NON-GOVERNMENTAL ORGANIZATION-WORKERS’ EXPERIENCE OF ALCOHOL PREVENTION IN SOUTH AFRICA

Bachelor of Science in Nursing, 180 Credits
Bachelor’s Degree Project, 15 Credits
Date of Examination: 2018-01-22
Course: 48
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ABSTRACT

Background

Harmful alcohol use is a major problem in South Africa and can lead to diseases such as cancer, liver cirrhosis and cardiovascular diseases. Also, South Africa faces a huge problem with fetal alcohol syndrome as a consequence of mothers drinking during pregnancy. Social consequences of harmful alcohol use might be unemployment, stigmatization, family disruptions and interpersonal violence.

Aim

The aim of the study was to describe South African non-governmental organization-workers’ experience of prevention of harmful alcohol consumption.

Method

A qualitative design with seven semi-structured interviews with three non-governmental organizations was used for this study. A qualitative content analysis was applied when analyzing the data.

Findings

The findings revealed two main categories: raising awareness and obstacles in raising awareness. It was found that one key preventative action is to educate and inform people about the harms of consuming alcohol. Screening and life skills development were also found to be part of the preventative work when raising awareness. Obstacles in raising awareness were lack of funding and low priority. It was more prioritized to treat alcohol-related diseases at an early stage and to prevent recurrence and complications, rather than focusing on neutralizing risk factors that cause alcohol-related diseases.

Conclusion

The importance of prevention against harmful use of alcohol is emphasized. However, there is a need of more primary prevention strategies to address the problem early on, before it even becomes a problem.

Key terms: Education, Harmful alcohol use, Non-governmental organizations, Prevention, South Africa.
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ACKNOWLEDGEMENTS

We would like to thank our participants in South Africa who let us take part of their experiences within the field of the study and who made this study possible for us.

We also want to express a very special thanks to our supervisor in Sweden, Margareta Westerbotn, for the rewarding cooperation that contributed to the knowledge we gained during the work on this study and for always being ready to help us with any concerns during the process.

The experiences we have gained and the memories we have made in South Africa will last a lifetime.

Finally, we would like to thank the Swedish International Development Cooperation Agency (SIDA) for supporting us with the Minor Field Study grant.
BACKGROUND

South Africa

South Africa is located in southern Africa and has a population of 56.5 million people. The country has three official capitals: Bloemfontein, Cape Town and Pretoria (von Konow & Sellström, n.d.). South Africa is a democratic state and has a president who is the Head of State and Government and is chosen by the parliament every fifth year (Hansson & Palmberg, n.d.). South Africa is one of the richest countries, measured in gross domestic product (GDP) per person, in the African region. However, there are inequalities as a result of the apartheid time. Most whites have a high living standard while a significant portion of blacks live in townships or in poor rural areas (Höglund, 2016).

Unemployment in South Africa has increased, the unemployment rate in 2014 was 24 percent. Unemployment is more common among blacks and most common among black youths. The average salary, before taxation, is 8150 SEK per month. There is no minimum wage (Höglund, 2016). The average salary in Sweden during 2015 was 31 400 SEK per month (Landsorganisationen i Sverige, 2017). As a result of economic and social tensions in South Africa, alcohol- and drug abuse has increased as well as criminality, murders, rapes, robbery and carjacking’s (Höglund, 2016).

Inequalities are prominent within the health care. Access to healthcare is significantly worse in communities where the majority of the population are blacks, and health in blacks are generally worse (Christoffersen, n.d.). The private healthcare has a high-quality health care and is only available to the ones who can afford private health insurance. The poor population, however, has to seek help at state primary care, which nowadays is free for approximately four fifths of the population (Höglund, 2016).

Alcohol consumption

Approximately 2.5 million deaths each year is caused by the harmful use of alcohol worldwide. Use of alcohol is a major risk factor for poor health globally and can have disastrous impacts on individuals as well as on families and community life (World Health Organization [WHO], 2010) such as family disruption and unemployment (Schmidt, Mäkelä, Rehm & Room, 2010). Harmful use of alcohol is one of the top four most common preventable risk factors for noncommunicable diseases (NCDs) (WHO, 2010). NCDs are also known as chronic diseases and kills 40 million people worldwide each year. Cardiovascular diseases account for most of the NCD’s, followed by cancers, respiratory diseases and diabetes (WHO, 2017).

WHO provides global status reports on alcohol and health. The most recent report from 2014 shows that the total pure alcohol consumption per person (aged 15+) in South Africa in 2010 was 11 litres per year, which makes South Africa rank as the 29th highest of 195 countries for total alcohol consumption per capita (WHO, 2014). The report shows a high rate of alcohol use among those who drank in South Africa; on average they consumed 27.1 litres pure alcohol per person in 2010 while the average consumption in Sweden among those who drank was 13.3 litres (WHO, 2014).
According to a national population-based survey, that was conducted in South Africa in 2008, nine percent out of 15 828 people reported risky, hazardous, or harmful drinking (Peltzer, Davids & Njuho, 2011). Hazardous drinking is described as a pattern of alcohol consumption that increases the risk of adverse health events, while harmful drinking is defined as alcohol consumption that causes adverse health events that are either physical or mental (WHO, n.d.). It was observed in a study that this pattern of drinking has increased since 2005. The findings also show that on a societal level hazardous drinking is more common in men than women (Peltzer et al., 2011). Furthermore, hazardous drinking in men was found to be associated with the coloured population group, lower economic status, lower education and the 20-54 years of age group. Hazardous drinking among women was found to be associated with urban residence, the coloured population group, lower education and higher income (Peltzer et al., 2011). Misusing alcohol by drinking an excessive amount of alcohol in a short period of time is more common in urban than rural areas. However, among current male drinkers’ higher levels of excessive drinking is more common in rural areas (Peltzer & Ramlagan, 2009). Problem drinking in the black population is significantly associated with psychosocial stress. It is a big problem that needs to be addressed with urgent interventions (Peer, Lombard, Steyn & Levitt, 2014).

Consequences of harmful alcohol consumption

Harmful use of alcohol can have a negative effect on the physical and mental health and can lead to diseases such as cancer, liver cirrhosis and cardiovascular diseases (Beroendecentrum, 2015). Moreover, it has been shown that there is a positive relationship between alcohol use and risky sexual behaviour (Adams et. al., 2014; Morojele et al., 2006), which increases the risk of transmitting infectious diseases such as human immunodeficiency virus (HIV) (Kalichman, Simbayi, Kaufman, Cain & Jooste, 2007). Harmful drinking is also associated with tuberculosis and pneumonia (WHO, 2010).

The nation also faces the problem of fetal alcohol syndrome (FAS) as a consequence of mothers drinking during pregnancy. South Africa is a country, among a few other nations, with one of the highest rates of FAS in the world (Watt et al., 2016). FAS-children in South Africa suffers the same symptoms as those elsewhere, for example poor growth and development (May et al., 2000; Viljoen et al., 2005). It has been shown that pregnant women in South Africa are not likely to believe that drinking during pregnancy could harm the fetus. This has also been found in men with pregnant partners (Eaton et al., 2014). The majority of pregnant women in South Africa sustain or increase their drinking after pregnancy recognition (Watt et al., 2014) Studies conducted by Watt et al. (2016) suggests that the likelihood of alcohol use during pregnancy is influenced by individual attitudes, knowledge, social networks and alcohol related beliefs.

Harmful use of alcohol is listed as the third leading risk factor for premature deaths and disabilities in the world. 4.5 percent of the global burden of disease, measured in disability-adjusted life years (DALYs), was represented by harmful use of alcohol in 2004 (WHO, 2010). In South Africa, 42.8 percent of the DALYs in males related to injuries is associated with alcohol and 25.9 percent in females. A systematic review in South Africa also shows that 50 percent of deaths caused by homicide and traffic traffic and homicide
Harmful use of alcohol often leads to social and economic consequences for the individual and for their families. Social consequences can for example be social alienation, physical abuse, driving under the influence and in some cases even suicide (National Board of Health- and Welfare [NBHW], n.d. a). When culture-specific boundaries regarding alcohol are crossed the individual might experience socioeconomic consequences such as loss of earnings, unemployment, family disruptions, interpersonal violence, difficulty with accessing health care and stigmatization (Schmidt et al., 2010).

**Stigma in harmful alcohol use**

Goffman (1986) describes stigmatization as the process of anticipating people's attributes based on their appearance and categorizing them according to that. Stigma refers to negative attributes and an individual who possess them are discredited by the society because they do not conform to the standards that are called normal and accepted by the society (Goffman, 1986).

Harmful alcohol use is severely stigmatized. It is in comparison to substance-unrelated mental disorders, not accepted as a mental illness by the society (Schomerus et al., 2011). Individuals who harmfully consume alcohol are held much more accountable for their condition while people with substance-unrelated mental disorders are not seen as responsible for their condition. They also provoke more negative emotions and social rejection, which puts them at particular risk for structural discrimination (Schomerus et al., 2011). People who are held responsible for their condition are less likely to receive help (Tscharaktschiew & Rudolph, 2015). Health care personnel tends to maintain a social distance towards people with substance abuse disorders (van Boekel, Brouwers, van Weeghel & Garretsen, 2015).

**Health promotion and disease prevention**

In this study the authors will focus on the concept of disease prevention. However, this is difficult to do without mentioning health promotion, as seen below.

Disease prevention, as a concept, can be described through its purpose, which is to minimize or eliminate risk factors that cause disease and thereby prevent adverse health events (Orth-Gomér, 2008). Health promotion refers to any action directed towards protecting or improving people’s health (Kemm, 2015). ‘Health’ as a theoretical concept is defined as a philosophical concept within nursing science; meaning that health is something more than the absence of physical disease or illness. Health is a process that is created by the individual and is experienced in the everyday life. The individual experience of health and illness is affected by disease, injury, suffering, and pain as well as poverty, unemployment, or the lack of social relationships (Willman, 2014).

There are three defined levels of disease prevention; primary, secondary, and tertiary prevention. Primary prevention is proactive, meaning: risk factors that causes diseases are neutralized before the disease manifests, while secondary prevention refers to treating of a disease at an early stage before harm can be done. When a disease establishes itself, preventative work aims at preventing complications or recurrence;
this is tertiary prevention (Kemm, 2015).

The concept of disease prevention can sometimes be confused with health promotion. Andersson and Ejlertsson (2009) distinguish the two concepts by describing health promotion as having a salutogenic focus, while disease prevention is derived from a pathogenic perspective. As mentioned by Langius-Eklöf and Sundberg (2014), the salutogenic perspective focuses on people’s conditions and resources to handle stress, such as being affected by a disease. The goal by having a salutogenic approach is to increase people’s health. The pathogenic perspective, however, focuses on risk factors for diseases and treatment of diseases.

Health promotion targets healthy populations with the purpose of increasing health and resistance to several kinds of diseases (Tengland, 2010). Disease prevention targets people with certain symptoms, diseases, or risk factors (Andersson & Ejlertsson, 2009). Even though the two concepts can be distinguished by their different definitions, the reality is that they can seldom be separated in practice. Whether actions are considered health promoting or disease preventive, the actions is still equally useful. Preventing diseases successfully has a positive effect on the population. Health promotion often targets basic health, which is the anatomical, physiological, and psychological health that supports a person’s level of comfort. In both cases, the concepts work towards the maintenance of the population’s health and wellness (Tengland, 2010). Willman (2014) describes disease prevention as a part of health promotion by describing the role of health promotion, which includes to minimize risk factors and prevent diseases.

Health promotion is implemented through different structures in the society. The government can for example control the availability of alcohol or enforce healthy behaviour such as requiring motorcyclists to wear crash helmets when riding. The health care system also has a significant role in health promotion, as do different organizations and communities (Kemm, 2015). Non-governmental organizations (NGOs) are organizations that do not belong to the governmental sector, such as action groups, opinion groups, voluntary organizations, and unions (National Encyclopedia, n.d.). NGOs have been attributed with two main abilities; to fill in gaps in service delivery in communities as well as challenge unequal relationships (Banks, Hulme & Edwards, 2014).

Nurses have yet to demonstrate a clear and obvious health policy/political role in implementing and formulating health promotion activities (Kemppainen, Tossavainen, Turunen, 2012; Whitehead, 2011). A different approach in health promotion has been suggested by Rall and Meyer (2006) who discusses the importance of public relations which can be established by advertisement of health care services. Rall and Meyer (2006) mean that similarly to the way organizations market their services, registered nurses would have to identify the wants and needs of a population in order to offer health services.

Alcohol prevention within the healthcare system

The health care has an important role in helping patients with hazardous or harmful patterns of drinking. The help should be aimed at identifying risk factors at an early stage and informing the community about alcohol related diseases; the cause and the symptoms and how they develop over time (Romelsjö & Bendtsen, 2008). The health
care system in the African Region seldom recognizes alcohol problems and the issue tends to be minimized, however, health personnel lack the appropriate skills and knowledge in order to properly address the problem. There are no effective interventions with the purpose to prevent the issue, neither are there any brief interventions in the primary care nor intensive treatments in the specialized units (Ferreira-Borges, Ketsela, Munodawafa & Alisalad, 2013).

**Nurses’ professional responsibility in alcohol prevention**

The International Council of Nurses (ICN) describes four fundamental responsibilities of nurses; two of them being to promote health and to prevent illness (ICN, 2012). For decades, the nursing profession has been seen as the profession that leads and implements health promotion. This role has been assigned to nurses because of their involvement with their patients (Whitehead, 2005). A nurse has a responsibility to identify and evaluate a patient’s resources and ability to self-care. Furthermore, the nurse has a role in educating and supporting patients with the purpose of promoting health and preventing illness. The nurse should work proactively to help maintain a patient’s health and, if necessary, motivate them to change their habits (Whitehead, 2006; Willman, 2014).

Nurses have good opportunities to work preventatively against harmful alcohol consumption by identifying risk factors and giving advice on the issue (Romelsjö & Bendtsen, 2008). According to Kemm (2015), registered nurses in primary care have a unique opportunity to promote health because they meet their patients on a yearly basis and their educational activity can therefore be sustained. Also, nurses in primary care encounter the majority of the population (Kemm, 2015), which poses an opportunity to identify risk factors (Romelsjö & Bendtsen, 2008), even if a visit to the general practice is to consult on another issue (Kemm, 2015).

Health personnel, including nurses, can identify risk factors of harmful alcohol consumption by doing an alcohol screening following a consultation and support. The alcohol screening includes asking people about their amount of alcohol consumption per week and their drinking pattern (how much alcohol that is being consumed each day). These questions are included in the alcohol use disorders identification test (AUDIT) and by asking these questions nearly 90 percent of at risk consumers can be identified (Romelsjö & Bendtsen, 2008). Screening following brief interventions consisting advice and counseling by a patient’s physician or nurse have shown to reduce alcohol consumption by high-risk drinkers (Ockene, Adams, Hurley, Wheeler & Hebert, 1999; Reiff-Hekking, Ockene, Hurley & Reed, 2005). Harmful alcohol users receiving brief interventions also reduce their alcohol consumption, and the death rates for this group is lower (McQueen, Howe, Allan, Mains & Hardy, 2011).

MI was originally developed to treat alcohol problems but is today used in counseling and treatment of lifestyle related factors such as alcohol, tobacco, drugs, physical activity, and diet (NBHW, n.d.b.). MI used by a nurse practitioner has shown to decrease alcohol consumption among hazardous drinkers (Beckham, 2007). It has been discussed by Tomson, Romelsjö and Åberg (1998) that by simply asking about the patient’s view on his/her present health symptoms in relation to his/her lifestyle nurses can get an indication if the patient is ready to change his/her drinking habits and adjust to interventions accordingly.
In reality, alcohol prevention is not given high priority as a study conducted by Andréasson, Hjalmarsson and Rehman (2000) show that general practitioners and district nurses in Sweden do not discuss alcohol habits with more than 50 percent of their patients. Half of the nurses also reported that they did not feel like they were able to give advice about alcohol. A similar issue has also been noted in research nurses in South Africa who felt insecure and unconfident when talking to patients about alcohol problems prior to their training in alcohol screening and in brief interventions (Peltzer, Seoka, Babor & Obot, 2006). It appears that the low level of early identification and intervention is related to insufficient practical skills (Johansson, Bendtsen & Åkerlind, 2002) and preparation and support to carry out such work (Lock, Kaner, Lamont & Bond, 2002). Because of the lack of practical skills and training, the alcohol related competence is lower than working with many other health-related lifestyles (Geirsson, Bendtsen & Spak, 2005). Furthermore, registered nurses are more likely to screen a patient’s alcohol habits if the patient has alcohol related symptoms or diagnosis (Holmquist et al., 2008; Johansson, Åkerlind & Bendtsen, 2005), or if the patient belongs to a risk group (Johansson et al., 2005). Secondary preventative health care is perceived to be more important by registered nurses. Lack of self-efficacy, time consumption, and fear of harming the relationship with the patient are reasons for refraining from alcohol screening and intervention (Johansson et al., 2005).

**Interventions against harmful use of alcohol**

WHO (2010) emphasize the importance of education and information about harmful alcohol use and the associated health consequences. The education, however, needs to go beyond providing information to be effective; meaning that there is also a need of interventions and effective alcohol policies. According to Ferreira-Borges et al. (2013) interventions such as restrictions on advertising, taxation and community information are used in the African region. These interventions are used informally and are not adequately controlled and lack enforcement systems. Because there is little information on the issue regarding harmful alcohol use, the problem tends to be overlooked or not given attention in policy development.

South Africa established an Inter-Ministerial Committee in 2010 to reduce alcohol-related harm. While some ministers argue that the individual is responsible for the harm caused by alcohol, the committee has taken a “public-health” approach. Since the establishment of the committee there has been an increase of activities to shut down unlicensed liquor outlets, which are prominent in South Africa and contributes to harmful alcohol use since alcohol usually is sold cheaper by these outlets (WHO, 2014).

**Education**

The Department of Basic Education in South Africa has in partnership with United Nations Children's Fund (UNICEF) developed a national strategy for the prevention and management of alcohol and drug use amongst students in school. Most students do not harmfully use alcohol or drugs and that is the main reason why this strategy’s focus is on prevention. The strategy also focuses at creating an enabling environment for the students who already have become addicted to substances such as alcohol or drugs so that they can access support services, care and treatment (UNICEF, n.d.).
Craplet (2007) discusses the importance of not only targeting present or potential users, but also educating and informing policy advisers, politicians and media makers for their professional competence. Treatment program staff should also be included because they often tend to be reticent towards prevention (Craplet, 2007).

Problem statement

Harmful use of alcohol cause approximately 2.5 million deaths each year worldwide and is one of the top four most common preventable risk factors for NCDs (WHO, 2010). South Africa faces a huge problem with alcohol misuse since drinkers consume alcohol heavily (WHO, 2014), which can lead to consequences such as premature death, tuberculosis, pneumonia (WHO, 2010), cancer, liver cirrhosis (Beroendecentrum, 2015), FAS (Watt et al., 2016) and socioeconomic consequences such as unemployment and family disruptions (Schmidt et al., 2010). Because the health care system in the African Region seldom recognizes alcohol problems and the issue tends to be minimized (Ferreira-Borges et al., 2013) it is of great importance to describe other instances’ preventative work against harmful alcohol consumption in South Africa. Since nurses have a responsibility to prevent illness (ICN, 2012), it is valuable to describe how organizations work preventative against harmful alcohol use in order to share their knowledge with registered nurses in their preventative work.

AIM

The aim of the study was to describe South African non-governmental organizational-workers’ experience of prevention of harmful alcohol consumption.

METHODOLOGY

Research design

The study was conducted through a qualitative method with semi-structured interviews to describe the prevention of harmful alcohol consumption in South Africa. A qualitative research design is characterized by the holistic tendency; the aim to understand the whole complexity of the study issue. It is a flexible research design that is adjustable to new information revealed during the process of data collection (Polit & Beck, 2017). It was considered appropriate to use this method because the viewpoints and realities of the participants are not known at the outset, therefore it was demanded to use a research design that was flexible and adjustable to the collected information. Also, the study was aimed to understand the whole complexity of working with prevention of harmful alcohol consumption. As mentioned by Polit and Beck (2017), semi-structured interviews are prepared with a written topic guide. While it is a list of areas to be covered with each participant, they are still encouraged to talk freely about the subject in their own words. This type of interview method suited the aim of the study since it gave the participants’ room to talk freely about their thoughts and experiences regarding the topic.
Inclusion criteria

As addressed by Polit and Beck (2017), it is important that the researcher specifies participant criteria in order to define who is in the population. The chosen study group was non-governmental organization-workers. Since NGOs work with prevention of harmful alcohol consumption it was considered important to interview workers of NGOs on how their preventative work is formed and its outcome. Thus, one inclusion criteria was that the participant had to work for a NGO. Another requirement that had to be met was that the participant had to have a minimum of five years of experience to ensure they had knowledge within the study field. Also, the participants had to be able to speak the English language in order to participate.

Study group

A google search was made to find NGOs that worked with the study issue. Five representatives at five different NGOs were emailed asked to participate in the study, three of them responded and were interviewed. One of the representatives referred to four other workers within the same organization, that also participated in the study. The two other representatives that were contacted did not respond to the emails asking about study participation. The participants, which included one man and six women, consisted of one Founder Director from one organization, two Regional Directors from two different organizations, and four social workers within one organization. Because of the diversity between their roles the study was provided with a dimension of the complexity in the organizations’ preventative work. The organizations were located in suburban areas in Western Cape.

The participants mainly worked with treatment of substance abuse, including alcohol abuse. However, they did work with prevention as well. The social workers within the one organization worked more “hands-on”, or actively, with prevention in the meeting with their clients, while the directors were more responsible of overseeing the organization.

Data collection

The study group was selected through purposive sampling and snowball sampling. A maximum variation sampling was used, which is a method of purposive sampling, to select participants with diverse backgrounds and perspectives to invite enrichment of emerging conceptualizations, as mentioned by Polit and Beck (2017). Polit and Beck (2017) address that researchers might use snowballing as a method to ask early participants for referrals to people with different perspectives and views on the topic. One of the participants, who was a Regional Director, referred to the social workers working within the same organization as the Regional Director.

Obtaining Permission

Prior to the interviews, the representatives at the organizations received an information letter about the authors, the aim of the study, the study design, the chosen method for data collection and analysis, and a permission request to use a voice recorder to record the interview. It was also mentioned in the letter that if consent was not given to the use of a voice recorder, the authors would take notes of the interview instead. Furthermore,
the participants were informed about their confidentiality throughout the study and, as mentioned by Polit and Beck (2017), informed about their right to exclude information, ask questions, and withdraw from the study at any time and without any further explanation. The participants were also verbally informed about the content in the information letter.

**Topic Guide**

A topic guide (APPENDIX A) was prepared before the interviews were conducted. As mentioned by Polit and Beck (2017), semi-structured interviews are prepared with a written topic guide, which is a list of subjects or questions. There were four topics included in the topic guide: interviewee background, workers’ experience, interventions, and progress and limitation. A total of 15 questions were formulated and sorted into the appropriate topic. Moreover, as advised by Polit and Beck (2017), questions that could be responded with “yes” or “no” were avoided to give the participants the opportunity to answer the questions with rich and detailed information.

**Pilot interview**

A pilot interview was conducted to bring awareness of any potential challenges with the topic guide. According to Gillham (2008), the analysis of the data and information retrieved from the pilot study gives the researcher an opportunity to adjust the topic guide if needed. However, the topic guide worked very well, and no adjustments had to be made. Rich information was retrieved, and the pilot study was therefore included in the study which, with the pilot interview, contains a total of seven interviews.

**Performing the interview**

The interviews were conducted in Western Cape, South Africa. The participants were verbally informed about the study aim, study design, and method for data collection and analysis. Moreover, the participants were also informed about their confidentiality throughout the whole study and their right to withdraw from the study at any time without any further explanation, so called voluntary participation. As recommended by Polit and Beck (2017) all the interviews were voice recorded, with the permission of all the participants, to ensure that the collected data were the participants’ actual verbatim responses. The authors took turns in conducting the interviews, which lasted approximately 25-40 minutes. The topic guide was used, but it was clarified that it was possible to elaborate on the prepared questions.

The ideal setting when using a recorder is someplace quiet without disruptions, but it is not always possible (Polit & Beck, 2017). It can sometimes be useful to let the participants select the setting such as a coffee shop. However, the place should offer privacy and protect insofar as possible against interruptions (Polit & Beck, 2017). One of the interviews were held in a restaurant by the suggestion of the participant. Although it was not the ideal setting because of the surrounding noise, the authors made sure that the recorder picked up what the participant said. The rest of the interviews were conducted at the organization’s office.
Data analysis

Transcribing

As noted by Polit and Beck (2017), verbatim transcription is important when preparing for data analysis. The interviews were transcribed word by word. Each interview was transcribed the same day it was conducted or the following day. Material that could not be heard, because of the pronunciation or disturbing background noise, when listening to the voice recorder was also noted in the transcription, as recommended by Gillham (2008), with three dots: (...).

Content Analysis

A qualitative content analysis was applied when analyzing the data to identify prominent themes and patterns among the themes, as mentioned by Polit and Beck (2017). The data was analyzed with a manifest content analysis approach. Polit and Beck (2017) describes manifest content as the visible components of the text, therefore it seemed appropriate to use this approach since the purpose of the analysis was to identify the obvious meaning of what the participants said about prevention work.

Transcribing the data was the first step in analyzing the material. The second step was to process the data. The transcribed material was read by the authors separately to not influence each other's interpretations of the material. Polit and Beck (2017) mentions that congruence between two independent people reading the data can verify the objectivity, relevance, meaning and accuracy of the data. The authors read the material several times to become familiar with the data and gain insight, as recommended by Polit and Beck (2017). The third step was to break down the data into smaller units; meaning units. As described by Polit and Beck (2017 p. 537) “a meaning unit, essentially, is the smallest segment of a text that contains a recognizable piece of information”. The authors identified the meaning units together after having read the transcribed material separately. The content was discussed and there was no disagreement between the authors when identifying the meaning units and labelling them with codes. Coding is necessary to develop categories and subcategories (Polit & Beck, 2017). A category scheme emerged when organizing and grouping codes that represented the same content. As mentioned by Polit and Beck (2017) categories are discovered during coding. Two categories were identified: raising awareness and obstacles in raising awareness. Totally six subcategories emerged: inform and educate people at risk, screening as prevention, and life skills development (raising awareness), and cultural norm accepted in society, inadequate interventions by the organizations, and denial by alcohol consumers (obstacles in raising awareness). An inductive approach was used since the codes emerged and were defined during the content analysis, as described by Polit and Beck (2017). It was considered appropriate to have an inductive approach because it allows the empirical world to determine what questions to seek answers to (Kvale & Brinkmann, 2014), and subsequently codes and categories were determined by the empirical material collected.

Ethical considerations

As mentioned by Polit and Beck (2017), it is important to have respect for the human dignity when conducting a study that involves individual people. The participant has a
right to self-determination, which means that the participant is free to control his/her own actions, including voluntary participation (Polit & Beck, 2017). Since the study concerned individual people, there were considerations regarding the four ethical requirements; confidentiality, consent, information, and use of data (Vetenskapsrådet, 2011). The study was conducted in accordance with the ethical requirements. The participants were informed that they would be confidential throughout the whole study. Only the researchers would know the identity of the participants. Private data that could identify the participants would not be published in the study, as advised by Kvale and Brinkmann (2014). When transcribing the collected data, the authors unidentified the participants by giving them a number and deleted the recorded data as soon as it had been transcribed. The transcribed data was then stored in a computer with password protection.

The interviews were dependent on the informed consent of the participants. To gain their consent, the participants received both written and verbal information about the study. Helgesson (2015) describes informed consent as the process of informing the participant about the study and the participant giving their informed consent based on the received information. A missive (APPENDIX A) consisting information about the study was sent to the representatives at the organizations through email prior to the interviews. The information consisted a presentation of the authors, the aim of the study, study design, method for data collection and analysis, the right to withdraw from the study at any time without any further explanation; so called voluntary participation, and the use of a voice recorder with support of the participants’ consent. It was also mentioned that the authors would take notes if consent was not given to the use of a voice recorder, so the participant was not obliged to being recorded. When meeting the participants for the interviews, they were verbally informed about the study before the interviews were conducted.

The results were presented honestly; meaning that the authors did not made any changes or distorted the collected material to adjust the answers to the aim. As addressed by Helgesson (2015), distortion of the study results would make them unreliable and it would be against good research practice.

When conducting a qualitative study, it is important to consider the potential negative consequences that might cause the participants and consider these against the scientific benefits of conducting the study (Kvale & Brinkmann 2014). The authors could see that there was an interest from the workers at the NGOs to share their work, knowledge and thoughts on the study problem. The authors reasoned that the study would bring knowledge about how NGO-workers work preventative against harmful alcohol consumption and that this information could bring awareness about the complex struggle of alcohol prevention. This knowledge could be useful for nurses in their work with alcohol prevention. Thus, the benefits of conducting the study outweighed any potential negative consequences.

**FINDINGS**

The categories and codes that emerged during the analysis process are presented in table 1. When several quotes are used to exemplify one paragraph, each quote is said by different participants. Furthermore, words that have been left out are noted with three dots.
Table 1 Presentation of subcategories and categories.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
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<tbody>
<tr>
<td>Raising awareness</td>
<td>Inform and educate people at risk</td>
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<td></td>
<td>Screening as prevention</td>
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<td></td>
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<td>Obstacles in raising awareness</td>
<td>Cultural norm accepted in the society</td>
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Raising awareness

Inform and educate people at risk

As described by the participants, the preventative work against harmful alcohol consumption is very much aimed at educating and informing people about the consequences of abusing alcohol; what it does to your body and the short- and long-term effects of consuming it. According to the participants, information and education are the most effective approaches in the preventative work. Even though there is much information available, people lack the insight of the harmful effects of alcohol, thus it is important to educate them in order to give them insight, as mentioned by the participants.

“So I think it’s just the whole, the real facts, giving them the facts, being honest about it. This is what could happen should you continue. You know, so that they have, so that they can make informed choices at the end of the day.”

The participants expressed the importance of responsible drinking, which is incorporated in the education and information. As said by the participants, the responsible drinking strategy is something that can be done with clients during counselling, with students in schools or with employees at companies. It can be done at any place where the organizations see that there is a need to tell their clients about what they can do themselves to drink responsible. The participants made it clear that they are not working against alcohol consumption because drinking a normal amount of alcohol is not harmful. They are working against the harmful use of alcohol, thus information about responsible drinking is a strategy to prevent harmful use of alcohol.

The education and information are especially targeted at the youth as well as pregnant mothers. The majority of the participants expressed the importance of reaching out to the youth with their preventative work. It was mentioned that the youth is particularly important because they are naive and have impulse control issues, so they are prone to start using alcohol. Also, because they are young they don’t think far ahead about their future, so they don’t imagine that they would ever be harmful users of alcohol. As described by the participants, many of their clients think that it would never happen to them. As mentioned by the participants, the purpose with targeting the youth was to educate them before they start abusing alcohol, and before the alcohol affects their bodies and their brains which are still under development. The participants wanted to
motivate the children to make good choices instead of waiting for them to make bad choices, such as getting addicted to alcohol and then dropping out of school. So, the participants stressed the importance of the preventative work with the youth, which is about not letting alcohol become a problem in the first place, instead of fixing the problem when the damage has already been done. It is about educating them early on about the harms of using alcohol so that they won’t even start using it. One of the participants even expressed that he or she felt that it didn’t always make sense to try and help the older clientele to stop drinking when he or she instead could try to stop the youth from even starting to harmfully use alcohol. The participants said that even though most of the youth seeks help for other types of substance abuse, alcohol prevention through information is still incorporated in the treatment.

One of the organizations had a youth program which is a peer-education program. It was described by the participant that a couple of students are trained to be peer-educators in their school. They are informed and educated about substance abuse, including harmful alcohol use, to run awareness-campaigns in their schools as well as acting as referring-agents for the “at risk” students. Participants from another organization had a different approach in reaching out to the youth by educating and informing the teachers about the reality of children’s environments and how it makes the children at risk consumers. So, as described by the participants, the information was about bringing awareness about how toxic home environments puts children at risk of using substances and how teachers can identify these children to help them.

According to the participants, it was important to also prioritize pregnant mothers in the preventative work. This is because FAS is a very big problem in South Africa. The participants can see that there was a need to target this group because a lot of people in South Africa do not have any knowledge about the harmful consequences of mothers consuming alcohol during pregnancy. The participants mentioned that even the men are educated about FAS so they can pass on the knowledge in their homes and spread the information further. The education is aimed at informing them about when the mother should stop drinking, how it affects the fetus and when the mother can start drinking again.

Screening as prevention

The participants talked about screening as a preventative strategy against harmful use of alcohol. The screening is aimed at identifying the client’s pattern of drinking to determine the extent of the problem, and to see if the client is a risk consumer, as mentioned by the participants. The participants look at how much and how often their clients drink; is it once a month, only on the weekends, within limits, or do the person binge drink? If the client is a binge drinker, the preventative intervention in regard to harmful use of alcohol would be to incorporate responsible drinking in the education, as described by the participants who also mentioned that by identifying a risk consumer at an early stage, preventative actions, such as education and information can be put in place in order to prevent harmful use of alcohol.

Some participants did screenings at companies because most companies have a substance abuse policy nowadays depending on what kind of work that the people are involved in, as addressed by one participant. It was also mentioned that people who work at machineries cannot arrive intoxicated to work because that is a safety risk,
someone who is intoxicated could cause themselves injury or injury to other people while using heavy equipment and machines. Therefore, there is a mandatory drug testing or testing through breathalyzer at some companies. The participants said that by identifying alcohol consumers at companies, they can receive help through the organizations.

**Life skills development**

The participants expressed awareness about the environmental and socioeconomic factors that contribute to harmful alcohol consumption. By being aware of this, the participants expressed the importance of helping their clients with life skills development to better their chances of succeeding in life, despite socioeconomic factors that might affect them. By empowering them and enriching them with life skills, they might not end up unemployed, for example, which could be a life stressor that leads to harmful alcohol consumption, as described by the participants. So, the prevention is not necessarily aimed at alcohol abuse itself, but the internal factors, caused by external factors, that might lead to alcohol abuse.

“It’s about their self-worth and having a value and realizing that they have a future. And having come from an area where they had virtually no future to now having the possibility of a future is a strong chance people would not mess with that.”

The participants described that life skills development includes teaching people about character, what it means to be a person of character, and to have integrity, honesty and empathy. Life skills development is about helping people set goals in their lives and how the consequences of consuming too much alcohol could affect their goals or other things, such as relationships or work, in their lives. As mentioned by the participants, this is about strengthening a person’s internal factors so that they are stronger than the external factors, such as socioeconomic factors, that lead to harmful alcohol use. Being an empowered person is seen as a protection to substance abuse.

**Obstacles in raising awareness**

**Cultural norm accepted in the society**

The participants experienced that the cultural norm surrounding alcohol consumption was a barrier in the preventative work against harmful use of alcohol. As mentioned by the participants, binge drinking is accepted in the South African society because it is seen as something social within the culture. Because it is accepted to binge drink, people lack knowledge about the harmful consequences of it, according to the participants. The participants found it difficult to work against something that is culturally accepted. They experienced that it was especially difficult to change the beliefs on alcohol consumption with farm workers, because they grow up with the idea of drinking when seeing their parents drink. It was also mentioned that the cultural idea of drinking is influenced by the fact that farm workers used to get paid with alcohol. So, drinking as a cultural norm is more implemented in farm workers, making it more challenging.

“We are trying to say, “drink responsibly, do not binge”, but then culturally there is a different belief.”
The norm and culture of drinking is also implemented through advertisement, as mentioned by the participants. Advertisement of alcohol is seen as an issue by the participants when working with prevention of harmful alcohol consumption because the advertisements promote something completely different than the idea that the participants have about alcohol consumption, and the idea the that the organizations stand for. Because alcohol advertisements promote drinking as something fun and chill, people associate drinking with that. The advertisements highlight the cultural norm of drinking, which is seen as something positive. The association between drinking and fun makes it difficult to change people’s beliefs on alcohol consumption and the dangers of it, as described by the participants. Also, it was mentioned that alcohol companies are seen as a barrier because they have huge financial resources to promote alcohol advertisements, while organizations do not have as much money to promote information about the hazards of drinking.

Inadequate interventions by organizations

As experienced by the participants, prevention strategies against harmful alcohol consumption is not highly prioritized; not necessarily by the participants themselves, but lack of funding from other parts makes it difficult to implement prevention programs. One of the organizations were not funded for prevention, only for interventions such as treatment programs. Because of the lack of funding, there is also a lack of resources and professional staff, as mentioned by the participants. It was addressed that not a lot of preventative strategies are put in place in South Africa over all. One of the participants expressed that alcohol- and substance abuse is not a “sexy topic” and meant that other health areas, such as malnutrition and providing medical care for children are more “attractive” topics and are therefore more prioritized, which gets them more funding. The participants did however express that they could do more preventative work, but that it all goes down to funding and priority, and with harmful alcohol use treatment is more prioritized.

Denial by alcohol consumers

It was found that denial, because of the stigma surrounding alcohol abuse, is experienced as a big barrier in the prevention work because people don’t give any attention to the information, regarding harmful drinking, provided by the participants. In their minds, they don’t need the information because they would never be harmful alcohol users, because of the stigma, as described by the participants.

“So, it’s difficult to do prevention because people would say “oh but I don’t need that, I’m fine, I just drink once in a while””

The participants described that stigma makes it difficult for people to admit that they might be drinking too much, and if they are consuming too much alcohol they won’t seek help because of their denial affected by stigma. It was mentioned that far more people would be helped if there wasn’t any stigma. However, even though the participants were aware of the denial and stigma surrounding harmful alcohol use, stigma is not present when working with the clients, as mentioned by the participants. Stigma, in regard to associating alcohol abuse with social factors such as unemployment or someone’s appearance, is something that the participants said that they tried to not be affected by in their work.
DISCUSSION

Findings discussion

In this study, all the participants experienced that education and information were the most important preventative actions against harmful alcohol consumption. The education and information offered by the participants can be seen as an attempt to health promotion, as Kemm (2015) describes health promotion as any action directed towards protecting or improving people's health. As described by the participants in the present study, the aim with educating and informing people about the harms of consuming alcohol is to protect them from the negative consequences that can derive from consuming it, so they can make healthy decisions based on the received information. Furthermore, as described by Tengland (2015) health promotion targets healthy populations, and the organizations had in common that they targeted their preventative work at the youth or students, which would be the healthy population because as addressed by UNICEF (n.d.) most students do not abuse alcohol, and they are educated to make informed healthy decisions, as stated by the participants in the present study. However, according to some participants in the present study, the youth was considered as an at-risk group because they are naive and lack control over their impulse issues.

The majority of the participants also stressed the importance of targeting pregnant mothers and educating them about the negative consequences that might affect the fetus if the mother drinks during pregnancy, which is a preventative action that refers to the concept of disease prevention. This is because disease prevention refers to minimizing or eliminating risk factors that cause disease and thereby prevent adverse health events, as mentioned by Orth-Gomér (2008), thus Andersson and Ejlertsson (2009) describe that disease prevention targets groups with certain diseases or risk factors. Pregnant mothers in South Africa would be such a group because as described by Watt et al. (2014) the majority of pregnant women in South Africa sustain or increase their drinking after pregnancy recognition, which makes South Africa one of the countries with the highest rates of FAS worldwide, as stated by Watt et al. (2016). The education directed at pregnant mothers is seen as a mean of disease prevention. However, it was mentioned earlier that the education directed towards the youth is seen as health promotion. The only distinction concerning education as health promotion or disease prevention, is the group the education is directed towards; the youth as the healthy population and the pregnant mothers as a risk group. Whether education is labelled as a disease prevention or health promotion action, the both concepts are still useful. As mentioned by Tengland (2010), the concepts of disease prevention and health promotion can seldom be separated in practice because they both work towards the maintenance of the population’s health and wellness. As described by Willman (2014), disease prevention is incorporated in health promotion since it includes to minimize risk factors and prevent diseases.

Disease prevention is a prominent concept in the participants’ preventative work as findings of the study shows that alcohol screening was used as a preventative method as well, which also refers to minimizing or eliminating risk factors for disease, since screening refers to identifying risk factors. Screening was described by the participants in the study as a method to identify if the client was a risk consumer and thereafter put in preventative actions to prevent the client from harmfully using alcohol. According to
Kemm (2015) this would be secondary prevention since it refers to treating of a disease at an early stage before harm can be done. As stated by Romelsjö and Bendtsen (2008), alcohol screening is used in the health care as well. The health care system has an important role in helping patients with hazardous or harmful patterns of drinking by identifying risk consumers at an early stage and informing the community about alcohol related diseases, as described by Romelsjö and Bendtsen (2008). These responsibilities of the health care are similar to the participants’ preventative work in regard to education, information, and screening. Moreover, health promotion and disease prevention as implemented concepts in the participants’ preventative work was similar to two of the fundamental responsibilities of nurses described by ICN (2012); to promote health and to prevent illness. As highlighted by Willman (2014) registered nurses, too, have a role in educating patients with the purpose of promoting health and prevent illness. However, even if there are similarities in the preventative approaches, influenced by the concepts of health promotion and disease prevention, the nurses mostly encounter their patients through primary care as mentioned by Kemm (2015), while the participants in the present study encounter their clients through schools or companies for example.

Even though WHO (2010) emphasize the importance of education and information, the organization also emphasize the need of other interventions. The participants in the present study talked about the importance of including life skills development as a preventative strategy. It has been noted by Peltzer et al. (2011) that alcohol consumption is associated with low education, low economic status and the colored population. As mentioned by Peer et al. (2014) it is also associated with psychosocial stress within the colored population. The participants of the study were aware of these socioeconomic factors as contributing factors to harmful alcohol use and therefore they expressed the importance of helping their clients to develop life skills to increase their chances to succeed in life and minimize the influence of socioeconomic factors. Life skills development is a preventative strategy that is not used within health care as the help, as mentioned by Romelsjö and Bendtsen (2008), should be aimed at identifying risk factors at an early stage and informing the community about alcohol related diseases. Thus, the preventative work within the health care is more aimed at the direct physical issue rather than the deep socioeconomic circumstances that leads to internal problems which in turn lead to harmful alcohol use. It seems like the organizations in the study have a broader area that they cover when it comes to harmful alcohol use.

The findings show that the participants experienced that prevention was not as prioritized as treatment, one of the organizations didn’t even get any funding for prevention, only for treatment. It was mentioned that not a lot of primary prevention strategies are put in place. The organizations seem to have more resources to work with secondary and tertiary prevention, which is described by Kemm (2015) as treating of a disease at an early stage or preventing complications or recurrence. This is similar to the preventative work done by registered nurses since Johansson et al. (2005) mentions that registered nurses perceive secondary preventative health care to be more important; they are more likely to screen a patient if the patient has alcohol related symptoms or diagnoses, or if the patient belongs to a risk group.

Some participants in the present study experienced that lack of resources and professional staff were limitations in the preventative work. Lack of professional staff is also seen within the healthcare as a study conducted by Andréasson, Hjalmarssson and
Rehman (2000) showed that 50 percent of the district nurses in their study did not feel like they were able to give advice about alcohol. Another study conducted by Peltzer et al. (2006) noted that South African nurses felt insecure and unconfident when talking to their patients about alcohol problems prior to their training in alcohol screening and in brief interventions. This might be because substance abuse is not highly prioritized, which is discussed more below. However, the lack of professional staff would make it difficult, for both registered nurses and organizations, to properly educate people about the hazards of consuming alcohol. The authors of the present study did notice, however, that the participants had experience of working with substance abuse, thus making them well equipped to approach the problem. Because of the participants’ professions, they saw the problem of harmful alcohol use as a whole; meaning that it is not only a physical problem that cause illness but also a social problem. This is similar to how nurses view health and illness. As described by Willman (2014), health within nursing science is something more than the absence of disease or illness and is affected by social factors such as poverty, unemployment, or the lack of social relationships as well. The authors of the present study found that this aspect of health is really given attention by the participants because they work with life skills development, as mentioned above, which refers to other factors of health rather than the physical. It is about strengthening the social and psychological factors in health through life skills development.

The participants agreed that funding was a limitation as well, because alcohol abuse is not highly prioritized. One participant even expressed that it was not a “sexy topic” in comparison to malnutrition in children, which was far more funded. As stated by Ferreira-Borges et al. (2013), alcohol problems are not even highly prioritized in the healthcare system and the issue tends to be minimized. Something that might contribute to the low priority of substance abuse is the stigma surrounding it. Schomerus et al. (2011) describes that substance abusers are held much more accountable for their condition and evoke negative emotions and social rejection, and as noted by van Boekel et al. (2015) health care personnel tends to maintain a social distance towards people with substance abuse disorders. However, the participants in the present study did not have any internal stigma towards substance abusers and even though they were aware of stigma they tried to not let it affect their work. Stigma was still regarded as a severe issue because people will not admit to their problems and seek help, this is because of the stigma society has about alcohol abusers. Thus, it is possible to claim that stigma is a barrier in the preventative work because 1), alcohol abusers are held more accountable for their condition and are attributed with negative qualities, so why would prevention projects aimed at harmful use of alcohol get any funding?, and 2), if people do not admit to their alcohol problems because of stigma, the problem becomes minimized and not as revealed, so is there then a need for help through prevention and thereby funding? These questions are just reflections on how stigma might affect the low priority of harmful alcohol use. Even if it is not lowly prioritized by the organization-workers or the health care themselves, higher power such as the government decides which projects that get funded or not, and stigma might affect those decisions. As mentioned by WHO (2014), even some of the ministers in the South African Inter-Ministerial Committee argue that the individual itself is responsible for the harm caused by alcohol. This is a way of stigmatizing alcohol users.

As mentioned earlier in the paragraph above, the participants in the present study did not stigmatize their clients like health care personnel tends to do. This might be because
the organizations are aimed at substance abuse; their field is more limited, which makes them more focused and knowledgeable about that field, not necessarily in nursing terms, but overall. The participants are more used to encounter people with alcohol problems since that is what they mainly work with, whereas nurses work with a broad field of illnesses.

Stigma was not the only limitation identified in the preventative work. The findings show that norm is a limitation as well, which also could contribute to the low priority of harmful alcohol use. As noted earlier by Ferreira-Borges et al. (2013), the health care system in the African region seldom recognizes alcohol problems and the issue tends to be minimized. As shown in the findings, it is culturally accepted in the South African society to binge drink because it is seen as something social within the culture. Thus, the issue is minimized since people do not see the harms of drinking, it is accepted as a norm, because of the culture. If the society do not admit that binge drinking is a problem, because it is accepted within the culture, it is then not possible to prioritize preventative work against alcohol consumption because it is not seen as a problem. It would not make any sense to implement preventative actions if it is not seen as an issue in the first place.

The norm of drinking is implemented through commercial advertising campaigns as well, which was also experienced as an obstacle by the participants in the present study. Big companies have the financial means to sponsor big advertisements and promote drinking as something fun, while NGOs are limited in promoting their ideas because of limited financial resources. Because this was experienced as a big issue by the participants, it was also indicated that advertisement do work in promoting something and selling an idea. It has even been suggested by Rall and Meyer (2006) that registered nurses should take a different approach in health promotion by advertisement of health care services to reach out to a bigger population and establish public relations. If companies can sell their ideas about drinking, it would be possible for registered nurses to do that as well. But as the findings show, it all comes down to funding, which is only possible if harmful use of alcohol is prioritized. As discussed earlier, stigma and culture are obstacles to that.

**Methodology discussion**

A qualitative method was regarded to be best suited to respond to the aim, it was important to choose a method that could explore the realities of the study problem, which could best be answered through people whom actually work with the study issue. To approach these people and to hear about their subjective thoughts, it was not relevant to use a quantitative method or to make a literature study as these methods do not give possibility for in-depths conversations about people’s experiences and thoughts on the issue. Semi-structured interview as a method was regarded to be in favour of the study in order to answer the aim. The authors of this study regarded it important that the participants could talk freely about the study issue. The topic guide kept the interview focused on the issue of the study. Questions that the participants could answer with “yes” or “no” were avoided, as advised by Polit and Beck (2017) to give the participants possibility to answer the questions with rich and detailed information. This approach gave the authors a lot of information.

The researcher should reflect on whether the participant can provide valuable
information and data to the study (Polit & Beck, 2017). The different roles of the participants provided the study with rich information because the participants approached the study problem with different angles on their thoughts, views and experiences of alcohol prevention. However, the authors reflected on whether the participant’s different roles would result in too sparse information but concluded that despite their different roles the participants all worked with alcohol prevention and they had all in common that they worked for a NGO. The participants had many years of experience, which enhances the credibility of the study. However, only participants from three different organizations were included in the study, the collected data from each participant might have resulted in a different outcome if more participants from other organizations had been interviewed. Also, not only organizations work with prevention of alcohol, so choosing for example the nursing profession, that works with it as well, would’ve given a different result. The study would also have had a different aim of course, but it is important to discuss the study group since the authors approached the study issue with a nursing angle. However, a limitation was that an ethical permission was required to interview registered nurses within the health care and considering the time frame for the study it was not possible to interview nurses. The authors therefore chose to focus on workers from NGOs instead, since they also work with prevention and registered nurses can benefit from NGOs workers experiences of preventive work. Choosing NGO-workers as the study group answered the aim of the study since the authors wanted to explore their thoughts and experiences of alcohol prevention.

The authors of the present study used snowballing as a method to find participants for the study. A weakness with snowballing might be that the referred people have the same opinion and thoughts as the referral, while a strength is that the referred people are most likely knowledgeable in their field. Four of the participant, the social workers, were referred by one participant and they worked for the same organization as that participant. However, they had a different profession, so the study was provided with a different angle on their thoughts and opinions on the study issue.

The interviews were conducted in English even though the authors have Swedish as their first language. However, the authors are as good as fluent in English as they both have a lot of experience speaking the English language, so it is unlikely that there have been any misinterpretations that would have affected the result. Also, the authors have chosen to not translate the interviews to Swedish to maintain the linguistic variation that gives meaning to the content. Another aspect important to discuss was the different cultural backgrounds of the authors and the participants. This was experienced as a strength by the authors of the present study because the participants were eager to share their knowledge about the study issue in order to acknowledge the problem globally since South Africa is more known for problems such as HIV and malnutrition. However, the cultural differences could also have been a limitation because of possible preconceptions from both parts. Maybe the participants would have felt more comfortable being interviewed by a fellow citizen who might understand the problem situation better, since it actually is affected by the culture.

As mentioned by Polit and Beck (2017), inferences might be distorted in the direction of the researcher’s expectations or in line with the researcher’s own experience. Because the authors had prior knowledge in the study field, the author’s expectations might have unintentionally been communicated to the participants and thereby have
induced biased behavior or responses to questions, as mentioned by Polit and Beck (2017). However, the authors were aware of this before conducting the interviews, so it is less likely that collected data was influenced by the authors’ subjectivity.

The interviews were conducted on three different days during a ten-day period. As mentioned by Polit and Beck (2017) data collection in qualitative studies is often an exhausting and intensive experience and it can be prudent to limit the interviews to no more than one a day. Adhering to one interview a day was not possible even though it would have been preferable. The authors had to travel a long way to get to one of the organizations and since all the participants from that organization were available that day to be interviewed, it was an opportunity that could not be wasted. Therefore, five interviews were conducted on the same day. The authors took turns in interviewing the participants to keep the energy and concentration up. However, as Polit and Beck (2017) warns, it was exhaustive to keep the deep concentration throughout several interviews after one another. There is a possibility that the information retrieved during that day could have been more rich and detailed if the authors would have had the energy to be ideally engaged. However, listening to the recorded material afterwards validated that the interviews still contained rich and detailed information. Furthermore, the use of a voice recorder ensured that nothing important was missed when transcribing, especially during that intensive day of conducting five interviews. Also, the use of a voice recorder made the study more credible, just because the authors could listen to the interviews repeatedly and present the findings accordingly. However, some words could not be identified when listening to the recorded material, improper recording is a frequent problem, as mentioned by Polit and Beck (2017). This might have affected the result because the authors chose to not include sentences that they felt insecure about. Information about the study and the fact that a voice recorder might be used, if consent was given, while conducting the interviews was sent beforehand in a missive (Appendix B) that was attached when contacting the different organizations through email. The participants were also verbally asked about the use of the voice recorder.

As advised by Polit and Beck (2017), a pilot interview was conducted to test the questions. The pilot interview presented with information needed for the study and therefore none of the questions had to be corrected, and since all the information gained in the pilot interview was useful the authors included that interview in the findings. The pilot interview was conducted in a restaurant and the background noise level, which could also be heard in the recorded material, sometimes made it difficult to transcribe. That is something that was kept in mind when conducting the other interviews which were held in quiet offices of the NGOs. As mentioned by Polit and Beck (2017), a quiet setting without any disruptions is ideal for the interviews but not always possible.

As addressed by Polit and Beck (2017), it is a challenge to present findings in a way that apparently shows the validity of it. It is harder for the reader to critically evaluate qualitative analysis because it is impossible to know for certain if the authors have adequately captured thematic patterns in the data correctly. By analyzing and rereading the transcriptions separately the credibility was enhanced.

**Conclusion**

The main finding of the study was that education and information about the harms of
consuming alcohol were experienced as the most important approaches in the preventative work when raising awareness about harmful alcohol consumption. Actions such as screening and life skills development were also found to be part of the preventative work when raising awareness about the harms of consuming too much alcohol. Obstacles in raising awareness were denial by the alcohol consumer as well as the norm surrounding alcohol consumption. The main obstacle found in the preventative work was poor funding and low priority. It was more prioritized to treat alcohol-related diseases at an early stage and to prevent recurrence and complications, rather than focusing on neutralizing risk factors that cause alcohol-related diseases. By increasing education and information at an early stage through platforms such as schools, it would be possible to increase the awareness about the risks of consuming alcohol and thereby possibly prevent people from harmfully consuming alcohol.

Further research

The authors suggest that interviewing registered nurses in the healthcare system about alcohol prevention would be a valuable complement for this study because registered nurses have an assigned responsibility to prevent diseases. The authors think that it would be interesting to compare the preventative work done by the organization-workers with the preventative work that the registered nurses do to explore if they experience the same obstacles and how their work differ.

Clinical relevance

This study will be valuable for registered nurses, and other health professions, that in their profession description has a responsibility to work preventative against illness and disease. Registered nurses can benefit from the findings of the study that shows the importance of education and information in alcohol prevention, which are preventative actions that registered nurses work with as well. Also, the findings show preventative actions that are not implemented within the nursing field, but that registered nurses can consider when working with prevention of harmful alcohol consumption. Registered nurses can benefit from the similarities as well as the differences that has been found in the preventative work by non-governmental organization-workers.
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APPENDIX A

TOPIC GUIDE

Interviewee background
- How old are you?
- How long have you worked with prevention of alcohol consumption?
- Could you tell me about your role within your organization?
- Could you tell me about the experience you have of working with prevention of alcohol consumption?

Workers’ experience
- In your experience, which individuals or groups are at risk of abusing alcohol in South Africa?
- What knowledge do you reckon that the South African people, in general, have about hazardous/harmful drinking and its consequences?
- In your experience, what are the main reasons for alcohol abuse in South Africa?

Interventions
- Could you describe how your organization’s work with prevention of alcohol consumption?
- Does your organization focus its interventions on any specific group in society? If so, which and why?
- In what way does your organization work with people who do not abuse alcohol, but who could be potential abusers? (What kind of interventions or efforts?)

Progress and limitations
- Is stigma present in alcohol abuse? If so, does it affect your work and how?
- What kind of barriers do you experience with the preventative work against harmful use of alcohol?
- What interventions do you think are the most effective ones in prevention of alcohol consumption?
- Do you see any progress with the preventative work your organization is doing? If so, what progress do you see?

- Is there anything we haven’t asked you that you would like to share on this topic?
APPENDIX B

Missive

Sophiahemmet University
Box office 5605
114 86 Stockholm

Hello, our names are Caroline Johansson and Sabina Paiklang and we are two nursing students, in semester 5 out of 6, from Sophiahemmet University in Sweden. We are currently writing our bachelor thesis and are interested in conducting an interview with you.

The aim of our study is to investigate on how organizations work preventative against alcohol consumption in South Africa. It is a qualitative study with the purpose to investigate on thoughts and experiences of organizations.

The interviews are semi-structured with open-ended questions in order to offer the interviewee freedom to respond to the interview more openly. A prepared topic guide will be used to keep the interview focused but it is possible to deviate from these. A recorder will be used, if consent is given, in order to reproduce what was said during the interview. If the interviewee does not approve to being recorded, one of the interviewers will take notes. The collected data will be transcribed and analyzed through a qualitative content analysis, data will be coded and sorted into units. The participant will be confidential throughout the study, only the interviewers will know the identity of the participant. The participant can at any time withdraw from the interview without any further explanations.

Best regards,
Caroline Johansson, nursing student at Sophiahemmet University, e-mail: *
Sabina Paiklang, nursing student at Sophiahemmet University, e-mail: *
Margareta Westerbotn, Supervisor at Sophiahemmet University, e-mail: *

* Personal details not disclosed in the published version.