many patrons are said to enter these establishments with this expectation (Bello et al., 2017). Studies have shown that alcohol-induced intoxication at shebeens increases the likelihood of individuals engaging in sexual encounters or committing, or experiencing sexual violence, owing to alcohols effects of impaired social judgement, reasoning skills and responsibility (Bello et al., 2017; Carels et al, 2022). These venues are also largely unsafe and dangerous, especially for vulnerable groups like AGYW. According to cross-sectional evidence, frequenting these alcohol establishments is associated with increased SGBV risk as it typically exposes AGYW to men who want to engage in TSR (Bello et al., 2017). These men have a history of being more controlling, patriarchal, and violent than other men (Ranganathan et al., 2016; Leddy et al., 2022).

Alcohol and sexual violence

Problematic alcohol consumption or abuse, among other factors, has been shown to contribute to the growing burden of sexual and physical violence (Ajayi, Mudefi & Owolabi, 2021). HED is linked to an increased risk of sexual violence, and the relationships has been suggested as bi-directional (Kuo et al., 2022). According to Ajayi, Mudefi, and Owolabi (2021), who conducted research on a university campus in the Eastern Cape Province, young males purchased and pressured female peers to consume alcohol beyond their limits in order to sexually assault them while intoxicated. Alcohol-induced intoxication, on the other hand, also has the risk of subjecting individuals, particularly vulnerable AGYW, to sexual assault as it not only renders them unable to consent to sexual encounters but also interpret social cues of coercion (Bello et al., 2017).

Victims of sexual assault have also been shown to use alcohol as a coping mechanism, albeit a negative one, to deal with the trauma of the incident (Kuo et al., 2022). Thus, the high prevalence of SGBV in AGYW may be an additional factor in the rise in problematic alcohol consumption patterns among this demographic (Ajayi, Mudefi & Owolabi, 2021; Leddy et al., 2022).

Social norms influence on alcohol use

Alcohol consumption in South Africa is firmly embedded in social and cultural norms as a result of alcohol availability and alcohol-related social norms linked to socioeconomic and structural determinants, as well as the prevalence of drinking within families, all of which

influence adolescent and young adult alcohol consumption habits. (Magidson et al., 2017; Harker et al., 2020). According to current research, alcohol use among adults and youth has become a normative social engagement behaviour in many South African communities (Carels et al., 2022) as a result of growing up in an environment where alcohol consumption is common, and young individual subsequently perceiving drinking is a normal and expected behaviour in social situations, celebrations, and even everyday activities. Furthermore, the social and physical environment of a community, along with the observation and social learning from others, can have a significant impact on the attitudes and behaviours of young people towards alcohol. This influence can be seen through factors such as the prevalence of alcohol consumption within families and the internalization of drinking as a normative behaviour. Research has shown that these factors shape young people's patterns of alcohol consumption, and the amount they consume can be influenced by their observations and perceptions of others. (Harker et al., 2020).

Carels et al. (2022) presented additional insight into perceptions of alcohol consumption and sexual risk behaviour, among male and female adolescents and young adults, in the Cape Flats region. Findings revealed that once AGYW in their community began engaging in alcohol-related activities, participants reported that unintended pregnancies under the influence of alcohol were somewhat expected. Conversely, a study from Dar es Salaam found that the more “conservative societal norms” in Tanzania significantly impacted adolescents’ ability to carry condoms with them for instances of unplanned sexual encounters. Thus, SRH risk reduction strategies around both youth alcohol consumption and sexual encounters was ultimately limited by stigma as well as social and societal norms (Sommer et al., 2019).

Alcohol consumption has been shown to be influenced by a combination of community, household, and social factors, as well as the physical environments in which people live and interact. According to the literature, there is a link between poverty and low socioeconomic status environments, as well as HED and negative health and SRH outcomes (Sudhinaraset, Wigglesworth & Takeuchi, 2016). Additionally, early-onset of alcohol consumption can be attributed to the ease of accessibility evident within most South African communities (Carels et al., 2022). Minors who are prohibited from drinking alcohol by law can easily access alcohol from unlicensed outlets, which establishes long-term problematic drinking behaviours that progresses into adulthood (Lu et al., 2019), as well as increased risk of severe health and SRH outcomes. The concentration of alcohol outlets within a community is often associated

with the drinking patterns of its community members. In other words, the presence of more alcohol outlets in the community facilitates easy access to alcohol, particularly among the young demographic, and has a negative impact on alcohol-related behaviour ([Rabotata, Makhubele & Mafa, 2021](#)).

In conclusion, this proposed study seeks to add to the empirical case base by presenting updated findings from qualitative research on the perceptions of AGYW's alcohol consumption and associated sexual behaviour from South African communities. These communities contain a high burden of HIV and adolescent pregnancies among AGYW and are areas that have previously gone unresearched in this manner. Furthermore, despite a thorough review of the literature, there appears to be few qualitative studies that focus on AGYW in terms of alcohol consumption, associated sexual risk behaviour, and related SRH outcomes and experiences. Carels et al. ([2022](#)) conducted the most recent study in the Cape Flats Western Cape region in 2022, but the study conducted focus group interviews with a sample that included both male and female adolescents, from one district within South Africa. In light of this, the following study will focus on AGYW alcohol consumption behaviours in resource-limited communities across South Africa's peri-urban areas. In doing so, it is intended that the research will provide additional insights into AGYW alcohol consumption behaviours and associated sexual risk behaviour as well as multiple perspectives on AGYW drinking behaviours and social norms around alcohol use in these communities, that quantitative data cannot always provide. The study's findings will help to confirm or refute current findings on the factors influencing AGYW alcohol consumption in other provinces across the country.

Theoretical Framework

Explanatory theoretical frameworks can assist us in understanding the connections between intra and interpersonal influence, motivation, and AGYW alcohol consumption.

Understanding the impact of alcohol on young individuals from low socioeconomic backgrounds in South Africa requires adopting a multifaceted theoretical approach due to the intricate nature of the context ([Carels et al., 2022](#)). Additionally, a multidimensional approach is important to conceptualize youth and risk, especially due to the difficult physical and psychosocial changes that occur during the transitional phases of adolescence and young adulthood ([Liang et al., 2019](#); [Desai et al., 2020](#); [Carels et al., 2022](#)).

Cognitive models, in empirical studies, are used to predict how different aspects or variables interact to produce an observed behaviour (Prezenski et al., 2017). In other words, the link between one's emotional states and thoughts and the subsequent action or behaviour that follows, is referred to as a cognitive model. Cognitive models include individuals' beliefs, concepts, automatic thoughts as well as thinking errors (Prakash, Kumar & Singh, 2020).

The social norms theory (Perkins & Berkowitz, 1986) and the alcohol expectancy theory are two existing theoretical models that can be used to better understand the relationship between social interactions and individuals' perceptions of larger social systems, and for this proposed study, the alcohol-sexual behaviour link among AGYW (Goldman, Brown, & Christiansen, 1997; Davis et al., 2013). Finally, a gender lens and intersectional framework (Crenshaw, 1989) aids in understanding the interacting influential dynamics within South Africa's structural and social environments that negatively impact marginalized individuals, such as AGYW, and exacerbate negative health outcomes.

The social norms theory represents the internalised social influence of perceived norms (Perkins & Berkowitz, 1986). Norms indicate what is acceptable in a community and failure to conform may result in disapproval. In many South African communities, especially among the young demographic, alcohol use has become a normative social engagement behaviour (Carels et al., 2022). When young people observe their peers or family members, particularly parents or older relatives, regularly consuming alcohol and using it as a coping mechanism, stress reliever, or means of socializing, they tend to perceive such behaviour as normal and acceptable and may adopt similar patterns of behaviour. Alcohol-related attitudes and behaviour is thus proposed as a learned behaviour that is reinforced through direct and indirect social modelling observations, ultimately perpetuating a perceived normative behaviour within the structural and societal environment (Perkins & Berkowitz, 1986). Thus, the social and physical environment of a community influences its members' alcohol consumption patterns, and the amount a person consumes can be influenced by their own perceptions of interindividual drinking behaviour (Harker et al., 2020).

The alcohol expectancy theory explores individuals' expectations of how alcohol consumption will influence their behaviour and have either a positive or negative impact on their actions. Positive alcohol expectancies, include ideas that alcohol will ease stress, elevate

mood, offer emotional relief, and even enhance social and sexual experiences (Wolford-Clevenger et al., 2020). Through its perceived anxiolytic effects, alcohol is used to regulate and alleviate negative internal experiences (Choi et al., 2014). According to empirical research conducted in South Africa, depression, distress, and anxiety symptoms have been acknowledged to contribute to the initiation and maintenance of HED among AGYW as a self-medicating strategy in the context of negative emotional experience (Choi et al., 2014; Magidson et al., 2017; Ajayi, Mudefi, & Owolabi, 2021; Kuo et al., 2022). The goal of increasing positive feelings and decreasing negative ones.

Negative alcohol expectancies, on the other hand, include anticipation and prediction of impulsivity, aggression, or undesirable urges while under the influence of alcohol (Wolford-Clevenger et al., 2020). The alcohol negative expectancies asserts that alcohol use can result in an increased likelihood of sexual assault outcomes as it is widely accepted that alcohol increases individual's sexual arousal and sexual aggression. Therefore, sexual behaviours, including coercive and aggressive ones, are unconsciously recognised as somewhat normative behaviour, and subsequently may occur more frequently, while an individual is under the influence of alcohol (Davis et al., 2013).

According to Moss & Albery (2009), expectancies develop into associational structures in long-term memory, rather than just short-term consciously recalled beliefs about the expected effects of alcohol. As the pioneers, Goldman, Brown & Christiansen (1997) explain, youth who had not yet consumed alcohol held similar expectations about its effects as experienced adult drinkers. These expectancies solidified with drinking experiences and increase in age. As such, this would suggest that, both the observation and the act of drinking alcohol is a mental prime within individuals' long-term memory, that relates expected behaviour and consequences (Moss & Albery, 2009; Wolford-Clevenger et al., 2020). Understanding individuals' expected effects of alcohol consumption is critical to predicting behavioural and cognitive impairments caused by alcohol consumption, particularly in problematic HED patterns (Moss & Albery, 2009).

Finally, in the context of South Africa, a gender lens and intersectionality theory (Crenshaw, 1989) can be applied to better understand public health disparities and uncover the overlapping effects of female identities on health outcomes and behaviours (Carels et al., 2022). Intersectionality theory, which has its roots in Black feminism in the United States, can

be used in a comparative manner within a South African context to formalize the notion that having more than one marginalized social position, identity, or characteristic, such as gender, race, or socio-economic status, is what generates and amplifies adverse health outcomes (Glass et al., 2017). Thus, AGYW who experience multiple forms of marginalization would be at an increased risk of negative outcomes as a result of problematic alcohol consumption patterns. In line with this, a gender lens and intersectionality highlight the connection between experience at the individual level, while concurrently interlocking ecological systems of bias and inequality that exist at the social-structural level too (Carels et al., 2022).

The theoretical frameworks mentioned above will help with synthesizing the research findings as well as facilitating interpretative explanation of how it compares to the results generated. Theoretical frameworks will be useful for this study in making sense of complex social phenomena and behaviour relating to alcohol consumption among AGYW as well as making the methodological process and results more explicit (Collins & Stockton, 2018).

Methodology

This proposed study will be a secondary analysis of the qualitative data from the HERStory2 study, conducted by the South African Medical Research Council (SAMRC). The HERStory2 study was a large mixed methods evaluation of the combined HIV interventions for AGYW carried out under a Global Fund grant from 2019 to 2022 (Duby et al., 2021c). An exploratory and descriptive qualitative design was used for the qualitative component of the evaluation study, which assisted the researchers to be able to gain an understanding of all participants' perspectives and experiences (Braun & Clarke, 2006).

Study Population and Sampling

The HERStory2 study's research sample included young women aged 15 to 24 years, who were enrolled in an HIV prevention intervention offered in their community (Duby et al., 2021c). This age range is associated with the transition into adulthood, which is thought to increase the risk of HIV infection (Pettifor et al., 2021) and has been identified as the most vulnerable to unsafe alcohol consumption practices (Carels et al., 2022). In addition, for the purposes of this research, participants in the HERStory2 study were not only young women in school but also those enrolled in tertiary education and out-of-school, who in sub-Saharan

Africa, have revealed to be possibly more likely to have higher levels of alcohol consumption and problematic drinking habits (Obeng & Obeng-Gyasi, 2021).

Finally, the study also included perspectives from relevant community key informant stakeholders, such as healthcare workers, social workers and intervention facilitators as well as other relevant community gatekeepers, including community leaders, who provide understanding around community dimensions and context. Males, who were either friends, peers and partners of AGYW, were contacted and invited to participate if their details were provided by a consenting AGYW participants.

The sample for the HERStory2 study was drawn from six of the twelve districts where the intervention was implemented. Each of the six districts was assigned four schools and four community settings at random. The HERStory2 research sites were located in six South African districts or provinces, namely; Klipfontein (Western Cape), Nelson Mandela Bay (Eastern Cape), Dihlabeng (Free-State), Bojanala (North West), King Cetshwayo/ Dihlabeng (KwaZulu-Natal) and Ehlanzeni (Mpumalanga) (Duby et al., 2021c). These districts represent both semi-urban and rural geographical settings. According to the 2011 South African population census, these communities correspond with both formal residences and major informal settlements from South Africa's post-apartheid urban landscape. As a result, the population in these communities were of middle to low socioeconomic status (Stats SA, 2011).

For the HERStory2 qualitative study, AGYW participants were recruited using purposive sampling techniques to represent a heterogenous group of age, research site location, as well as a range of AGYW who adhered to referral or other actions recommended by intervention implementers.

A total of 100 respondents made up the final HERStory2 qualitative study sample. This included 50 AGYW between the ages of 15 and 24 years, 27 intervention facilitators, 4 healthcare workers, 7 social workers and 12 other relevant community stakeholders – including 9 male peers or partners, and 3 community leaders (Duby et al., 2021c).

Data Collection

To fulfil the qualitative component, the HERStory2 data collection process relied on individual, telephonic in-depth interviews (IDIs), due to the context of the COVID-19

pandemic, with participants which took place between November 2020 and March 2021 (Duby et al., 2021c). The IDIs were conducted using an interviewer-led, semi-structured approach to collect data from participants and were conducted in either English, isiZulu, isiXhosa, Setswana, siSwati, or a combination of these depending on the participant's preference. A team of experienced and trained female researchers conducted the interviews (Duby et al., 2020). IDIs allow a researcher to delve deeply into the life experiences and perspectives of selected individual respondents in order to gain a better understanding of the contexts in which behaviours occur, based on the respondents' own perceptions and explanations of the factors influencing their behaviour (Braun & Clarke, 2006). Interviews captured the participants' "point of view" on their experiences and assist the researcher in developing an understanding of the context of those experiences.

Although the general sequence of questions and topics is predetermined in the semi-structured approach, interviewers used probes to delve deeper into the fine details of a participant's responses and obtain more expansive answers (Flick, 2014). All 100 final participant interview transcripts will be screened using NVivo for alcohol-related discussions, and relevant transcripts will be included in the research analysis.

Data Safety and Management

The HERStory2 researchers translated all audio files in a three step approach, as is standard practice in social and behavioural research (Guest, Namey & Mitchell, 2022). All original audio recordings of IDIs were first transcribed verbatim into a text version of the interviews original language by a transcriber fluent in the language of the interview. The original interviewer then reviewed the audio file alongside the original language transcript for accuracy after verbatim transcription. Finally, after the interviewer had reviewed the text transcript, it was translated into an English transcript and re-reviewed by the interviewer to ensure correct interpretation and accuracy (Duby et al., 2020). Having the interviewer perform multiple reviews of the transcription improves the validity of the process (Braun & Clarke, 2006), as the interviewer was present at all times to ask and answer questions (Duby et al., 2020).

Final translated IDIs transcripts were labelled using a five-digit participant identification (PID) code that reflects transcripts original research site location, sample group, and individual participant number and to protect the identity of participants (Duby et al., 2021c).

Transcripts also include the date the interview took place, the length of the audio recording, the original language of the interview, as well as the names of the interviewers and the transcript translator. All IDI transcripts are uploaded onto a password protected SAMRC shared folder to ensure participants safety.

Data Analysis

The qualitative data obtained from the HERStory2 study will be analysed using an in-depth, comparative, thematic analysis approach (Braun & Clarke, 2006), which is an effective approach for investigating qualitative themes, as well as performing secondary analysis of primary research (Long-Sutehall, Sque & Addington-Hall, 2011). An inductive approach will be used for this study, in which the researcher will identify themes in the entire data set without using a specific hypothesis.

Translated transcripts will be uploaded, organised, and coded in NVivo 12. All IDI transcripts will be screened using NVivo 12 for alcohol-related discussions, and relevant transcripts will be included in the research analysis. As relationships between codes emerge through an iterative analytic process, the researcher will be able to build a greater understanding of the themes generated for further in-depth analysis (Braun & Clarke, 2006).

Thematic analysis will begin with; (i) data familiarization, in which all IDI transcripts will be read in their entirety in order for the researcher to get a comprehensive understanding of the overall interview context. Next, sub-sections of the interview which relate to direct and indirect pertinent discussions around AGYW alcohol use and consumption patterns will be concentrated on to (ii) produce initial codes from the data, without a pre-existing coding framework. The researcher will then be able to (iii) identify patterns between emerging codes and potential themes that focus on ideas related to research aim and objectives and key codes will be created and modified until saturation is reached. Finally, (iv to vi) the researcher aims to establish a greater understanding of the themes generated for further in-depth analysis and interpretation. Analysis and interpretation of findings will also involve a theoretical framework(s) to assist with the inference of coding analysis as well as interpretative explanations of the results. Theoretical frameworks aid in making sense of complex social phenomena and in making the methodological process and result more explicit (Collins & Stockton, 2018). For the purpose of this study, a theoretical framework will provide structures of understanding alcohol use among AGYW, particularly in the context of South Africa.

The primary researcher will be responsible for the entire coding process, however, supervisors with expertise in qualitative research as well as the parent HERStory2 study, will be involved in an iterative process of reviewing the data findings.

Rigour

To meet rigour requirements, qualitative research designs must be traceable. As a result, rigorous criteria for data collection, analysis, and interpretation are used. Lincoln and Guba (1985), pioneers of qualitative research, presented the traditional standards for ensuring rigour, which include dependability, confirmability, transferability, and credibility. As a result, the researcher will employ a variety of strategies to meet these rigour standards.

The primary researcher will keep a thorough audit trail of all general research procedures throughout analysis and the final write-up process. Any alterations to the coding and interpretation will be explicitly recorded. Using a detailed audit trail, the study's decision-making process, findings and conclusions will be transparent throughout (Prion & Adamson, 2014).

The primary researcher will collaborate and be supervised by an experienced supervisor and co-supervisor, one of whom was involved in HERStory2 study. These individuals serve as experts and external auditors; reviewing both the research process and the conclusions generated. Additionally, data triangulation will be achieved by examining various viewpoints from AGYW and community stakeholders. This approach will, in theory, minimize the researchers' subjectivity and uphold neutrality, ensuring that the participants' reality and truth are maintained.

Given that this is a secondary analysis, the data is largely decontextualized; therefore, a thorough description of the context being studied – through an in-depth literature review analysis – will be beneficial prior to data analysis. Relevant academic experts in the field of alcohol research in South Africa, as well as researchers in behavioural science researchers involved in the HERStory2 study and other qualitative studies related to alcohol consumption and risk will be approached to discuss alcohol consumption behaviours in South Africa and

the socio-cultural context under which the data was collected. Finally, the relevant theoretical frameworks will also be applied to support data analysis and interpretation of overall findings. A rich description of the research context as well as the parent study's methodological approach will be summarized in the final write up so that readers can determine whether this research is applicable within another context or setting.

The primary researcher will spend significant time with each transcript before and during analysis to ensure a comprehensive overview of the interview process is acknowledged. The researcher will also routinely discuss codes, coding frames, subsequent themes, and findings with supervisors throughout the secondary analysis process to review interpretations and offer input. Cross-checking with research supervisors will improve the truthfulness of the data analysed and its subsequent interpretation.

Finally, all IDI transcripts used for analysis will be clean and uncoded, ensuring that secondary analysis is not influenced and completed with a fresh perspective ([Ruggiano & Perry, 2019](#))

Reflexivity is essential in any qualitative research process because it allows researchers to recognize their primary role in the creation of new knowledge. It is critical for the researcher to understand that all findings are constructs or personal narratives of reality of both themselves, as well as the study participants. Whether explicit or not, the researcher's own presumptions, ideologies, and theological positions influence the research process as well as the outcomes. The influences of race, gender, age, education, and social class often shaping these positions ([Creswell & Miller, 2000](#)).

The primary researcher intends to keep a comprehensive audit trail which will include a journal memo tracking the course of the study throughout. Individual thoughts and understandings of the interview transcripts and analysis will be documented so that the researcher is aware of any influence or position held. This gives the researcher the chance to reflect on their subjectivity or positionality, influence on the data analysis as well as underlying beliefs held. Furthermore, in addition to the researcher's reflective audit trail, reflection thoughts and understandings of the analysis on analysis will be discussed with relevant experts to further minimize any position held, as well as give the researcher another chance to reflect on their subjectivity, influence and underlying beliefs during the data analysis process.

Ethics

Ethics approval for this proposed research will be sought from the School of Public Health and Family Medicine Departmental Research Committee at UCT, and from UCT Health Sciences Faculty Human Research and Ethics Committee (HREC). As this research is a component of a larger study already approved, permission and research ethical approval to conduct the study has already been granted by the SAMRC Research Ethics Committee (REC) – reference number EC036-9/2020 (Appendix 1).

The study will be a secondary analysis of the HERStory2 qualitative data based on IDI that was already carried out between November 2020 and March 2021. As a result, no harm is expected to any participants, and the risk is minimal. Transcript data has already been anonymized, and conventions have been implemented to conceal any direct locational details.

Although participants may not receive any direct benefits for participating in the proposed study, it is the researchers hope that the information generated from using the IDIs it will be possible to identify a perspective on determinants of AGYW alcohol consumption, which adds to existing empirical literature on similar issues or contribute to the development of group model building, which offer a framework for understanding the factors that influence AGYW alcohol consumption.

These perceptions are essential to consider when formulating strategies for young people and communities as a whole, as understanding the role of the social environments, and how it mediates risk is integral to any public health response ([Humphries et al., 2019](#)). Thus, this study helps to gain a better understanding of perspectives and provide descriptions, patterns, and social contexts of AGYW alcohol consumption behaviour that can later mitigate potential risk-taking decisions.

Ethical considerations such as issues of informed consent, confidentiality and anonymity when primary data is archived and/or shared ([Ruggiano & Perry, 2019](#)) are all relevant to this research study. Prior to enrolment, the HERStory2 study received informed consent from each potentially eligible study participant using either the English or local language consent form, which were in accordance with Code of Federal Regulations Part 50; protection of human subjects and ICH guidelines for good clinical practice ([ICH, 2016](#)). Informed consent

was obtained from all participants older than 18 years or alternatively from a parent, guardian or caregiver of adolescent of participants younger than 18 years old. All consent forms were constructed in an easy to understand format and in-line to participants education level. The HERStory2 participants also received reimbursement for their participation.

The HERStory2 research team also assisted all AGYW participants who gave permission to contact their male partners/ peers. The research team cautiously explained consequences prior to contacting their male partners, such as; disclosure of intervention participation and/or study involvement. For the purposes of this study, original consent obtained in the parent HERStory2 study was sufficient to carry out secondary analysis.

For this proposed study anonymity and confidentiality of participants is assured to each participant throughout the study process. With the exception of a five-digit PID code, every interview transcript is anonymous to the primary researcher. Furthermore to ensure participant security of data, electronic interview transcripts are kept within a password-protected SAMRC shared folder. Finally, the primary researcher has completed and a signed confidentiality agreement with the SAMRC to further ensure confidentiality of shared data material (Appendix 2).

Study Budget

There is no financial budget or cost estimate for the proposed study.

Study Period & Timeframe

The following is a proposed study timeline.

Research Activity	SEPT 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023
Protocol	X	X	X			
Literature Review	X	X	X			
Data Analysis	X	X	X	X		

Draft Journal manuscript			X	X		
Draft submission					X	
Final submission						X

Dissemination of Results

The study's findings will be submitted as part of the requirements for the Master of Public Health degree at the University of Cape Town, as well as distributed to the SAMRC's HERStory team.

References

- Ajayi, A.I., Mudefi, E. & Owolabi, E.O. 2021. Prevalence and correlates of sexual violence among adolescent girls and young women: findings from a cross-sectional study in a South African university. *BMC Women's Health*. 21(1):299. DOI: [10.1186/s12905-021-01445-8](https://doi.org/10.1186/s12905-021-01445-8).
- Bandoh, D. A., Sunkwa-Mills, G., & Ernest, K. 2020. Are risk factors for non-communicable diseases in adolescents a problem in senior high schools in Accra?. *Ghana medical journal*, 54(2), 59–63. DOI: <https://doi.org/10.4314/gmj.v54i2s.10>.
- Bello, B., Moultrie, H., Somji, A., Chersich, M.F., Watts, C. & Delany-Moretlwe, S. 2017. Alcohol use and sexual risk behaviour among men and women in inner-city Johannesburg, South Africa. *BMC Public Health*. 17(S3):548. DOI: [10.1186/s12889-017-4350-4](https://doi.org/10.1186/s12889-017-4350-4).
- Bonner, C.P., Carney, T., Browne, F.A., Ndirangu, J.W., Howard, B.N. & Wechsberg, W.M. 2020. Substance use and depressive and anxiety symptoms among out-of-school adolescent girls and young women in Cape Town, South Africa. *South African Medical Journal*. 111(1):40. DOI: [10.7196/SAMJ.2020.v111i1.14520](https://doi.org/10.7196/SAMJ.2020.v111i1.14520).
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3(2):77–101. DOI: [10.1191/1478088706qp063oa](https://doi.org/10.1191/1478088706qp063oa).
- Carels, C., Florence, M., Adams, S., Sinclair, D.L. & Savahl, S. 2022. Youths' Perceptions Of The Relation Between Alcohol Consumption And Risky Sexual Behaviour in the Western Cape, South Africa: A Qualitative Study. *Child Indicators Research*. 15(4):1269–1293. DOI: [10.1007/s12187-022-09913-9](https://doi.org/10.1007/s12187-022-09913-9).
- Charman, A.J., Petersen, L.M., Piper, L., 2013. Enforced informalisation: The case of liquor retailers in South Africa. *Development Southern Africa* 30, 580–595. <https://doi.org/10.1080/0376835X.2013.817306>

Chiang, L., Howard, A., Stoebenau, K., Massetti, G.M., Apondi, R., Hegle, J., Kyatekka, M., Stamatakis, C., et al. 2021. Sexual risk behaviors, mental health outcomes and attitudes supportive of wife-beating associated with childhood transactional sex among adolescent girls and young women: Findings from the Uganda Violence Against Children Survey. *PLOS ONE*. 16(3):e0249064. DOI: [10.1371/journal.pone.0249064](https://doi.org/10.1371/journal.pone.0249064).

Chikritzhs, T. & Livingston, M. 2021. Alcohol and the Risk of Injury. *Nutrients*. 13(8):2777. DOI: [10.3390/nu13082777](https://doi.org/10.3390/nu13082777).

Choi, K.W., Watt, M.H., MacFarlane, J.C., Sikkema, K.J., Skinner, D., Pieterse, D. & Kalichman, S.C. 2014. Drinking in the Context of Life Stressors: A Multidimensional Coping Strategy Among South African Women. *Substance Use & Misuse*. 49(1–2):66–76. DOI: [10.3109/10826084.2013.819365](https://doi.org/10.3109/10826084.2013.819365).

Collins, C. S., & Stockton, C. M. (2018). The Central Role of Theory in Qualitative Research. *International Journal of Qualitative Methods*, 17(1). <https://doi.org/10.1177/1609406918797475>

Crenshaw, K. 1989. *Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracial politics*. University of Chicago Legal Forum. 1(8). 139-167. [Online]. Available: <https://www.documentcloud.org/documents/5780707-Demarginalizing-the-Intersection-of-Race-and-Sex> [Accessed 15 October 2022].

Creswell, J.W. & Miller, D.L. 2000. Determining validity in qualitative inquiry. *Theory into practice*. 39(3):124-130. DOI: [0040-5841/2000\\$1.50](https://doi.org/10.1177/0040584120003150)

Davis, K.C., Kaysen, D., Gilmore, A.K. & Schraufnagel, T.J. 2013. Chapter 64 - Alcohol and Sexual Violence. In *Principles of Addiction*. P.M. Miller, Ed. San Diego: Academic Press. 627–636. DOI: [10.1016/B978-0-12-398336-7.00064-4](https://doi.org/10.1016/B978-0-12-398336-7.00064-4).

Desai, R., Ruiter, R.A.C., Magan, A., Reddy, P.S. & Mercken, L.A.G. 2020. Social network determinants of alcohol and tobacco use: A qualitative study among out of school youth in South Africa. *PLOS ONE*. 15(10):e0240690. DOI: [10.1371/journal.pone.0240690](https://doi.org/10.1371/journal.pone.0240690).

Duby, Z., Mathews, C., Ncebakazi, K., Maruping, K., McClinton, T.A., Dietrich, J., Harries, J., Kuo, C. & LoVette, A. 2020. *HERStory: An evaluation of a South African combination HIV prevention intervention for adolescent girls and young women. Qualitative Study Component Report*. South African Medical Research Council. Health Systems Research Unit. [Online]. Available: <https://www.samrc.ac.za/sites/default/files/files/2020-08-25/HERStoryQualitativeStudyReport.pdf> [Accessed 18 August 2022].

Duby, Z., Jonas, K., McClinton Appollis, T., Maruping, K., Dietrich, J. & Mathews, C. 2021a. “Condoms Are Boring”: Navigating Relationship Dynamics, Gendered Power, and Motivations for Condomless Sex Amongst Adolescents and Young People in South Africa. *International Journal of Sexual Health*. 33(1):40–57. DOI: [10.1080/19317611.2020.1851334](https://doi.org/10.1080/19317611.2020.1851334).

Duby, Z., Jonas, K., McClinton Appollis, T., Maruping, K., Vanleeuw, L., Kuo, C. & Mathews, C. 2021b. From Survival to Glamour: Motivations for Engaging in Transactional Sex and Relationships Among Adolescent Girls and Young Women in South Africa. *AIDS and Behavior*. 25(10):3238–3254. DOI: [10.1007/s10461-021-03291-z](https://doi.org/10.1007/s10461-021-03291-z).

Duby, Z, Mathews, C., Bunce, B., Fowler, C. & Hyens, L. 2021c. *HERStory2 Process evaluation of the combination HIV prevention intervention for adolescent girls and young women, Global Fund period 2019 to 2022: Qualitative Study Component Final Report*. South African Medical Research Council. Health systems research unit. [Online]. Available:

https://www.samrc.ac.za/sites/default/files/attachments/2021-07-27/HERStory2_Qualitative_Process_Evalutaion.pdf. [Accessed 16 August 2022].

Fairbairn, N., Wood, E., Dong, H., Kerr, T. & DeBeck, K. 2017. Unsafe sexual behaviour associated with hazardous alcohol use among street-involved youth. *AIDS Care*. 29(4):481–488. DOI: [10.1080/09540121.2016.1220480](https://doi.org/10.1080/09540121.2016.1220480).

Flick, U. 2014. *The SAGE Handbook of Qualitative Data Analysis*. Dorchester, Great Britain: The Dorset Press. ISBN: [978-1-4462-0898-4](https://doi.org/10.1080/9781446208984)

Glass, J.E., Rathouz, P.J., Gattis, M., Joo, Y.S., Nelson, J.C. & Williams, E.C. 2017. Intersections of poverty, race/ethnicity, and sex: alcohol consumption and adverse outcomes in the United States. *Social Psychiatry and Psychiatric Epidemiology*. 52(5):515–524. DOI: [10.1007/s00127-017-1362-4](https://doi.org/10.1007/s00127-017-1362-4)

Goldman, M.S., Brown, S.A. & Christiansen, B.A. 1997. Expectancy theory thinking about Drinking. In *H.T. Blane & K.E. Leonard (Eds.), Psychological theories of drinking and alcoholism*. New York, NY: Guilford Publications. 181-226.

Guest, G., Namey, E.E. & Mitchell, M.L. 2022. *Collecting Qualitative Data: A Field Manual for Applied Research*. 55 City Road: SAGE Publications, Ltd. DOI: [10.4135/9781506374680](https://doi.org/10.4135/9781506374680).

Harker, N., Londani, M., Morojele, N., Petersen Williams, P. & Parry, C.D. 2020. Characteristics and Predictors of Heavy Episodic Drinking (HED) among Young People Aged 16–25: The International Alcohol Control Study (IAC), Tshwane, South Africa. *International Journal of Environmental Research and Public Health*. 17(10):3537. DOI: [10.3390/ijerph17103537](https://doi.org/10.3390/ijerph17103537).

Humphries, H., Osman, F., Knight, L. & Abdool Karim, Q. 2019. Who is sexually active? Using a multi-component sexual activity profile (MSAP) to explore, identify and describe sexually-active high-school students in rural KwaZulu-Natal, South Africa. *BMC Public Health*. 19(1):317. DOI: [10.1186/s12889-019-6602-y](https://doi.org/10.1186/s12889-019-6602-y).

International council for harmonisation of technical requirements for pharmaceuticals for human use [ICH]. 2016. *Integrated addendum to ICH E6(R1) guideline for good clinical practice*. [Online]. Available: https://database.ich.org/sites/default/files/E6_R2_Addendum.pdf [Accessed 07 September 2022].

Kaminer, D. & Eagle, G. 2010. *Traumatic Stress in South Africa*. Wits University Press. [Online] Available: <https://library.oapen.org/bitstream/handle/20.500.12657/31637/626383.pdf?sequence=1&isAllowed=y> [Accessed September 5 2022].

Kuo, C., LoVette, A., Slingsers, N. & Mathews, C. 2022. Predictors of Resilience Among Adolescent Girls and Young Women Who Have Experienced Intimate Partner Violence and Sexual Violence in South Africa. *Journal of Interpersonal Violence*. 37(15–16):NP13425–NP13445. DOI: [10.1177/08862605211005158](https://doi.org/10.1177/08862605211005158).

Leddy, A.M., Selin, A., Lippman, S.A., Kimaru, L.J., Twine, R., Gómez-Olivé, X., Kahn, K. & Pettifor, A. 2022. Emotional Violence is Associated with Increased HIV Risk Behavior Among South African Adolescent Girls and Young Women in the HPTN 068 Cohort. *AIDS and Behavior*. 26(6):1863–1870. DOI: [10.1007/s10461-021-03535-y](https://doi.org/10.1007/s10461-021-03535-y).

Liang, M., Simelane, S., Fortuny Fillo, G., Chalasani, S., Weny, K., Salazar Canelos, P., Jenkins, L., Moller, A.-B., et al. 2019. The State of Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health*. 65(6):S3–S15. DOI: [10.1016/j.jadohealth.2019.09.015](https://doi.org/10.1016/j.jadohealth.2019.09.015).

Lincoln, Y.S., & Guba, E.G. 1985. *Naturalistic inquiry*. SAGE. Beverly Hills: California.

- Long-Sutehall, T., Sque, M. & Addington-Hall, J. 2011. Secondary analysis of qualitative data: a valuable method for exploring sensitive issues with an elusive population? *Journal of Research in Nursing*. 16(4):335–344. DOI: [10.1177/17449871110381553](https://doi.org/10.1177/17449871110381553).
- Lu, W., Xu, J., Taylor, A.W., Bewick, B.M., Fu, Z., Wu, N., Qian, L. & Yin, P. 2019. Analysis of the alcohol drinking behavior and influencing factors among emerging adults and young adults: a cross-sectional study in Wuhan, China. *BMC Public Health*. 19(1):458. DOI: [10.1186/s12889-019-6831-0](https://doi.org/10.1186/s12889-019-6831-0).
- Mabaso, M., Sokhela, Z., Mohlabane, N., Chibi, B., Zuma, K. & Simbayi, L. 2017. *Determinants of HIV infection among adolescent girls and young women aged 15-24 years in South Africa*. Epidemiology and Strategic Information Unit, Human Sciences Research Council. [Online]. Available: <https://repository.hsrb.ac.za/bitstream/handle/20.500.11910/10978/9815.pdf?sequence=1> [Accessed 21 September 2022].
- Mafa, P., Makhubele, J., Ananias, J., Chilwalo, N., Matlakala, F., Frank, R., Svinurai, A., Hasheela, M.W., Tiberia, N. & Freeman, R. 2019. Alcohol Consumption Patterns: A Gender Comparative Study Among High School Youth in South Africa. *Global Journal of Health Science*. 11. DOI: [10.5539/gjhs.v11n2p92](https://doi.org/10.5539/gjhs.v11n2p92).
- Magidson, J.F., Dietrich, J., Otjombe, K.N., Sikkema, K.J., Katz, I.T. & Gray, G.E. 2017. Psychosocial correlates of alcohol and other substance use among low-income adolescents in peri-urban Johannesburg, South Africa: A focus on gender differences. *Journal of Health Psychology*. 22(11):1415–1425. DOI: [10.1177/1359105316628739](https://doi.org/10.1177/1359105316628739).
- Magni, S., Christofides, N., Johnson, S. & Weiner, R. 2015. Alcohol Use and Transactional Sex among Women in South Africa: Results from a Nationally Representative Survey. *PLOS ONE*. 10(12):e0145326. DOI: [10.1371/journal.pone.0145326](https://doi.org/10.1371/journal.pone.0145326).
- May, J., Witten, C., Lake, L. 2020. *South African Child Gauge 2020 Annual Report: Food and nutrition security*. Children’s Institute University of Cape town. [Online]. Available: http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2020/ChildGauge_2020_lowres_18_02.pdf. [Accessed 01 September 2022].
- Morojele, N.K., Lombard, C., Burnhams, N.H., Williams, P.P., Nel, E. & Parry, C.D.H. 2018. Alcohol marketing and adolescent alcohol consumption: Results from the International Alcohol Control study (South Africa). *South African Medical Journal*. 108(9):782-788. DOI:[10.7196/SAMJ.2018.v108i9.12958](https://doi.org/10.7196/SAMJ.2018.v108i9.12958).
- Moss, A.C. & Albery, I.P. 2009. A dual-process model of the alcohol–behavior link for social drinking. *Psychological Bulletin*. 135(4):516–530. DOI: [10.1037/a0015991](https://doi.org/10.1037/a0015991).
- Obeng, C.S. & Obeng-Gyasi, B. 2021. African Young Women and Alcohol and Substance Abuse. In *The Palgrave Handbook of African Women’s Studies*. O. Yacob-Haliso & T. Falola, Eds. Cham: Springer International Publishing. 2353–2373. DOI: [10.1007/978-3-030-28099-4_38](https://doi.org/10.1007/978-3-030-28099-4_38).
- Omotoso, K.O. & Koch, S.F. 2018. Assessing changes in social determinants of health inequalities in South Africa : a decomposition analysis. *International Journal for Equity in Health*. 17(1):181. DOI: [10.1186/s12939-018-0885-y](https://doi.org/10.1186/s12939-018-0885-y)
- Pettifor, A., Agnew, E., Neilands, T.B., Ahern, J., Tollman, S., Kahn, K. & Lippman, S.A. 2021. Early Life Transitions Increase the Risk for HIV Infection: Using Latent Class Growth Models to Assess the Effect of Key Life Events on HIV Incidence Among Adolescent Girls in Rural South Africa. In *Sustainable Human Development Across the Life Course: Evidence from Longitudinal Research*. P. Banati, Ed. Policy Press. 69-88.

- Perkins, H.W. & Berkowitz, A.D. 1986. Perceiving the Community Norms of Alcohol Use Among Students: Some Research Implications for Campus Alcohol Education Programming. *International Journal of the Addictions*. 21:961-976. DOI: [10.3109/10826088609077249](https://doi.org/10.3109/10826088609077249)
- Prakash, P., Kumar, P. & Singh, A.R. 2020. Psychosocial theories of alcohol abuse: an understanding and its relevance. *The International Journal of Indian Psychology*. 8(2). DOI: [10.25215/0802.096](https://doi.org/10.25215/0802.096)
- Prion, S., & Adamson, K. A. 2014. Making Sense of Methods and Measurement: Rigor in Qualitative Research. *Clinical Simulation in Nursing*. 10:2. DOI: [10.1016/j.ecns.2013.05.003](https://doi.org/10.1016/j.ecns.2013.05.003).
- Prezenski, S., Brechmann, A., Wolff, S. & Russwinkel, N. 2017. A Cognitive Modelling Approach to Strategy Formation in Dynamic Decision Making. *Frontiers in Psychology*. 8:1335. DOI: [10.3389/fpsyg.2017.01335](https://doi.org/10.3389/fpsyg.2017.01335).
- Prediger, C., Hrynyschyn, R., Iepan, I. & Stock, C. 2022. Adolescents' Perceptions of Gender Aspects in a Virtual-Reality-Based Alcohol-Prevention Tool: A Focus Group Study. *International Journal of Environmental Research and Public Health*. 19(9):5265. DOI: [10.3390/ijerph19095265](https://doi.org/10.3390/ijerph19095265).
- Rabotata, E., Makhubele, J. & Mafa, P. 2021. Accessibility of alcohol as a risk factor contributing towards alcohol abuse amongst the youth of a selected rural community in Limpopo Province, South Africa. *Technium Social Sciences Journal*. 25:715–721. DOI: [10.47577/tssj.v25i1.5011](https://doi.org/10.47577/tssj.v25i1.5011).
- Ranganathan, M., Heise, L., Pettifor, A., Silverwood, R. J., Selin, A., MacPhail, C., Delany-Moretlwe, S., Kahn, K., Gómez-Olivé, F. X., Hughes, J. P., Piwowar-Manning, E., Laeyendecker, O., & Watts, C. 2016. Transactional sex among young women in rural South Africa: prevalence, mediators and association with HIV infection. *Journal of the International AIDS Society*, 19(1), 20749. DOI: [10.7448/IAS.19.1.20749](https://doi.org/10.7448/IAS.19.1.20749)
- Rashied, N. 2021. Socio-economic determinants of alcohol consumption for South Africa. *International journal of alcohol and drug research*. 9(2):59-68. DOI: [10.7895/ijadr](https://doi.org/10.7895/ijadr).
- Ruggiano, N. & Perry, T.E. 2019. Conducting secondary analysis of qualitative data: Should we, can we, and how? *Qualitative Social Work*. 18(1):81–97. DOI: [10.1177/1473325017700701](https://doi.org/10.1177/1473325017700701).
- Schulte, M.T., Ramo, D. & Brown, S.A. 2009. Gender differences in factors influencing alcohol use and drinking progression among adolescents. *Clinical Psychology Review*. 29(6):535–547. DOI: [10.1016/j.cpr.2009.06.003](https://doi.org/10.1016/j.cpr.2009.06.003).
- Shield, K.D., Parry, C. & Rehm, J. et al. 2013. Chronic diseases and conditions related to alcohol use. *Alcohol research*. 35(2): 155–171. Print
- Sommer, M., Parker, R., Msacky, G., Kajula, L. & Kaaya, S. 2019. How Alcohol, Space, and Time Influence Young People's Sexual Encounters in Tanzania: A Qualitative Analysis. *Archives of Sexual Behavior*. 48(6):1847–1857. DOI: [10.1007/s10508-018-1311-7](https://doi.org/10.1007/s10508-018-1311-7).
- Statistics South Africa [Stats SA]. 2011. *Statistics by Place*. Department of Statics. Republic of South Africa. [Online]. Available: https://www.statssa.gov.za/?page_id=4286&id=333[Accessed 02 August 2022]
- Statistics South Africa [Stats SA]. 2017. *South Africa Demographic and Health Survey 2016. Key indicators report*. South Africa Eds. Pretoria: Statistics South Africa.
- Sudhinaraset, M., Wigglesworth, C. & Takeuchi, D.T. 2016. Social and Cultural Contexts of Alcohol Use: Influences in a Social-Ecological Framework. *Alcohol research*. 38(1):35–45. Print. [Online].

Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872611/pdf/arcr-38-1-35.pdf> [Accessed 03 October 2022].

Western Cape Government. 2018. *The harms and risk of alcohol in Khayelitsha*. Department of community safety. [Online]. Available: https://www.westerncape.gov.za/assets/departments/community-safety/alcohol_harms_reduction_brochure_-_the_harms_and_risks_of_alcohol_in_khayelitsha.pdf [Accessed 30 August 2022]

Wolford-Clevenger, C., Bradizza, C., Parrott, D., Cropsey, K.L. & Stuart, G.L. 2020. The conditional association of problematic drinking with suicidal ideation by alcohol expectancies. *Addictive Behaviors*. 108:106436. DOI: [10.1016/j.addbeh.2020.106436](https://doi.org/10.1016/j.addbeh.2020.106436).

World Health Organisation [WHO]. 2018. *Global status report on alcohol and health 2018*. Geneva: World Health Organisation. ISBN [978-92-4-156563-9](https://doi.org/10.1039/c8em00009a). [Online]. Available: <https://www.who.int/publications/i/item/9789241565639> [Accessed 30 August 2022].

World Health Organisation [WHO]. 2022. *Alcohol, heavy episodic drinking (population) past 30 days*. [Online]. Available: <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/459>[Accessed 7 September 2022].

Zuma, T., Seeley, J., Mdluli, S., Chimbindi, N., Mcgrath, N., Floyd, S., Birdthistle, I., Harling, G., et al. 2020. Young people's experiences of sexual and reproductive health interventions in rural KwaZulu-Natal, South Africa. *International Journal of Adolescence and Youth*. 25(1):1058–1075. DOI: [10.1080/02673843.2020.1831558](https://doi.org/10.1080/02673843.2020.1831558).

PART B: JOURNAL MANUSCRIPT

Target Journal: *Culture, Health & Sexuality* (Appendix 4)

Abstract

South Africa (SA) has one of the highest rates of problematic alcohol consumption, with rates particularly concerning among young people. SA adolescent girls and young women (AGYW), from low-resourced settings, exhibit increasingly problematic alcohol consumption behaviours. As alcohol is a key determinant of sexual risk behaviours, it increases AGYW's already disproportionate burden of potentially negative sexual and reproductive health outcomes. This paper reports on analysis of qualitative data from interviews with AGYW and stakeholders, conducted in six SA provinces. Data were thematically analysed to explore respondent's perceptions of factors influencing AGYW's alcohol consumption and experiences of alcohol-induced sexual risk behaviour.

Reasons for alcohol consumption included AGYW's desires for pleasure and enhanced sociability, but also to suppress negative emotions. Access to alcohol and social modelling were also perceived as influential factors. Alcohol consumption increased sexual risk through condomless sex and risk of sexual and physical violence against AGYW. Findings indicate that AGYW face negative social reactions to their consumption habits because they contradict social norms of youth and femininity.

An understanding of motivations for alcohol use among AGYW, and the influence of the social environments, are useful for formulating alcohol risk-reduction strategies for AGYW and the communities in which they live.

Key words

Alcohol; adolescent girls and young women; sexual risk behaviour; influence; sexual and reproductive health; South Africa

Introduction

South Africa (SA) has one of the highest rates and most harmful consumption patterns of alcohol consumption globally (WHO 2018; WHO 2022a). Furthermore, prominent levels of alcohol consumption among SA adolescents and young adults are also cause for concern (Stats SA 2017), with more recent data revealing increased adverse heavy episodic (HED), or binge drinking patterns (WHO 2022a). Problematic and unsafe alcohol use, such as HED or drinking to intoxication, is a significant driver of negative biopsychological, mental, and physical consequences such as injury, crime, violence, illness, sexual risk behaviour and overall premature death (Shield et al. 2020). Despite relatively easy access to alcohol via highly concentrated unregulated alcohol sales outlets and aggressive marketing campaigns, problematic alcohol use among this demographic have largely been overlooked both politically and in research (Harker et al. 2020; Rabotata, Makhubele, and Mafa 2021).

Alcohol consumption is an integral component of social engagement and interactions within many SA communities (Trangenstein et al., 2018). A range of individual, social and environmental factors influence alcohol use amongst adolescents and young adults (Harker et al. 2020). Determining an acceptable safe alcohol consumption level is difficult since the toxic effect is both relative and, to some extent, unknown. The SA Department of Health's attempt to adopt the food-based dietary guideline 'if you drink alcohol, drink sensibly' for the general adult public remains controversial, as the term 'moderation' is imprecise and undefined (Jacobs and Steyn 2013).

Historically, early alcohol research has predominantly focused on alcoholism among males (Mafa et al. 2019). However, recent studies conducted in SA have revealed a narrowing disparity in consumption patterns, particularly in terms of heavy episodic drinking (HED), between male and female adolescents (Stats SA 2017; Mafa et al. 2019; Mmereki et al. 2022). Extensive evidence demonstrates a connection between HED patterns, environments characterized by low socioeconomic status, and subsequent negative health outcomes or adverse sexual reproductive health (SRH) outcomes (Sudhinaraset, Wigglesworth, and Takeuchi 2016).

Among South African adolescent girls and young women (AGYW) aged 15 to 24, particularly from resource limited settings, there is a disproportionate burden of negative SRH outcomes, with significantly higher rates of HIV prevalence compared to their male counterparts (Stats SA, 2017). Sexual risk behaviours contribute significantly to HIV infection and transmission, as well as other adverse SRH outcomes like sexually transmitted infection (STI) acquisition and unintended pregnancies, and alcohol consumption has been shown to heighten such risks (Bello et al., 2017). Moreover, excessive, and problematic alcohol consumption increases the prevalence of sexual and gender-based violence (SBGV) targeting AGYW ([Chikritzhs and Livingston 2021](#)).

AGYW thus constitute an important public health demographic to consider, yet few studies have explored the perceptions of SA AGYW themselves regarding their own alcohol consumption behaviours. Previous research has primarily focused on alcohol consumption behaviours in the broader demographic of adolescent and young adults as a whole, with limited exploration specifically among AGYW in SA (Carels et al. 2022)

To address this research gap, this study utilizes qualitative data to explore and gain a deeper understanding of the perceived factors that influence alcohol consumption among AGYW and the interplay link to sexual risk behaviours as described by AGYW and community stakeholders in SA.

Cognitive-behavioural models such as social norms ([Perkins and Berkowitz 1986](#)) and alcohol expectancy theory ([Goldman, Brown, and Christian 1997](#)) are used to synthesize and interpret the findings, to better understand how intra- and interpersonal interactions or perceptions of surrounding social systems relate to AGYW's alcohol-related behaviours. Social norms of alcohol use are influenced by peers, families, and communities; therefore, alcohol consumption behaviour is thought to be learnt and reinforced through both direct and indirect modelling of regular social interactions ([Perkins and Berkowitz 1986](#)). Thus, social norms represent an influence of what is perceived to be normal social behaviour ([Harker et al. 2020](#)).

The alcohol expectancy theory explains whether people expect alcohol use to have a positive or negative effect on their behaviour and actions ([Goldman, Brown, and Christian 1997](#)). Positive alcohol expectancy is the belief that alcohol can relieve difficult emotions and experiences through its anxiolytic effects, whereas negative alcohol expectancy justifies

individual impulsivity, urges, and aggression when drinking alcohol. Alcohol is understood to increase sexual arousal, aggression and assault, particularly when consumed in problematic patterns (Wolford-Clevenger et al. 2020). Furthermore, a gender lens is applied to understand the health and social impacts of alcohol and how interacting gender-related factors exacerbate negative health outcomes among AGYW in SA.

Materials and Methods

Description of the HERStory2 study

Since 2016, the Global Fund has invested in an age-tailored combination HIV prevention intervention targeting AGYW within priority districts in SA in response to the persistently high HIV incidence among AGYW. The package included a comprehensive set of services including health, education, and psychosocial support for AGYW aged 10 to 24 years and young boys aged 10 to 14 years old within SA. Following two years of implementation, between 2019 and 2022, researchers from the South African Medical Research Council (SAMRC) led the HERStory2 study; a large mixed method process evaluation of the combination HIV prevention interventions (Duby et al. 2021a).

The HERStory2 qualitative sample was drawn from districts in six SA provinces where HIV prevention interventions were being implemented. These districts represent semi-urban and rural settings located in the provinces of the Western Cape (WC), KwaZulu-Natal (KZN), Free State (FS), Mpumalanga (MPL), North West (NW), and Eastern Cape (EC).

Sample Group	Klipfontein, Cape Town Western Cape	King Cetshwayo, KwaZulu-Natal	Thabo Mofutsanyana (Dhlabeng), Free State	Ehlanzeni, Mpumalanga	Bojanala, North West	Nelson Mandela Bay, Eastern Cape	Survey follow up	TOTAL
AGYW 15-19 years	2	16	5	9	14	4		50
Intervention facilitators	4	5	4	1	2	1	10	27
Health workers	1		2			1		4
Social workers	2	1	1	2	1	0		7
Male peers and partners		4	1		3	1		9

Community Leaders	1		1	1				3
Total Participants	10	26	14	13	20	7	10	100

Table 1. Adapted table from HERStory2 Qualitative research sites and sample (Duby et al. 2021a).

The study purposively sampled and recruited young women 15 to 24 years old who were enrolled in the respective HIV prevention interventions. To provide additional insight, relevant community stakeholders; such as healthcare workers, social workers, intervention facilitators, and other relevant gatekeepers i.e., community leaders, were also recruited. Young men, who were either friends or partners of AGYW, were also invited to participate with consent of the AGYW.

The final qualitative sample consisted of 100 participants. This included 50 AGYW, 27 intervention facilitators, 4 healthcare workers, 7 social workers and 12 other relevant community stakeholders – including 9 male peers or partners, and 3 community leaders.

Individual, telephonic in-depth interviews (IDIs) were conducted between the period of November 2020 and March 2021 with the recruited participants.

IDIs were conducted by experienced researchers using a semi-structured guide in either English or the language of the participants' choice. All audio files were translated verbatim and transcripts were checked for accuracy by the original interviewer at multiple stages.

Procedure

Qualitative data from the HERStory2 dataset that mentioned alcohol or alcohol-related aspects directly or indirectly were purposefully selected and included in this secondary analysis. Seventeen previously identified transcripts containing alcohol-related conversations were loaded and assigned to the appropriate participant grouping. An additional five transcripts were found using a text search function using the words 'alcohol,' 'drink,' 'drunk,' and 'club,' and were included if conversations specifically alcohol-related to AGYW. After applying these filters to the transcripts, the final sample included in the secondary analysis comprised fourteen AGYW, three healthcare workers, two social workers, four intervention facilitators, two community leaders, and five male peers or partners of AGYW.

Data analysis

This study used an exploratory and descriptive qualitative design and a thematic data analysis approach (Braun and Clarke 2006). NVivo 12 software was used to organize and code the selected transcripts. Coding was guided by the research question and codes were developed inductively through an iterative process of reading the data multiple times and grouped based on the research question. A preliminary code list, of inductively developed codes were refined to create patterns of emerging themes.

Finally, established themes and findings were considered in relation to the social norms and alcohol expectancy theoretical frameworks, as well as existing literature, to enhance interpretation of the results. Theoretical frameworks supported the understanding of alcohol use amongst AGYW from these communities within the SA context.

Rigour

To ensure rigour, an audit trail was kept to safeguard transparency throughout the analysis and data interpretation (Lincoln and Guba 1985). Peer debriefing took place in collaboration with co-authors, including the HERStory2 qualitative study principal researcher.

Consultations with colleagues mitigated subjectivity and ensured focus on participants' experiences and perceptions. Finally, a journal recorded the primary researchers' thoughts, feelings, and overall perspectives during the analysis. The opportunity to reflect on positionality, subjectivity, and underlying beliefs was critical for reflexivity in the analysis and interpretation process.

Ethical considerations

The HERStory2 study received ethics approval from the SAMRC HREC in October 2020 (Appendix 1). Prior to enrolment, participants provided informed consent and were reimbursed for their time. To ensure confidentiality, final transcripts were labelled with an identification code and conventions were used to anonymize direct locational or participant details. All transcripts were uploaded to a password-protected SAMRC shared folder.

Ethics approval for this secondary analysis study was granted from the School of Public Health and Family Medicine Departmental Research Committee at UCT as well as UCT Health Sciences Faculty HREC (Appendix 3).

Results

This section begins with an overview of the perceived factors, from the perspectives of both AGYW and stakeholders, that influence SA AGYW's alcohol consumption behaviours. This is followed by a description of AGYW's experiences of alcohol relative to sexual risk behaviour and the potential risk for subsequent detrimental impact on SRH.

Factors that contribute to AGYW's alcohol use

Individual and social-environmental level factors and their influence on alcohol consumption amongst AGYW, were identified as key themes. Individual level factors included AGYW's own attitude towards alcohol and their reasons for consuming alcohol. However, social-environmental factors included everyday interpersonal interactions and exposures that directly or indirectly influenced AGYW's alcohol consumption patterns.

Individual-level factors

At the individual level, AGYW viewed alcohol consumption as pleasurable and were motivated both by a desire to drink for enjoyment as well as a form of escapism. Alcohol allowed AGYW to relax and have a good time, as well as loosen their inhibitions in order to feel happy and free.

I drink when I feel like. Like I love it too much. I don't know, if I had money I would already be drinking [laughing] ... It is the feeling that I get when I am drunk you know? When you are drunk like, you just don't have problems. You are happy. You are just fine... (AGYW 20-24 years old, FS)

Some AGYW also reported using alcohol as a coping mechanism to escape from their problems and deal with a sense of hopelessness as a result of school dropout, financial hardships and psychosocial stressors characteristic to SA's, low-socioeconomic status, peri-urban communities.

Some [AGYW] drink alcohol non-stop because they are stressed, they don't know how to fix their lives... I am over age and other thing, I dropped out at a lower grade, and I don't qualify to be admitted to colleges, so the only solution was for me to drink, and smoke weed. (AGYW 20-24 years old, KZN)

Furthermore, a healthcare worker suggested that AGYW's experiences of domestic violence and trauma were also related to their consumption patterns.

You would find that there's a lot of alcohol consumption, a lot of alcohol consumption, there's a lot of violence. There's a lot of domestic violence which is happening, so you will find that some children [AGYW] come from such backgrounds. (Healthcare worker, WC)

These inner dialogues of AGYW and their intention to relieve uncomfortable emotions were important in perpetuating a pattern of problematic alcohol consumption amongst them. This was further reiterated by a healthcare worker, who went on to emphasize the importance of identifying the underlying psychological factors that affect AGYW's mental health, in order to understand their motivation to consume alcohol from such a young age.

When it comes to alcohol abuse, it's also a mental health problem because what is causing that child, a child, thirteen years old, to abuse alcohol? If we can try go deeper into the root cause which is the mental side of it. It is stress, pressure affecting them that's part of mental health I think. We [healthcare workers] are feeling there's a big gap... (Healthcare worker, EC)

As a result, alcohol was used not only for recreation but also to cope or escape from difficult emotions or life stressors.

Internal attitudes and perceptions about AGYW's excessive alcohol consumption generally generated disapproval and judgement from other AGYW and stakeholders.

I can say girls from my community are not behaving well... a lot of them [AGYW] are drinking and they are drunkards and are all over the place... they drink, they are drunkards. (AGYW 20-24years old, KZN)

In addition to being viewed as excessive, AGYW's consumption patterns were also viewed as problematic and way that AGYW could jeopardize their good name and respectability within their community.

She [AGYW] must not drink a lot, she must preserve her dignity... (AGYW 20-24 years old, NW)

Related to this, AGYW who consumed alcohol received more disapproval than their male counterparts. Men engaging in problematic alcohol patterns were acknowledged as gender

stereotypes, however similar drinking patterns and behaviour among AGYW elicited reactions that violated gendered expectations of what was considered appropriate feminine behaviour.

When I grew up, an adolescent girl was not supposed to drink, smoke, and sleep around... They [AGYW] smoke, and it becomes worse when a girl smokes, and I am not saying that it is better when a boy smokes, no smoking and drinking alcohol is not accepted. They [AGYW] end up failing at school and then end up not concentrating at school but on feeding the habit... I was referring to the correct upbringing for girls, meaning that they [AGYW] no longer follow the ways they were brought up to be, like we know that a girl should always behave well. They are not expected to drink alcohol. (Male peer, KZN)

As above, AGYW ‘behaving well’ was perceived by a male peer as essential, underscoring the social expectations of what is considered acceptable female behaviour.

Furthermore, despite AGYW reporting pleasure from drinking, dominant gender norms and social expectations regarding appropriate alcohol consumption behaviours existed. AGYW were aware of the gendered inconsistencies that applied to their consumption habits, in addition to acceptable for them to socialize.

“Guys [male partners] in most instances take decisions for us [AGYW], you know. Like now I want to groove, like I love beer and he will tell you “don’t go there”, but he will go where he said you should not go. (AGYW 20-24years old, FS)” Furthermore, SA’s COVID-19 lockdown restrictions resulted in severe restrictions on alcohol sales and free movement. Some stakeholders saw these restrictions as beneficial to AGYW since it forced them to stay at home, study, and avoid socializing.

We know that Corona [COVID-19] has had negative effects but for the adolescent girls I think it was a positive thing because they [AGYW] were able to be at home and study. Being at home also helped them because they were going to end up with Corona if they were all over the place. It gave them time to think about what they want to do in life. It was also a good thing because a lot of the girls avoided falling pregnant, going outside and not knowing what they are doing, it is better for them to stay inside. (Male peer, KZN)

Similar social disapproval and stigma toward AGYW who engage in any form of alcohol consumption behaviour was echoed among other adult stakeholders. According to one social

worker, alcohol and subsequent behaviors were a contributing factor to the rise in unfavourable SRH outcomes, particularly HIV.

Alcohol abuse is also a problem. And them [AGYW] sleeping [having sex] without protection, hence the high rate of HIV. (Social worker, MPL)

Furthermore, a community leader also expressed similar concerns about the link between substance use and negative SRH outcomes among AGYW.

Since they [AGYW] are sexually active after taking those drugs, some of them engage in sexual activities and some sleep with more than one boy, and when she discovers that she doesn't know the father, she aborts, and dies in the process. (Community leader, MPL)

Overall, adult stakeholders appeared to support an underlying abstinence biased narrative for AGYW alcohol consumption and sexual behaviours. One intervention facilitator, however, conversely acknowledged the need for interventions to shift away from judgment and toward risk reduction.

We hear that they [AGYW] sleep with other men because they have given them alcohol, so now they are obliged to sleep with them. But we can't judge them [AGYW] because we don't know what happens down there in the community. What we can do is offer them as much information as we can to prevent HIV, they can use condoms... We can provide condoms, so that they can be safe as well. (Intervention facilitator, KZN)

In other words, interventions should focus more on reducing the burden of negative SRH effects among AGYW who consume alcohol.

Social and environmental factors

AGYW described a permissive community environment in which they perceived their community to be primarily focused on socializing and consuming alcohol.

It's a place where they [AGYW] like partying iyoo [laughing], like everyone knows it's fun... (AGYW 20-24 years old, NW)

Another AGYW echoed similar sentiments stating that during SA's COVID-19 lockdown restrictions, their community's main grievance revolved around closure of social gathering spaces and the prohibition of alcohol sales.

People just want to go partying and clubbing. It is not a good community... The only thing people were complaining was that they did not have access to alcohol. Community members were not worried that people are dying. They just wanted their alcohol. (AGYW 15-19 years old, MPL)

Stakeholders also expressed their concerns about a permissive environment and its influence on AGYW's alcohol consumption. A community leader cited the high number of alcohol sale outlets in their community, recognizing that older role models of AGYW, who frequented the local alcohol outlets and clubs, were regularly observed as intoxicated. These factors were perceived to be setting a bad example, encouraging AGYW to consume alcohol.

Alcohol is playing a huge role in a very negative way because it takes us ten steps backwards while we took two steps ahead... there are shebeens all over not assisting us in the end because we see some of the beautiful ladies, those they wish or they believe they are their role models they are drunk, carrying bottles of beer and such. It's something that is totally negative in our community, it gives us a headache I don't wanna lie. As much as we do have a drug problem as well but the alcohol is the most hectic one. (Community leader, WC)

As a result, the combined influence of the environment and social actors were thought to establish alcohol as a perceived norm within their community, significantly impacting AGYW's problematic alcohol use.

AGYW's peers were viewed as important social influencers that could also negatively influence AGYW's behaviour and was difficult to avoid.

If you're a good girl it's hard... to be good for your whole entire life, without getting tempted because of your friends, you know your bad friends. (AGYW 20-24 years old, NW)

Community intervention facilitators felt that both direct peer pressure and indirect alcohol consumption modelling, through emulating peers' drinking patterns, were strongly related to AGYW's alcohol consumption patterns.

That's the problem, I realized that peer pressure is too much, and they drink because their friends are drinking. (Intervention facilitator, FS)

Thus, socializing and pressure from peers, who drink alcohol, was perceived to reinforce alcohol use among AGYW.

Older men also appeared to have a direct influence on AGYW's alcohol consumption. AGYW described situations where older men would purchase alcoholic drinks for them, even when under the legal drinking age. In exchange for being bought drinks, AGYW were expected to provide company, or even sexual favours, to the men who purchased the alcohol for them.

We were chilling and stuff... and drinking, that time I wasn't even 18 [years old], yah I was 17 [years]. Okay fine so we were there, we were drinking and stuff you know, with some of his friends some of them I know from around where I stay... So fine, we were drinking, I drink then jiki-jiki [all of a sudden] yena [he] makes a move on me... Yah he makes a move on me... So fine, that night we had sex. (AGYW 15-19 years old, NW)

However, a social worker also suggested that older men buying alcoholic beverages on behalf of AGYW was also a form of financial agency for AGYW.

There is an issue of excessive drinking of alcohol. They even use the child grant. We are surrounded by mine and firms and that... The issue of sugar daddies. Young girls dating older people for money and alcohol. It leads to sexual abuse, teenage pregnancy, HIV up to the fact there is also child headed families. (Social worker, MPL)

Acknowledging, however, that these transactional relationships frequently resulted in increased violence and potentially negative SRH outcomes for AGYW.

Stakeholders provided additional insight into other social environmental influences of alcohol consumption, namely problematic family circumstances. They reported that AGYW with problematic alcohol consumption behaviours frequently came from difficult family backgrounds. Furthermore, some AGYW may live in households where they risk being exposed to adverse experiences, such as domestic violence and sexual abuse. These negative experiences were believed to lead to AGYW engaging in problematic alcohol consumption behaviours.

There's a lot of rape and there's a lot of physical abuse... so most of them [AGYW] are not safe at all... there is a lot of incest involved because you find that it's a shack and there's like ten people staying in two rooms, so most of them [AGYW] end up abusing alcohol. (Healthcare worker, EC)

Moreover, a healthcare worker reported that AGYW who were experiencing academic setbacks as a result of dropping out of school early, were also likely to come from challenging households and subsequently be involved in problematic alcohol behaviours.

We do have some out of school kids [AGYW] that haven't completed matric. Some [AGYW] have started using nyaope [a low-cost street drug] or started drinking alcohol – they have family problems. (Healthcare worker, FS)

A male peer described how the absence of adult or parental supervision also created a permissive environment for alcohol consumption among AGYW.

The problem is that there was a house where the women would meet and drink. It was a child headed household as some elderly people had passed on and others were no longer staying there... it was used as a spot to gather and drink. They used it to do things like house parties. (Male peer, KZN)

Some AGYW also reported that their mothers were either resistant or unaware that they drank alcohol or attended social gatherings, which occasionally created tension between them.

Sometimes I don't want to cook in the house she [AGYW's mother] wants me to cook or sometimes I wanna go out for drink, you know? (AGYW 20-24 years old, FS)

Finally, a community leader shared that some AGYW live in homes where alcohol abuse is prevalent among their parents or caregivers.

Most young girls are not staying with their parents, they are staying with relatives, some parents are there but they are drunkards and some are busy concentrating on pursuing multiple romantic relationships. (Community Leader, MPL)

Absent caregivers, a lack of supervision, or households lacking open communication or support about safe alcohol consumption may exacerbate problematic behaviour as a result of AGYW's challenging family environment. Furthermore, family problems, as well as exposure

to alcohol-abusing adults, contribute to AGYW mental health issues and, as a result, problematic consumption behaviours as a coping mechanism.

AGYW's alcohol-related sexual health experiences

AGYW disclosed numerous experiences that contributed to the relationship between alcohol consumption and sexual risk behaviour. This mostly included reports of condomless sex in either consensual or nonconsensual sexual encounters while drinking alcohol as well as recognizing risks of potentially negative SRH outcomes associated with problematic alcohol use.

While out socializing and under the influence of alcohol, AGYW reported they were more likely to engage in consensual and condomless sex with casual partners.

Like you just met someone at the club and then you're having sexual intercourse with them you don't even know that person and you don't even use a condom. (AGYW 15-19 years old, NW)

According to a male peer another reason AGYW engaged in condomless sex was the lack of condoms available at the informal alcohol outlet or social gatherings.

I don't think they [AGYW] were using them [condoms]... because they [condoms] were not there. They were not in the house [informal location where AGYW go to consume alcohol] since it is not a shop. (Male peer, KZN)

Sexual encounters were also reported as nonconsensual in some cases due to AGYW being intoxicated to the point of being unable to recall the sexual event occurring.

The risks are that they [AGYW] will end up engaging in sexual intercourse without knowing how it happened. (AGYW 20-24 years old, KZN)

Furthermore, the risk of ingesting date-rape-drugs placed in AGYW's drink while intoxicated was raised, which could lead to incidents of sexual assault.

Things do happen; let's say in cases where I am drunk. I am not that kind of person who gets drunk but there are those people who drug others. They can drug you and impregnate you. They can kidnap and impregnate you without your consent. It is common. (AGYW 15-19 years old, MPL)

Some AGYW openly pointed to the importance of using contraception to safeguard against unintended pregnancy should they ever consume alcohol to the point of intoxication. This was because of the risk of not using condoms or being sexually assaulted.

Additional safeguarding strategies against acquiring HIV were also stated as essential for AGYW who consume alcohol. A healthcare worker emphasized the importance of effective HIV monitoring and practice guidelines in primary care facilities for sexual assault cases, particularly AGYW who had experienced disrupted memory or alcohol-induced blackouts while intoxicated.

They [healthcare worker] are asking, have you ever woke up with a blackout? So, in such situations you do make a plan because these are the things that will make you predisposed to HIV. If ever you drink until you are out, or you smoke until you are out, or you wake up in a strange place those are the things that expose you to rape or sexual assault. (Healthcare worker, WC)

Stakeholders confirmed instances of sexual and physical assault on AGYW while at social gatherings where alcohol was available. A male peer explained men's aggression as acceptable masculine changes in behaviour brought on by alcohol.

We [males] tend to go through behavioural changes when we are drunk, and here in PE [Gqeberha formerly Port Elizabeth] I can tell you one thing. You know life, if you go clubbing, there is no morning that you are going to leave the club without at least one or two guys you know, beating up their girlfriends, beating up the girls that they like you know. (Male peer, EC)

AGYW raised concerns about the risks of potentially negative SRH outcomes from condomless sex, due to alcohol-related intoxication. Among them were STIs, HIV, and unintended pregnancies.

They [AGYW] end up engaging in unprotected sex that can lead to being infected with sexually transmitted disease or end up being pregnant. Because they were drunk and end up going with a boy. (AGYW 20-24 years old, KZN)

As a result, AGYW perceived other AGYW in their community who drank alcohol and frequented local taverns or clubs as being irresponsible in terms of their SRH and well-being.

It [unintended pregnancy] starts by going out a lot. Then next, you are found on the streets, in the taverns, clubs or you don't sleep at home, you do sleep overs

from friends, and bad influence. I think these are the effects that you have to avoid and not do. (AGYW 15-19 years old, KZN)

Furthermore, among AGYW, pregnancy within their community was generally perceived as unintended, and often the result of alcohol intoxication.

There are [AGYW who get pregnant], though sometimes you will never know when you see a pregnant girl if there was an agreement or it from what we are talking about, that a person was drink and end up sleeping with a person unexpectedly. (AGYW 20-24 years old, KZN)

Male peers similarly confirmed unintended pregnancies in their community, particularly amongst young girls who engage in sexual risk behaviour after consuming alcohol.

Some [AGYW] end up being pregnant from where they drink. You will find a 17-year-old girl pregnant. (Male peer, KZN)

Thus, once AGYW start to engage in alcohol-related activities, it was somewhat anticipated within these communities that unintended pregnancies or negative SRH outcomes would consequently occur.

Discussion

This study aimed to explore factors that AGYW and stakeholders perceived to influence alcohol consumption and the lived experiences of alcohol-induced sexual risk behaviour among AGYW in high priority communities in SA, characterised by high HIV and adolescent pregnancy. Participants identified a variety of personal, societal, and environmental factors as contributing to AGYW's alcohol consumption. Young women viewed alcohol as pleasurable and important in their social lives, but also as a way to escape from family problems, domestic friction, and feelings of self-despair. Social environmental influences of AGYW's attitudes and alcohol-related behaviours included external peer pressure, parental influence, and overall community alcohol use. The effects of alcohol on AGYW's experiences with sexual risk behaviour were also explored in this study. Alcohol influenced condom-less sexual encounters and played a key role in contexts of sexual assault or physical violence against AGYW. Findings suggest problematic alcohol consumption, particularly HED patterns, inhibit AGYWs' ability to have healthy, pleasurable, and safe sex lives while maintaining good SRH. Finally, the perception and attitudes about AGYW who consumed

alcohol was largely negative, with participants viewing it as irresponsible and unfeminine behaviour.

Factors at the individual level presented as an AGYW's desire for the pleasurable effects of alcohol, but also escapism as a way to deal with negative feelings of hopelessness brought on by school dropout and successive financial difficulties of unemployment. Although more longitudinal research in similar contexts is needed, cross-sectional studies conducted in SA have found an association between alcohol use and school dropout, particularly when started at a younger age (Weybright et al. 2017). Adolescents who drop out of school have been shown to have low levels of self-efficacy, which can result in feelings of hopelessness, low self-esteem or self-determination (Roman et al., 2022). Prior studies conducted in SA have connected youth substance abuse, including alcohol, to depression and low self-esteem (Brook et al. 2011). Furthermore, literature, both theoretically and empirically, agrees that problematic alcohol consumption is used as a way of coping with financial strain and economic difficulties (Gratz et al. 2021).

Participants additionally acknowledged that AGYW's stress related to challenging family relationships or environments added to their mental health challenges. Problematic alcohol or substance use has been linked to those who have had difficult and traumatic life experiences, where drinkers aim to eliminate unpleasant emotions (Choi et al. 2014). Adolescents' undeveloped coping mechanisms and general tendency to avoid emotional distress led to excessive or problematic alcohol use in an attempt to alleviate their uncomfortable emotions (Gratz et al. 2021). Consuming alcohol with the intention to improve mood, enhance sociability, but also providing emotional relief to reduce unpleasant internal emotions can explain AGYW motivations to consume alcohol and is inherently consistent with the positive alcohol expectancy theory (Goldman, Brown, and Christiansen 1987; Stamatou, Lau-Barraco, and Linden-Carmichael 2016).

Peer pressure, parental influence and community alcohol use were identified as additional social environmental factors influencing AGYW's attitudes to and behaviours with alcohol. Social normalisation of alcohol use and subsequent modelling were thought to impact AGYW's attitude toward alcohol and their engagement with it. One of the most obvious social changes affecting adolescents' involvement in risk-taking decisions is increased time spent with peers and the value the relationship holds (Smith et al. 2018). While

peer influence can be beneficial, particularly for AGYW from less supportive households seeking shared belonging, participants expressed that peers had a negative influence on AGYW consumption behaviour. AGYW were alleged to imitate their peer's behaviour as well as other influential role models, thus problematic consumption was suggested to be coerced through frequent observation. Social modelling reinforces HED patterns as normal behaviour (Carels et al. 2022).

Both direct observation of parents' alcohol consumption behaviour as well as parental-supervision were understood to also influence AGYW's alcohol consumption behaviour. International research has shown that increased parental knowledge of their adolescent's whereabouts, friendships, and activities reduces alcohol use with their adolescents (Mitchell, Campbell, and MacArthur 2022), whereas young children with alcoholic parents or those who witness domestic violence are more likely to experience substance abuse issues (Eiden et al. 2020).

Aside from social influences, the environment and community's drinking culture were described to impact AGYW's alcohol consumption patterns. Excessive alcohol consumption in SA has a long history and is a major contributor to problematic behaviour in many low-socioeconomic status communities (Sudhinaraset, Wigglesworth, and Takeuchi 2016). Participants described the high concentration of local alcohol sale outlets as facilitators to problematic alcohol consumption amongst AGYW. This is consistent with research that shows the widespread availability of alcohol establishments promotes easy access, which promotes excessive drinking patterns, particularly among the young adult demographic (Rabotata, Makhubele, and Mafa 2021).

This study also explored the perceived effects of alcohol on AGYW's experiences with sexual risk behaviour. Despite being an important tool in SRH, condom use among adolescents and young adults in SA is suboptimal (Duby et al. 2021b). AGYW recounted how sexual encounters with non-monogamous casual partners occurred frequently in local alcohol outlets, as well as other informal social gatherings where alcohol was served and that alcohol influenced their non-use of condoms. Poor condom use after use alcohol has previously been attributed to the general impulsiveness of the sexual encounter and the lack of condoms availability within the informal alcohol outlets (Sommer et al. 2019).

Instances of alcohol-related sexual assault or physical violence were reported by participants, with feelings that men were more likely to victimize women. Non-consensual sexual encounters in the presence of alcohol were also thought to have an impact on condom non-use. AGYW were concerned about alcohol-induced blackouts caused by excessive consumption, or the ingestion of date-rape drugs, which would render AGYW incapacitated and at risk of sexual assault. According to international research, a large number of sexual assault incidents encompass alcohol use (Koss et al. 2022), where perpetrators have been found less likely to use a condom if alcohol was consumed at the time of the incident (O'Neal et al. 2013). Additionally, excessive alcohol use has shown to increase the risk and severity of SGBV (Ullman and Sigurvinsdottir 2015). Alcohol is associated with sexual aggression and violence in men as it affects ability to recognize social cues and makes them more inclined to sexually pressurize others (Taft et al. 2019). Alcohol impairs decision-making and the ability to consent to sexual activity (Ajayi, Mudefi, and Owolabi 2021). According to SA's Sexual Offences Act (Act 32 of 2007), anyone under the influence of alcohol or other drugs is deemed unable to consent to sexual activity (Republic of South Africa 2007).

Alcohol induced negative behaviours have become conventional norms within SA and they are thought to occur more frequently in HED (Watt et al. 2012; Carels et al. 2022). In general, 'negative expectations' seem to have less influence in promoting alcohol consumption, but excuse negative consequences related to alcohol as it is viewed as a normal consequence or relatively harmless. Alcohol's role as an excuse for negative behaviours can indeed affect the locus of control, shifting the responsibility away from the individual and onto alcohol itself. This shift in accountability may be more prevalent among males allowing them to evade personal responsibility and diminished accountability. Additionally, even though individuals may have negative perceptions about the consequences of alcohol consumption, the perceived advantages, or 'positive expectations' of drinking, such as pleasure and escapism, outweigh any potential negative drawbacks and thus have a stronger incentive to influence around alcohol use (Stamates, Lau-Barraco, and Linden-Carmichael 2016).

An adapted perspective where alcohol use is accepted as inevitable, rather than ignored, is suggested as more productive to build trust, communication, and support networks for AGYW (Mitchell, Campbell, and MacArthur 2022). Strategies that focus on moderation management and minimizing risk are suggested by many public health organizations, to assist

in decreasing the detrimental effects of problematic alcohol use, such as unfavourable SRH outcomes ([WHO 2022b](#)).

As a final point, through a gender lens, this study also revealed clear evidence of gender differences in perceptions of alcohol use and its impact. Despite drinking less than males ([Stats SA 2017](#)), AGYW elicit negative social reactions or broad disapproval, as their behaviour were perceived to violate social norms of youth and femininity. Societal policing of a more abstinence biased attitude, combined with sex-until-marriage ideology, are unrealistic and ineffective as they do not prevent sexual behaviour, risk behaviours or negative SRH outcomes ([Santelli 2017](#)). Instead literature suggests that these attitudes, create barriers to seeking early assistance from family or professionals lead to withholding medically accurate information and stigmatization and the reinforcement of harmful gender stereotypes stigmatization that excludes of many young individuals ([Cheetham, Sandral, and Lubman 2020](#)).

In addition to heightened stigma, AGYW were more vulnerable to sexual assault and violent consequences in the presence of alcohol, than males. Moreover potential negative SRH outcomes due to alcohol-related sexual risk behaviour, impacting AGYW more than men ([Taft et al. 2019](#)).

Finally, literature shows that the intersections of social disadvantage stressors such as lack of education, financial strain, and poverty are all key determinants of increased alcohol and other substance abuse ([Sudhinaraset, Wigglesworth, and Takeuchi 2016](#)). Furthermore, as also demonstrated in this study, adverse childhood experiences such as physical or sexual abuse are well-known biopsychosocial risk factors that increase substance use ([Taft et al. 2019](#)). Participants suggested that AGYW who are involved in transactional sexual relationships (TSR) may turn to alcohol as a coping mechanism. HED patterns have been observed in AGYW involved in these TSR ([Duby et al. 2021c](#)). Additionally, since the paying man has the power to negotiate the terms of the sexual encounter, often without the use of a condom, these TSR carry multiple SRH risks, such as HIV exposure, STIs, and unintended pregnancies ([Chiang et al. 2021](#)).

This study provides insight into perceived factors that influence AGYW alcohol consumption within SA and its impact on sexual risk behaviours, however it is not without limitations. The

researchers did not explicitly sample for AGYW's parents, guardians or family, nor alcohol outlet vendors, who may have provided additional insight to AGYW's alcohol-related behaviour. Furthermore, the topic guide of the initial primary study might have shaped the information that was gathered. These findings are also based on participants' personal narratives and subjective experiences, and the researchers' own theoretical position. Thus, transferal of these findings to other contexts should be done with caution as this output may be unique to the study population and context. Despite the above, the participants provided a comprehensive understanding of their community and the factors influencing AGYW alcohol-related behaviour. Various perspectives on influential determinants of alcohol consumption were identified through in-depth interviews, which aligned with existing data and theoretical frameworks on similar issues. This however is an emergent area of behavioural research and requires further in-depth exploration within the SA context.

Alcohol consumption is influenced by a complex interplay of social determinants and household dynamics. Factors such as socioeconomic status, education level, employment opportunities, and family dynamics all play a significant role in shaping an individual's drinking behaviour. Simply focusing on targeting individual behaviour without considering the broader structural factors may limit the effectiveness of efforts to address alcohol consumption. Problematic alcohol use is a major concern in adolescents and young adults as it is a precursor to sexual risk behaviour that defies numerous efforts of public health initiatives, as consensual sexual encounters with reduced SRH health risk are more likely when alcohol is either absent or consumed in moderation ([Harker et al. 2020](#); [Carels et al. 2022](#)). In this study, social norms and attitudes about alcohol's potential effects were apparent as major influential determinants of AGYW's alcohol consumption. Positive expectations encouraged HED, while negative expectations justified adverse behaviour and health outcomes that possibly followed. Alcohol's effects also reflect gender inequalities. In the context of widespread SGBV, being young, female, and intoxicated increases vulnerability to sexual assault and violence. Participants reported AGYW alcohol consumption as a means to cope with stresses and trauma that also intersected with poverty, inequities, past trauma, or SGBV. Finally, institutionalized gender roles stigmatize women more than men and creates probable barriers to treatment for AGYW and mothers who use alcohol.

This study aims to contribute to the body of empirical behavioural research on alcohol-related topics by demonstrating that SA should align with more risk-reduction and alcohol moderation policies that also prioritize gendered social and structural issues.

Declaration of interest

This paper's content is the responsibility of the author; no conflict of interest has been identified or disclosed.

References

- Ajayi, Anthony Idowu, Elmon Mudefi, and Eyitayo Omolara Owolabi. 2021. "Prevalence and Correlates of Sexual Violence among Adolescent Girls and Young Women: Findings from a Cross-Sectional Study in a South African University." *BMC Women's Health* 21 (1): 299. <https://doi.org/10.1186/s12905-021-01445-8>.
- Bello, Braimoh, Harry Moultrie, Aleefia Somji, Matthew F. Chersich, Charlotte Watts, and Sinead Delany-Moretlwe. 2017. "Alcohol Use and Sexual Risk Behaviour among Men and Women in Inner-City Johannesburg, South Africa." *BMC Public Health* 17 (S3): 548. <https://doi.org/10.1186/s12889-017-4350-4>.
- Braun, Virginia, and Victoria Clarke. 2006. "Using Thematic Analysis in Psychology." *Qualitative Research in Psychology* 3 (2): 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Brook, David W., Elizabeth Rubenstone, Chenshu Zhang, Neo K. Morojele, and Judith S. Brook. 2011. "Environmental Stressors, Low Well-Being, Smoking, and Alcohol Use among South African Adolescents." *Social Science & Medicine* 72 (9): 1447–53. <https://doi.org/10.1016/j.socscimed.2011.02.041>.
- Carels, Cassandra, Maria Florence, Sabirah Adams, Deborah Louise Sinclair, and Shazly Savahl. 2022. "Youths' Perceptions of The Relation Between Alcohol Consumption and Risky Sexual Behaviour in the Western Cape, South Africa: A Qualitative Study." *Child Indicators Research* 15 (4): 1269–93. <https://doi.org/10.1007/s12187-022-09913-9>.
- Chiang, Laura, Ashleigh Howard, Kirsten Stoebenau, Greta M. Massetti, Rose Apondi, Jennifer Hegle, Mondo Kyatekka, Caroline Stamatakis, Lydia Wasula, and George Aluzimbi. 2021. "Sexual Risk Behaviors, Mental Health Outcomes and Attitudes Supportive of Wife-Beating Associated with Childhood Transactional Sex among Adolescent Girls and Young Women: Findings from the Uganda Violence Against Children Survey." Edited by Lindsay Stark. *PLOS ONE* 16 (3): e0249064. <https://doi.org/10.1371/journal.pone.0249064>.
- Cheetham, Ali, Emma Sandral, and Dan I. Lubman. 2020. "Outcomes of Reducing Stigma towards Alcohol Misuse during Adolescence: Results of a Randomized Controlled Trial of the MAKINGtheLINK Intervention." *Child and Adolescent Psychiatry and Mental Health* 14 (1): 11. <https://doi.org/10.1186/s13034-020-00317-7>.
- Chikritzhs, Tanya, and Michael Livingston. 2021. "Alcohol and the Risk of Injury." *Nutrients* 13 (8): 2777. <https://doi.org/10.3390/nu13082777>.

- Choi, Karmel W., Melissa H. Watt, Jessica C. MacFarlane, Kathleen J. Sikkema, Donald Skinner, Desiree Pieterse, and Seth C. Kalichman. 2014. "Drinking in the Context of Life Stressors: A Multidimensional Coping Strategy Among South African Women." *Substance Use & Misuse* 49 (1–2): 66–76. <https://doi.org/10.3109/10826084.2013.819365>.
- Duby, Zoe, Catherine Mathews, Brittany Bunce, Chantal Fowler, and Lucille Heyns. 2021a. "HERStory2 Process evaluation of the combination HIV prevention intervention for adolescent girls and young women (AGYW), Global Fund period 2019 to 2022: Qualitative Study Component Report." *South African Medical Research Council (SARMC)*. 5(3): 2-190 https://www.samrc.ac.za/sites/default/files/attachments/2021-07-27/HERStory2_Qualitative_Process_Evalutaion.pdf.
- Duby, Zoe, Kim Jonas, Tracy McClinton Appollis, Kealeboga Maruping, Janan Dietrich, and Catherine Mathews. 2021b. "'Condoms Are Boring': Navigating Relationship Dynamics, Gendered Power, and Motivations for Condomless Sex Amongst Adolescents and Young People in South Africa." *International Journal of Sexual Health* 33 (1): 40–57. <https://doi.org/10.1080/19317611.2020.1851334>.
- Duby, Zoe, Kim Jonas, Tracy McClinton Appollis, Kealeboga Maruping, Lieve Vanleeuw, Caroline Kuo, and Catherine Mathews. 2021c. "From Survival to Glamour: Motivations for Engaging in Transactional Sex and Relationships Among Adolescent Girls and Young Women in South Africa." *AIDS and Behavior* 25 (10): 3238–54. <https://doi.org/10.1007/s10461-021-03291-z>.
- Eiden, Rina D., Stephanie A. Godleski, Craig R. Colder, Jennifer A. Livingston, Meghan Casey Leising, and Kenneth E. Leonard. 2020. "Early Childhood Risk and Protective Factors Predicting Resilience against Adolescent Substance Use." *Adversity and Resilience Science* 1 (2): 107–19. <https://doi.org/10.1007/s42844-020-00007-5>.
- Goldman, Mark S., S.A Brown, and B.A Christiansen. 1987. "Expectancy Theory - Thinking about Drinking". Psychology Faculty Publications. 1569. https://digitalcommons.usf.edu/psy_facpub/1569
- Gratz, Kim L., Kayla M. Scamaldo, Ariana G. Vidaña, Julia R. Richmond, and Matthew T. Tull. 2021. "Prospective Interactive Influence of Financial Strain and Emotional Nonacceptance on Problematic Alcohol Use during the COVID-19 Pandemic." *The American Journal of Drug and Alcohol Abuse* 47 (1): 107–16. <https://doi.org/10.1080/00952990.2020.1849248>.
- Harker, Nadine, Mukhethwa Londani, Neo Morojele, Petal Petersen Williams, and Charles DH Parry. 2020. "Characteristics and Predictors of Heavy Episodic Drinking (HED) among Young People Aged 16–25: The International Alcohol Control Study (IAC), Tshwane, South Africa." *International Journal of Environmental Research and Public Health* 17 (10): 3537. <https://doi.org/10.3390/ijerph17103537>.
- Jacobs, Liezille, and Nelia Steyn. 2013. "If You Drink Alcohol, Drink Sensibly: Is This Guideline Still Appropriate?" *Ethnicity & Disease* 23 (December): 110–15.
- Koss, Mary P., Kevin M. Swartout, Elise C. Lopez, Raina V. Lamade, Elizabeth J. Anderson, Carolyn L. Brennan, and Robert A. Prentky. 2022. "The Scope of Rape Victimization and Perpetration Among National Samples of College Students Across 30 Years." *Journal of Interpersonal Violence* 37 (1–2): NP25–47. <https://doi.org/10.1177/08862605211050103>.
- Lincoln, Y. S., and Guba, E. G. 1985. *Naturalistic Inquiry*. Newbury Park, Ca: Sage Publications.
- Mafa, Prudence, Jabulani Makhubele, Janetta Ananias, Beatrice Chilwalo, Frans Matlakala, Seleo Rapholo, Anesu Svinurai, Miriam Hasheela, Ndanyakuwa Tiberia, and Rachel Freeman. 2019.

- “Alcohol Consumption Patterns: A Gender Comparative Study Among High School Youth in South Africa”. *Global Journal of Health Science* 11 (2): 92-101. <https://doi.org/10.5539/gjhs.v11n2p92>.
- Mitchell, Siobhan, Rona Campbell, and Georgie J. MacArthur. 2022. “Parent/Caregiver Attitudes, Motivations and Behaviours in Relation to Alcohol Use among Offspring Aged 13–18 Years: A Qualitative Study.” *BMC Public Health* 22 (1): 656. <https://doi.org/10.1186/s12889-022-12992-6>.
- Mmerekhi, Bonolo, Mmampedi Mathibe, Lindiwe Cele, and Perpetua Modjadji. 2022. “Risk Factors for Alcohol Use among Adolescents: The Context of Township High Schools in Tshwane, South Africa.” *Frontiers in Public Health* 10 (October): 969053. <https://doi.org/10.3389/fpubh.2022.969053>.
- O’Neal, Eryn, Scott Decker, Cassia Spohn, and Katharine Tellis. 2013. “Condom Use during Sexual Assault.” *Journal of Forensic and Legal Medicine* 20 (August): 605–9. <https://doi.org/10.1016/j.jflm.2013.03.023>.
- Perkins, H W, and A D Berkowitz. 1986. “Perceiving the community norms of alcohol use among students: some research implications for campus alcohol education programming.” *The International journal of the addictions* 21: 961-76. <https://doi.org/10.3109/10826088609077249>
- Rabotata, Enoch, Jabulani Makhubele, and Prudence Mafa. 2021. “Accessibility of Alcohol as a Risk Factor Contributing towards Alcohol Abuse amongst the Youth of a Selected Rural Community in Limpopo Province, South Africa.” *Technium Social Sciences Journal* 25 (November): 715–21. <https://doi.org/10.47577/tssj.v25i1.5011>.
- Republic of South Africa. 2007. Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007. Commencement 16 December 2007. GG 30599. Pretoria: South Africa
- Roman, Nicolette Vanessa, Portia E. Davidse, Anja Human-Hendricks, Letitia Butler-Kruger, and Inge Karla Sonn. 2022. “School Dropout: Intentions, Motivations and Self-Efficacy of a Sample of South Africa Youth.” *Youth* 2 (2): 126–37. <https://doi.org/10.3390/youth2020010>.
- Shield, Kevin, Jakob Manthey, Margaret Rylett, Charlotte Probst, Ashley Wettlaufer, Charles D H Parry, and Jürgen Rehm. 2020. “National, Regional, and Global Burdens of Disease from 2000 to 2016 Attributable to Alcohol Use: A Comparative Risk Assessment Study.” *The Lancet Public Health* 5 (1): e51–61. [https://doi.org/10.1016/S2468-2667\(19\)30231-2](https://doi.org/10.1016/S2468-2667(19)30231-2).
- Smith, Ashley R., Gail M. Rosenbaum, Morgan A. Botdorf, Laurence Steinberg, and Jason M. Chein. 2018. “Peers Influence Adolescent Reward Processing, but Not Response Inhibition.” *Cognitive, Affective, & Behavioral Neuroscience* 18 (2): 284–95. <https://doi.org/10.3758/s13415-018-0569-5>.
- Santelli, John. 2017. “Abstinence-only education is a failure”. *Child and adolescent health, healthcare policy, maternal and reproductive health*. Columbia: Mailman School of Public Health. [Online]. Last updated 7 June 2022: <https://www.publichealth.columbia.edu/public-health-now/news/abstinence-only-education-failure>
- Sommer, Marni, Richard Parker, Glory Msacky, Lusajo Kajula, and Sylvia Kaaya. 2019. “How Alcohol, Space, and Time Influence Young People’s Sexual Encounters in Tanzania: A Qualitative Analysis.” *Archives of Sexual Behavior* 48 (6): 1847–57. <https://doi.org/10.1007/s10508-018-1311-7>.
- Stamates, Amy L., Cathy Lau-Barraco, and Ashley N. Linden-Carmichael. 2016. “Alcohol Expectancies Mediate the Relationship Between Age of First Intoxication and Drinking Outcomes in College Binge Drinkers.” *Substance Use & Misuse* 51 (5): 598–607. <https://doi.org/10.3109/10826084.2015.1126745>.

- Statistics South Africa (Stats SA). 2017. "South Africa Demographic and Health Survey 2016. Key indicators report". South Africa Eds. Pretoria: Statistics South Africa.
- Sudhinaraset, May, Christina Wigglesworth, and David Takeuchi. 2016. "Social and Cultural Contexts of Alcohol Use: Influences in a Social-Ecological Framework". *Alcohol research* 38 (1):35–45. Print. [Online]. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4872611/pdf/arcr-38-1-35.pdf>
- Taft, Angela, Ingrid Wilson, Anne-Marie Laslett, and Sandra Kuntsche. 2019. "Pathways to Responding and Preventing Alcohol-related Violence against Women: Why a Gendered Approach Matters." *Australian and New Zealand Journal of Public Health* 43 (6): 516–18. <https://doi.org/10.1111/1753-6405.12943>.
- Trangenstein, Pamela J., Neo K. Morojele, Carl Lombard, David H. Jernigan, and Charles D. H. Parry. 2018. "Heavy Drinking and Contextual Risk Factors among Adults in South Africa: Findings from the International Alcohol Control Study." *Substance Abuse Treatment, Prevention, and Policy* 13 (1): 43. <https://doi.org/10.1186/s13011-018-0182-1>.
- Ullman, Sarah E., and Rannveig Sigurvinsdottir. 2015. "Intimate Partner Violence and Drinking among Victims of Adult Sexual Assault." *Journal of Aggression, Maltreatment & Trauma* 24 (2): 117–30. <https://doi.org/10.1080/10926771.2015.996312>.
- Watt, Melissa H., Frances M. Aunon, Donald Skinner, Kathleen J. Sikkema, Jessica C. MacFarlane, Desiree Pieterse, and Seth C. Kalichman. 2012. "Alcohol-Serving Venues in South Africa as Sites of Risk and Potential Protection for Violence Against Women." *Substance Use & Misuse* 47 (12): 1271–80. <https://doi.org/10.3109/10826084.2012.695419>.
- Weybright, Elizabeth H., Linda L. Caldwell, Hui Xie, Lisa Wegner, and Edward A. Smith. 2017. "Predicting secondary school dropout among South African adolescents: A survival analysis approach." *South African Journal of Education* 37 (2): 1–11. <https://doi.org/10.15700/saje.v37n2a1353>.
- Wolford-Clevenger, Caitlin, Clara Bradizza, Dominic Parrott, Karen L. Cropsey, and Gregory L. Stuart. 2020. "The Conditional Association of Problematic Drinking with Suicidal Ideation by Alcohol Expectancies." *Addictive Behaviors* 108 (September): 106436. <https://doi.org/10.1016/j.addbeh.2020.106436>.
- World Health Organisation (WHO). 2018. "Global status report on alcohol and health 2018". September 27, 2018. Switzerland: Geneva.
- World Health Organisation (WHO). 2022a. "Alcohol, heavy episodic drinking (population) past 30 days". The Global Health Observatory. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/459>.
- World Health Organisation (WHO). 2022b. "WHO publishes new guidelines on HIV, hepatitis and STIs for key populations: people who inject drugs". July 29, 2022. <https://www.who.int/news/item/29-07-2022-who-publishes-new-guidelines-on-hiv--hepatitis-and-sti-for-key-populations>
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APPENDICES

Appendix 1: Letter of Approval – SAMRC HREC: HERStory2 Study



**HUMAN RESEARCH ETHICS
COMMITTEE**

14 October 2020

Prof Cathy Mathews
Health Systems Research Unit
SAMRC Cape Town

Dear Prof Mathews

Protocol ID: EC036-9/2020
Protocol title: HERStory 2 Study: Process evaluation of the combination HIV prevention intervention for adolescent girls and young women (AGYW), Global Fund grant period 2019 to 2022
Meeting date: 29 September 2020

Thank you for your submission to the Committee, which was discussed at the September 2020 meeting, and your responses dated 12 and 14 October 2020. I am pleased to inform you that ethics approval is now granted for the study.

Please note that the approval is valid for 1 year, i.e. from 29 September 2020 to 28 September 2021. Any changes to the research protocol must be submitted as an amendment. Any serious adverse events must be reported within 48 hours. Any protocol deviations have to be reported.

Wishing you well with your research.

Yours sincerely

Prof Danie du Toit
Chairperson: SAMRC Human Research Ethics Committee

Members at the September meeting: Prof D du Toit (Chairperson), Ms S Behardien, Adv J Early, Dr H Etheredge, Prof A Kengne, Ms M Ledwaba, Prof C Lombard, Dr A Loxton, Mr G Makanda, Prof C Wiysonge, Dr W Zembe



Appendix 2: Confidentiality Agreement

Title of Research Project: HERStory 2 Process Evaluation

Overall HERStory 2 Principal Investigator: Catherine Mathews

HERStory 2 Qualitative Study Component Principal Investigator: Zoe Duby

I understand that I may obtain confidential information about the study, organisations involved, procedures, findings and study instruments. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study sites and study procedures are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research study (forms, findings, procedures etc.) that could identify the persons who participated in the study.
- I understand that all information about study sites, procedures, type of participants enrolled is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information.
- I understand that I am not to read information about study sites or participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties.
- I agree to notify the study coordinator or principal investigator immediately should I become aware of an actual breach of confidentiality or a situation, which could potentially result in a breach, whether this be on my part or on the part of another person.
- I agree to respect all members on the study team and will not divulge any information they share during meetings to any unauthorized persons (public, family, friends)

JAMIE GRANT
Name and surname of staff member

08/08/2022
Date (dd/mm/yyyy)


Signature

Zoe Duby
Name and surname of Study Coordinator

8 Aug 2022
Date (dd/mm/yyyy)


Signature

Appendix 3: Letter of Approval – UCT HREC



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room 45, E-52 Old Main Building
Grote Schuur Hospital
Observatory 7925

Email: hrec-submissions@uct.ac.za

Website: www.health.uct.ac.za/home/human-research-ethics

19th December 2022

HREC REF: 709/2022

A/Prof L Knight

Division of Social & Behavioural Sciences

Falmouth Building-FHS

Email: Lucia.knight@uct.ac.za

Student: grnjam010@myuct.ac.za

Dear A/Prof Knight

PROJECT TITLE: AN EXPLORATION OF THE PERCEIVED FACTORS THAT INFLUENCE ALCOHOL CONSUMPTION AMONG ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW) AND THE RELATIONSHIP WITH RISKY SEXUAL BEHAVIOUR: A QUALITATIVE STUDY- (MASTERS' CANDIDATE-MISS JAMIE GRANT)

Thank you for submitting your response to the Faculty of Health Sciences Human Research Ethics Committee (HREC) for review.

It is a pleasure to inform you that the HREC has formally **approved** the above-mentioned study, subject to the following:

- The HREC note that the parent study did not receive UCT FHS HREC approval, but we feel it was conducted ethically. The original co-investigators, who failed to get UCT HREC approval, are in breach of UCT HREC ethics policies.
- Please provide a full explanation as to why UCT HREC approval was not sought.
- All involved UCT investigators in the parent study are required to do research ethics training; as per the link below; and submit the completed certificate by 15th February 2023

<https://elearning.trree.org/>

Modules 1, 2.1, 3.1. and 3.2

Approval is granted for one year until the 30th December 2023.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: <https://health.uct.ac.za/home/human-research-ethics>)

The HREC also acknowledges that the following staff member will be involved in the study: Miss Jamie Grant.

Please note that for all studies approved by the HREC, the principal investigator must obtain appropriate institutional approval, where necessary, before the research may occur.

HREC. REF 709.2022

Appendix 4: Culture, Health, and Sexuality Journal – Instructions for authors

Culture, Health & Sexuality

<https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=tchs20#words>

Instructions for authors:

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal's requirements.

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Culture, Health & Sexuality is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

Culture, Health & Sexuality accepts the following types of article: original articles.

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Please include a word count for your paper.

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