



Psychological Well-being, Alcohol Abuse and Sexual Behaviour among African Adolescent Males in South Africa

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ABSTRACT A disproportionate number of African adolescent males have little knowledge about sex. They make uninformed choices and develop poor moral standards, which account for alcohol and unsafe sex. Literature reveals that if drug-friendly environments and societal factors such as cultural beliefs (gender inequality) are not properly addressed by parents, South Africa could be robbed of a future generation due to HIV/AIDS. By employing systematic review as a form of methodology to explore these phenomena, secondary books, dissertations and internet journals, were studied. The aim of this paper is to suggest preventative and effective approaches to equip adolescent males with assertiveness skills against risk-taking behaviour. Literature findings highlight that uninvolved parents and dysfunctional families contribute towards teenage fatherhood and subsequent imprisonment, poverty and impaired psychological well-being. In conclusion, it is recommended that psycho-educational programmes be implemented and adults are involved in encouraging youth for sexual behaviour change.

INTRODUCTION

Wissing and Temane (2008) found that adolescents who experience general psychological well-being display positive cognitive, affective, conative, interpersonal, social and spiritual experiences, as well as the absence of mental and physical symptoms of distress. In the context of school, adolescent males with sound psychological well-being display ego strength, perseverance, optimism, self-efficacy and their relations are characterized by complementary interactions (Hakelind 2007). Those in romantic relationships, tend to communicate with their sexual partners and refrain from alcohol abuse (von Eye et al. 2006). However, in South Africa, the rate at which adolescent males binge alcohol and engage in risky sexual behaviour is alarming and it ranges from 14 percent to 40 percent (Onya et al. 2012). In the recent study conducted in Nkonkobe Municipality, Eastern Cape Province, Takatshana (2013) found that majority of adolescents are influenced by multiple factors, including poor parental supervision. Cross-sectional studies show that adolescents that are exposed to alcohol are less likely to use condoms and are more likely to have multiple partners (Liddle and Rowe 2006; Louw and Louw 2007). Holborn and Eddy (2011) contend that alcohol abuse has been identified worldwide as the cause of many risky practices such as unsafe sexual behaviours, teenage-fatherhood,

school-dropout, crime and HIV- transmission. Supporting this is the classical study by Eaton et al. (2003) who found that 50 percent of the adolescents in South Africa are sexually active by age 16, and by the time they reach the age of 20, 80 percent are likely to have contracted sexually transmitted infections (STIs) such as gonorrhoea, syphilis, including HIV/AIDS, become pregnant and impregnated someone. Furthermore, Eaton and his colleagues found that Black (African) adolescent males are more likely to start sexual activity in their early years as compared to other racial groups (Whites, Indians and Coloureds). Very often, they become shy to tell their parents about their sexual prowess and perceive themselves as *invincible* owing to lack of knowledge pertaining to sexuality (Gautam 2012). Wight et al. (2006) also found that even parents and adolescent males experience discomfort talking to each other about sexuality, as some parents believe that communication about sexuality could influence youth to be more sexually active. It is in this light that this study attempts to suggest the psycho-educational programmes, models or effective ways that could strengthen adolescent males' psychological well-being and their ability to cope against peer pressure.

METHODOLOGY

This research paper employed the systematic review as suitable research methodology

based on numerous advantages. As compared to empirical study which calls for direct involvement of the researcher, the systematic review analyses literature studies from academic journals, books and internet sources to get an overview to explicate and make inferences about the phenomena. De Vos et al. (2011) are of the opinion that reviewing of literature should be aimed at contributing at a clearer understanding of the nature and meaning of the problem that has been identified. In this regard, the researcher's views or arguments may become important following a thorough interpretation of the evaluation of the past literature.

Research Objectives

- The research study intends to
- ♦ Differentiate between flourishing and languishing adolescent males.
 - ♦ Explore the causal factors of alcohol abuse and sexual behaviour among adolescent males.
 - ♦ Determine consequences of alcohol abuse and unsafe sexual behaviour among adolescent males.
 - ♦ Suggest psycho-educational programmes to enable youth to be assertive in relation to sexual behaviour.

Conceptual Framework

A multi-theoretical approach underpins this literature study as various scholars have documented the inextricable link between alcohol abuse and risky sexual behaviour (Kheswa and Notole 2014; Moodley et al. 2012; Pithey and Parry 2009). From the literature, the theory which explains the relationship between sexual behaviour and substance abuse is the "*Big-Five*" model by Robert McCrae and Paul Costa, and asserts that extraverted adolescent males may seek sensation and external stimulation from the pubs or taverns to fill the emotional void caused by parental neglect during early years of development (Ryckman 2008; Schultz and Schultz 2013). Drawing from alcohol myopia theory which is based on the belief that alcohol uninhibits behaviour as a result of its pharmacological effects on information processing, adolescent males may experience difficulties in recognizing or responding to the relevant cues in the environment when faced with whether to have

protected or unprotected sex because their cognition is impaired. Similarly, Mpofu et al. (2005) recorded a large proportion of adolescent males practicing unsafe sex when under the influence of alcohol and dagga in Mankweng District, Limpopo Province, in South Africa.

Heavy drinking puts adolescents at heightened risk of poor retrieval of verbal and non-verbal information and psychiatric disorders. From psychopathological perspective, when adolescents are under the influence of alcohol tend to develop borderline personality disorder. Borderline personality disorder falls under Axis II of the DSM IV as classified by American Psychological Association (APA) and is characterized by irritability, impulsivity and changing of sexual partners within a short period, to cover emotional emptiness which could have been caused by lack of attachment and dysfunctional environment (Comer 2013).

It is in this light that it becomes imperative that adolescent males are equipped with sex-education to curb the spread of HIV- transmission and to have self-control.

Psychological Well-being

Psychological well-being is an integrated, complex and holistic multi-faceted concept and designates one who is functioning at a high level of behavioural and emotional adjustment and adaptiveness (Wissing and Temane 2008). Adolescent males who demonstrate stability in emotional, psychological and social well-being, according to Keyes (2007), they often have the following personality traits, namely; self-acceptance, autonomy, personal growth, environmental mastery, positive relations with others and purpose in life. Furthermore, they become competent in social integration, social contribution, social coherence, social actualization and social acceptance (Keyes and Annas 2009). In the face of hardship, they use problem-focused coping and tend to view their lives optimistically, even when troubles seem overwhelming. They broaden their mental focus, explore and seek new experiences for their personal growth rather than ruminate or procrastinate. Such adolescents tend to approach the adverse circumstances with hope, positive attitude and fortitude (Peterson and Chang 2003). Literature review reports that they become less depressed and achieve good grades academically, thus, flourishing. Keyes

(2007) used the term “flourishing” to describe a state of optimal human functioning, which is the opposite end of mental illness on a mental health continuum. On the contrary, adolescent males who languish in psychological well-being may show deficits of development in areas including interpersonal relationships, emotional connectedness and academic performance. Various scholars have documented that poor psychological well-being is attributable to multiple environmental stressors such as growing up in families dominated by conflicts between parents, authoritarian parenting styles, poverty, poor role models, illiteracy and culture (Holborn and Eddy 2011; Nduna et al. 2013).

This is a fact that adolescent males are filled with many changes and challenges such as rapid maturational changes, shifting societal demands, conflicting role demands, increasingly complex social relations, and new educational expectations (Ryckman 2008). Drawing from Bandura’s social learning theory, these children might have acquired unhealthy sexual practices such as rape through observing others and model those behaviours (Baumeister and Bushman 2011). Literature points out that witnessing how parents manage anger and conflicts may also have unfavourable impact on the adolescents’ mental health as they may internalize beliefs that aggression is normative and justifiable, and in turn, be more likely to act abusively towards significant others (Russell et al. 2013). Since social norms and social pressure which prescribe males to have sexual relations as a marker of their masculinity, majority of adolescent males are often misled by the notion of double standards which emphasize that men may have more sexual freedom than women and may have many sexual partners (Zhang et al. 2014).

In the next section, the causal factors leading adolescent males to alcohol abuse and unsafe sex, are discussed.

CAUSAL FACTORS OF ALCOHOL ABUSE AND UNSAFE SEXUAL BEHAVIOUR OF ADOLESCENT MALES

Puberty

Early timing of puberty maturation for boys is a good predictor of several risky behaviours such as unprotected sexual activity, physical fights and alcohol abuse (Rice and Dolgin 2008).

Drawing from the fifth stage of psychosocial developmental theory by Erik Erikson, *identity versus role confusion* (Louw and Louw 2007; Ryckman 2008) adolescents may find themselves struggling to answer the question “*who am I?*”, especially when parents do not perform their responsible roles of nurturance, and providing sound morals during this exciting and challenging developmental stage (Jansen et al. 2012; Papalia et al. 2009). Sex hormones have an effect on adolescents risk taking behaviours, while specifically looking at getting drunk and having sex as they are controlled by a high level of testosterone. Literature emphasized that such early sexual encounters could be due to youth’s brain development and executive functions (EF) system which are still immature in comparison to those of adults. Owing to the neurocircuitry that is still maturing, adolescents may be susceptible to poor inhibitory control, higher impulsivity and risky decision-making tendencies. For example, they may fail to regulate their thoughts, emotions and behaviour such that they abuse alcohol and subsequently engage in unsafe sexual encounters (Pokhrel et al. 2013).

Culture

According to Ngubane (2010) in many African cultures, boys are socialized to be masculine from an early age and tend to have multiple sexual partners, act impulsively and gang-rape women. Amongst the South Sotho and Xhosa speaking in South Africa, the option of staying uncircumcised and uninitiated as a man is impractical because such a person will not be taken seriously (Twala 2007). To obtain social status of being a man “*indoda*” gives one the dignity can be culturally capable of entering into a valid marriage and establishing his own homestead, hence adolescent males would insist of being traditionally circumcised (Gwata 2009). In heterosexual contexts, constructions of such power are intricately linked to hegemonic masculinity, which fuels emotional and sexual abuse of women. As a result of male dominance, several studies conducted in South African reveal that females become subjected to humiliation, sexual coercion from their partners and display low level of self-esteem and efficacy since they are culturally conditioned not to negotiate safe sex and make well-informed choices on their future plans (Dietrich et al. 2013). Kheswa and Notole (2014)

highlight that adolescents engaging in aggressive sexual behaviour are prone to escalating HIV/ AIDS infection because they want “*flesh to flesh*” and such rapes are perpetuated by cultural beliefs, that if a woman or a girl says “no” to sex, it means the opposite. Also, societies which uphold cultural values and permissive attitudes regarding sexuality (for example, polygamy and gender inequality) can influence adolescents to initiate and practice sexual intercourse inappropriately (Crockett et al. 2006). Jewkes and her colleagues (2009) in the study conducted in Eastern Cape and KwaZulu-Natal in order to understand rape perpetration, they established that 27 percent of adolescent males agreed that they had forced a minor to have sex with them against their consent. Based on these literature findings, it remains a serious concern whether African adolescent males use condoms consistently when having sexual intercourse because Nyembezi et al. (2009) found that in a study among traditionally circumcised males in the Eastern Cape Province, South Africa, 92 percent of the participants believed that there was no need to use a condom since they have circumcised. An explanation for such reluctance lies in delaying to convey relevant and adequate information about sexuality; societies which are culturally embedded; and educators who do not talk about sexual matters with youth. In this case, a disproportionate number of adolescent males may tend to be aggressive and often lack skills to negotiate birth control methods (that is, use of condom) with their partners.

Peer Influence

Peer pressure is viewed as one of the major influencing factors that lead adolescents to alcohol abuse. Adolescents whose peer group is involved with alcohol are also more likely to become involved. Conforming to peers may force adolescents to be sexually aggressive to meet the group norms rather than to be labelled as “sissy” (Langa 2010). Very often, to avoid rejection and humiliation, they smoke cigarettes, drink alcohol, become truant and belittle their educators when being reprimanded at school (Kheswa 2006). This behaviour is imposed by group polarization theory and theory of reasoned action. For instance, Louw and Louw (2007) discovered that between 2002 and 2004, a group of African adolescent males in Eastern

Cape, South Africa, became sexually active to prove their normality (that is, virility) among their peers. Sadly, more than 75 percent revealed that they practiced unsafe sex despite being aware of HIV/AIDS transmission.

In South African Black communities, urgent questions need to be raised about why these trends are on the increase. Research by the Institute of Race Relations found that adolescents who display aggressive personality may be reared in fractured or child-headed families and capable of easily bullying their low-self esteemed friends into risk-taking behaviour (Holborn and Eddy 2011). Tracking this behaviour is important because adolescents with immature identity may experience difficulties in resisting peer pressure thereby dropping out of school prematurely and have impaired sense of autonomy as well as impaired sense of purpose in life.

Drug-friendly Environment

According to Holborn and Eddy (2011), there is growing evidence that different adolescent problem behaviours are interrelated, for instance, intake of drugs and alcohol and engagement in risky sexual behaviour are exacerbated by dysfunctional neighbourhood (Kann 2008). For example, Lehn et al. (2005) found that when there is negligence from parents, due to substance abuse, divorce, and poverty, it becomes easier for the children to copy from them. Having explained that social learning theory may have an impact on personality – formation of male youth, societies which lack positive role models, by far, tend to produce behavioural problems such as hostility and antisocial behaviour among its future generation (Sigelman and Rider 2009). Literature reveals that for sensual pleasure (immediate gratification), adolescent males find themselves being occupied with drugs and alcohol experimentation (Visser and Routledge 2007) and consequently they tend to inject themselves with needles and engage in unsafe anal sex among themselves, which lead to risks of HIV transmission (Louw and Louw 2007).

For as long the adolescents’ immediate surroundings are characterized by relatively high rate of alcohol consumption, illicit drugs and lacks recreational facilities, their psychological well-being may languish and result in the development of identity confusion (Compton and Hoffman 2013; Onya et al. 2012). When an over-

whelming sense of failure clouds their judgement, research indicates that they may compensate their unmet emotional needs through expressing anger to their sexual partners by violating their rights when negotiating safe sex (Ryckman 2008; Schultz and Schultz 2013). Research conducted in the Eastern Cape among Xhosa-speaking adolescent males, Kheswa and Notole (2014) found that for as long as young people are not empowered with knowledge to enhance sexual values and attitudes, gender violence would escalate. These scholars found that adolescent males who have been socialized to be patriarchal, in many cultures, abuse women. An explanation for such behaviour is reinforced by power control theory which views patriarchy as the structuring of society by family units where adult males are the heads of the households and regarded as independent social constructs that oppress women in such a way to benefit men's needs and gratifications (Zhang et al. 2014). Based on these literature findings, it may be deduced that adolescent males will be most likely to lack skills in experiencing emotional connectedness and fulfilment in their sexual relationships because they have been exposed to witnessing women being battered and devalued by their own fathers or adult males at home.

Parenting Styles and Family Settings

Parenting styles, adolescent sexual behaviour and alcohol abuse have been researched extensively (Holborn and Eddy 2011; Kheswa and Notole 2014; World Health Organization 2007). Though parental support is associated with less adolescent males' delinquency, Weitin (2011) argues that when parental monitoring is excessive, adolescent males may resort to risk-sexual behaviour upon finding a chance to mix with peers who are sexually active. Parental monitoring of the adolescent males' school work and their connectedness with their adolescent males when discussing sex education programmes results in awareness of HIV/AIDS (Wight et al. 2006). A convincing model which explicates the parent-son attachment is Development of Early Adult Romantic Relationship (DEARR) model, pioneered by Bryant and Conger (2002). This model postulates that adolescents accustomed to receiving nurturance (for example, warmth, trust and unconditional positive regard) tend to sustain their dating relationships successfully as compared to their counterparts whose up-

bringing is characterized by abuse (for example, physical, emotional and sexual). In this regard, it is clear that when adolescent males are encouraged and supported by educators and parents, in turn, their sense of self-worth is likely to be positive and their self-esteem sound (Adamson and Johnson 2013; Park and Peterson 2006).

Adolescents who grow up in extended families may be susceptible to early sexual initiation especially if older siblings, aunts or uncles drink alcohol and use other illicit drugs such as dagga or marijuana and do not present themselves as good role models (Holborn and Eddy 2011; Stevens and Cloete 2010). Also, in a South African study, Peltzer and Pengpid (2013) found that in poverty-stricken communities there are child-headed households and are characterized by high rate of criminal behaviour, teenage parenthood and HIV/AIDS. In the Eastern Cape, Kwa-Zulu-Natal and Limpopo provinces, school drop-outs are in large numbers owing to a minimal or lack of quality adult supervision. Holborn and Eddy (2011) highlight that the absence of the father in the household during child's growth is associated with lack of cognitive, emotional, intellectual functioning and poor school performance of the children. Compared with adolescent males reared in families where fathers show emotional support, discuss sexuality and encourage prosocial behaviour, Adams and Johnson (2013) argue that behavioural problems may manifest among youth which are neglected. Empirically, Takatshana (2013) found that 50 percent of the adolescent males indicated that their caregivers do not warn them about HIV/AIDS while another 69.3 percent of male youth indicated that their caregiver do not discipline them when they change the sexual partners. In comparison to other economically active youth (Whites and Indians), African youth had high levels of poverty and unemployment in 2010, pitching 67 percent of people over the age of 18 (Holborn and Eddy 2011).

EFFECTS OF ALCOHOL ABUSE AND RISKY SEXUAL BEHAVIOUR

Literature findings emphasize that drug dependence bears negative effects such as depression, suicidal ideation, posttraumatic stress disorder and HIV infection. From television programmes and magazines which glorify sex and multiple sexual partnership, majority of adolescent males identity and transition to adulthood

become contradicted because the sexual content is often linked with alcohol and drug abuse, which in turn, leave them emotionally and cognitively confused (Braun-Courville and Rojas 2009). It may be hypothesized that their psychological well-being may become susceptible to being less-developed in various aspects, including physical, spiritual, social, emotional, intellectual and psychological, especially when they have contracted HIV/AIDS because the hope for future shall have been shattered in comparison to the HIV negative counterparts.

In addressing the fourth aim of this research study, psycho-educational programme and parental inclusion in educating adolescent males about the dangers of alcohol abuse and risky sexual behaviour, will be discussed.

PSYCHO-EDUCATIONAL PROGRAMME

Psycho-educational programmes are guidelines that are proposed in the form of training people in the psychological aspects which are thought to be relevant to foster psychological well-being following the consequences of risky sexual behaviour (Moleli 2012). They are used to help eradicate individual's confusion, anxiety and other barriers such as environmental or social factors, surrounding psychiatric diagnosis which may hinder occupational functioning. For the adolescent males to overcome their addiction to alcohol, Linton and Bergbom (2011) propose the cognitive-behavioural training (CBT) pioneered by Albert Ellis and Aaron Beck, which states that adolescents' thoughts, beliefs and attitudes largely influence their actions and feelings. According to CBT, in order to resist alcohol or drugs, adolescents should be able to identify how their environment impacts on their patterns of thinking. In other words, they should acknowledge that

1. They have drug- problem rather than to deny or be defensive when discussing the problem.
2. They must make a plan to change (either by joining favourite sports or church).
3. They must take action by applying the principle of entropy. Drawing from Carl Jung's theory of personality, adolescent males may channel their energy by spending time wisely through establishment of their talents as opposed to wasting it at the taverns (Schultz and Schultz 2013).

4. In keeping the positive change permanently, they must be committed to leading a new life-style (Linton and Bergbom 2011).

Facilitation of Psycho-educational Programmes for Adolescent Males

Various scholars are of the opinion that for psycho-educational programmes to be effective, the intervention should focus on social resistance training (how to say no), and competence enhancement (social connectedness, proactive coping skills to unlearn the effects of modeling) as a large portion of adolescents are swayed by media, drug-friendly environment and lack of role-models (Kern et al. 2014; Kirby and Laris 2009; van Staden et al. 2009). Drawing from Roger's Diffusion Theory, adolescent males may implement well-informed decision making process consisting of different stages: (1) awareness of using condom and spreading information among peers, (2) the information of an intention to buy or collect condoms from the clinic free of charge, (3) utilization and (4) maintenance of condoms for every engagement in sexual intercourse (McAlister et al. 2008) provided they are guided unconditionally and with respect by educators and adults. Similarly, from the model which is widely used in developed countries (for example, Switzerland and United Kingdom), when Life-Skills educators, youth counsellors, parents and health workers may follow this approach in educating black adolescent males in particular, majority of young people's sexual behaviour may improve:

- F:** provide feedback on risk or impairment
- R:** emphasize personal responsibility for sexual behaviour change
- A:** offer clear advice to change
- M:** give a menu of options for behaviour change (for example, abstinence, delay, condom -use)
- E:** counsel with empathy
- S:** express faith in the adolescent's self-efficacy.

This research paper therefore proposes that while adolescent males are given options as to why they should practice safe sex and refrain from substance abuse, counsellors must not be judgemental nor condemn adolescent males who have homosexual tendencies.

Parents' Inclusion

According to Kirby and Laris (2009) parents must also be encouraged to coach their boys to go for voluntary HIV- testing and once found negative, they should practice safe-sex, and show commitment to one sexual partner. Lastly, should they have contracted HIV, self-acceptance as opposed to denial and unsafe sexual practices, must be advocated. Finally, parents must support their sons to refrain from using substances (alcohol and drugs) especially when they are on antiretroviral treatment because alcohol abuse impacts negatively on the gastrointestinal and respiratory tract immune system, thereby resisting the ARVs from effective functioning against opportunistic infections (Shuper et al. 2013).

CONCLUSION

Many African adolescent males in South Africa grow up taking risks in their sexual practices, use of alcohol and drugs, and in criminal activities. It is evident from the literature findings that when adolescent males are raised in fractured families characterized by poor education, poverty and unemployment, there is a high possibility to be exposed to risky sexual behaviour and experiencing impairment in social, emotional and mental well-being. It is proven that to befriend deviant peers contribute to inconsistent use of condoms by those sexually active because when in groups, they tend to be invincible and to conform by expressing their sexual prowess under the influence of alcohol and drugs, resulting in contracting sexually transmitted infections, being teenage parents and depressed.

RECOMMENDATIONS

In light of the literature cited in this manuscript, the proposal is that parents should instill morality to their adolescent males as they are presumed to be the primary educators. This could be achieved through encouraging parent-child positive-communication the topics which address sexuality while watching television together. At schools, during Life- Orientation periods, educators may enhance adolescents' self-esteem by letting adolescents express how alcohol abuse and HIV/AIDS impact the lives of youth. In this

way, adolescents in general may acquire assertiveness and decision-making skills because adults take the responsibility to buffer against risky sexual behaviour and contribute towards their positive wellness. Furthermore, the police officers and Centre for Justice and Crime Prevention should form partnership with the educators to conduct workshops and to combat the influx of drugs in the school premises. Finally, older men in respective communities should take initiatives to educate newly initiates or traditionally circumcised men on how to restore their manhood in order to gain respect from significant others.

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