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Drinking in the Context of Life Stressors: A Multidimensional Coping Strategy among South African Women

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Abstract

This study explored narratives of drinking as a coping strategy among female drinkers in a South African township. In 2010–11, we conducted qualitative in-depth interviews with 54 women recruited from 12 alcohol-serving venues. Most women drank heavily and linked their drinking to stressors. They were motivated to use drinking to manage their emotions, facilitate social engagement, and achieve a sense of empowerment, even while recognizing the limitations of this strategy. This study helps to contextualize heavy drinking behavior among women in this setting. Multifaceted interventions that help female drinkers to more effectively manage stressors may aid in reducing hazardous drinking.

Keywords

South Africa; Stressors; Coping; Drinking; Alcohol; Women; Qualitative

BACKGROUND

In the Western Cape province of South Africa, the historic *dop* system – in which wine farm workers were compensated with alcohol instead of money – left communities with a legacy of heavy drinking (London, 1999). Today, South Africa has one of the world's highest levels of alcohol consumption per drinker (Rehm et al., 2003), which contributes to high rates of injury (Norman, Matzopoulos, Groenewald, & Bradshaw, 2007), violence and crime (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009), HIV infection (Fisher, Bang, & Kapiga, 2007; Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007) and other infectious and chronic diseases (Rehm & Parry, 2009). In spite of the deleterious impact of alcohol use in this country, levels of drinking remain elevated, and interventions to reduce hazardous drinking and its negative sequelae are limited (Hahn, Woolf-King, & Muyindike, 2011). Developing effective and culturally appropriate interventions requires greater understanding

of drinking patterns, and in particular the motivations that underlie drinking behavior. One population that offers the opportunity and need for such inquiry is female drinkers in South Africa, whose current drinking levels are concerningly high and may be explained by unique, gender-specific motives.

According to national household surveys across 20 African countries, alcohol consumption by women in South Africa often occurs at “hazardous” levels, with 15.6% of female drinkers classified as heavy drinkers (15 or more standard drinks in a week), and 30.5% reporting risky single-occasion drinking (5 or more standard drinks in one sitting) (Martinez, Roislien, Naidoo, & Clausen, 2011). Similar drinking patterns have been observed in our own research among patrons of alcohol-serving venues in Cape Town. (Scott-Sheldon, et al., 2012). These trends raise concern, as women who drink heavily are at increased risk for a host of gendered sequelae, including physical health complications, mental health morbidities, sexual risk behaviors, and victimization and assault (Johnson, Boles, Kleber, Vaughan, & McVeigh, 2000; Kay, Taylor, Barthwell, Wichelecki, & Leopold, 2010; Nolen-Hoeksema, 2004). Moreover, in South Africa, hazardous drinking among women has been cited as responsible for increasing HIV sexual risk behavior (Pitpitani, et al., 2012) and fueling exceptionally high rates of fetal alcohol syndrome (Eaton, et al., 2012). Such wide-ranging implications provide an impetus to examine factors contributing to heavy drinking patterns among South African women.

Theoretical frameworks suggest that individuals typically drink for a variety of reasons, but most often due to social influences and/or coping motivations (Kuntsche, Knibbe, Gmel, & Engels, 2005). Individuals who drink to cope consistently demonstrate more problematic drinking outcomes compared to those who drink for social reasons (Abbey, Smith, & Scott, 1993; Dawson, Grant, & Ruan, 2005; Holahan, Moos, Holahan, Cronkite, & Randall, 2001), warranting special attention to coping motivations as an explanation for heavy drinking. Alcohol use has long been described as a coping strategy, whereby drinking reduces unwanted internal experiences related to stress (Conger, 1956; Cooper, Frone, Russell, & Mudar, 1995). In addition, heavy drinking has been robustly linked to a variety of stressors (Keyes, Hatzenbuehler, & Hasin, 2011), including relational problems such as marital disruption (San Jose, van Oers, van de Mheen, Garretsen, & Mackenbach, 2000), intimate partner violence (La Flair et al., 2012), and childhood abuse (Bensley, Van Eenwyk, & Simmons, 2000), as well as indicators of social disadvantage such as neighborhood disorder (Hill & Angel, 2005), poverty and involuntary unemployment (Mossakowski, 2008).

South Africa presents a uniquely challenging environment with numerous stressors, especially for women. Levels of poverty and unemployment in many areas of South Africa are among the highest in the world (Chopra et al., 2009), with particularly scarce employment opportunities for women (Hunter, 2007). In the densely populated urban townships originating from the apartheid system, the social fabric is highly disrupted, characterized by community-level crime and disorder (Dinan, McCall, & Gibson, 2004) as well as fragmented families (Budlender & Lund, 2011). Moreover, prevailing patriarchal beliefs and practices have fostered a context in which women face disproportionately high rates of abuse, violence, sexual coercion, and rape (Jewkes & Morrell, 2010). Up to 40% of South African women have experienced some form of sexual violence during childhood

(Seedat, et al., 2009), and nearly 50% women will experience physical and/or sexual intimate partner violence during their lifetime (Jewkes, Levin, & Penn-Kekana, 2002).

Given this setting fraught with cumulative stressors, it is possible that South African women engage in heavy drinking in large part to cope with these stressors. To examine this theory, the current study employed a qualitative approach to explore women's narratives of drinking – not only to understand whether their drinking might be related to life stressors, but also to elicit, in their own words, the meanings and motives of drinking in the context of these stressors, and how drinking behavior unfolds in this particular cultural setting. Given that women's experiences of alcohol use are typically overlooked (Wilsnack, Wilsnack, & Obot, 2005), this study has the potential to illuminate underlying factors that lead women to engage in risky drinking behavior, and thereby inform interventions for hazardous drinking and its sequelae in this population.

METHODS

Setting

The study was situated in Delft, a rapidly growing township 15 miles outside of Cape Town's city center. Delft was established in 1990 for residents of both Black African (primarily Xhosa-speaking) and Coloured (a South African ethnic group of historic mixed ancestry; primarily Afrikaans-speaking) ethnicities. In Delft, community resources and local infrastructure are limited, and socioeconomic indicators point to high rates of poverty and hardship. According to the most recent available census data (2001), only 10% of residents had completed a high school education, over half were unemployed, and 60% reported an annual household income below 19,200 South African rand (US \$2,328) (South Africa Census Bureau, 2003).

This study was embedded as the qualitative component of a mixed-methods study conducted in alcohol-serving venues in the township. Study venues were selected from 124 local *shebeens* (small unlicensed venues) and *taverns* (larger licensed venues) identified in the community through key informant interviews. Of these 124 venues, 38 met the study's eligibility criteria because they had seating area for patrons, served over 50 unique patrons per week with more than 10% female patrons, and were willing to participate for the length of the study. Of these, 12 venues were purposively selected for geography, patronage size and predominant ethnicity to achieve a diversely representative set.

In-depth Interviews

Interviews were conducted by South African field workers trained in qualitative methods and matched to the venues based on the dominant race and language of the patrons. Prior to the interviews, the field workers conducted systematic observations in their assigned venues to develop rapport with the owners and patrons. Women whom the fieldworkers observed to be regular patrons at each venue were recruited into a cohort that completed quantitative assessments over the course of a year. From this cohort, individuals who appeared to offer insight on the venue and/or community were invited to participate in in-depth interviews. After written consent, interviews took place in a private room at the study office, located in

the Delft public library. The interviews were conducted in the language most comfortable for the participant (Xhosa, English or Afrikaans), and audio-recorded with the participant's permission. Interview questions followed a semi-structured guide (Mack, Woodsong, MacQueen, Guest, & Namey, 2005) that included open-ended probes on life history, alcohol use, and various potential stressors such as employment, family, romantic relationships, and experiences of violence. To probe further into themes regarding drinking in response to stressors, follow-up interviews were conducted with 12 women identified by the local fieldwork team as having potential to provide deeper insight on this topic.

Participants were compensated with a grocery card in the value of 100 rand (approximately US \$12). All study procedures were approved by the institutional review boards at Duke University, University of Connecticut and Stellenbosch University.

Analysis

Audio-recordings of the interviews were transcribed and simultaneously translated into English. Following a grounded theory approach (Charmaz, 2006), an analytic memo was written from each transcript to summarize and organize themes, incorporating quotes to maintain fidelity to the participant's words and narrative. The first three authors wrote the memos, and each memo was discussed by at least two authors to ensure it captured the primary issues from the transcript. The complete set of memos was then uploaded to a qualitative analysis software (Atlas.ti v.6.2), and coded for text related to reasons for drinking and drinking in the context of stressors. Memos were further examined for reports of past or current stressors. The three authors independently reviewed the coded output to identify emerging concepts and themes. The authors then discussed and reached consensus on key thematic categories and representative quotes. For representative quotes, the corresponding memo and transcript were revisited in order to contextualize participants' words within their overall narrative. The local fieldwork team reviewed the findings and confirmed the data interpretation.

To characterize the study sample, demographic characteristics (employment, marital status and food insufficiency) and levels of alcohol use were extracted from the cohort assessment data. Alcohol use was measured using the 10-item AUDIT (Alcohol Use Disorders Identification Test), which assesses frequency and quantity of drinking. Hazardous drinking was defined by a score of 8 or higher (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The four-item CAGE Questionnaire (Cut down, Annoyed, Guilty, Eye-opener) was used to screen for problem drinking; endorsing any two of the items was indicative of a high likelihood of engaging in problem drinking (Ewing, 1984).

RESULTS

Description of the Sample

The sample consisted of 54 women who were regular patrons at the 12 study venues (Table 1). The average age was 35 years, ranging from 18 to 55. About half of the women identified as Black, and the other half identified as Coloured. Most women were unmarried (72.2%),

although the majority (77.8%) reported having children. Only 5 women in the sample had completed a high school education.

Analysis of the qualitative transcripts revealed that 1) women drank in the context of stressors; 2) they were motivated to use drinking as a coping strategy in order to facilitate emotion management, social engagement, and a sense of empowerment; and 3) although the women drank to cope, they also recognized the limitations of this strategy.

Description of Life Stressors

The women in our sample described a constellation of stressors in their lives. Physical, sexual, and emotional abuses (both past and ongoing) were common. Women shared painful experiences from childhood in which they had been regularly abused by a male relative (e.g., father, brother), or generally mistreated or abandoned by their families. Reflecting on their adult lives, women talked about romantic partners being abusive or even “cruel” – for example, exhibiting jealous and controlling behavior, beating them up, threatening to hurt or kill them, and demanding or forcing sex. Also common among women were accounts of relational infidelity; many described their husbands or boyfriends “cheating” on them, having affairs, “sleeping around” with various girlfriends, and leaving home to live with other women. Women expressed not only being distressed about their partners’ infidelities, but also anxious about contracting sexually transmitted diseases as a result. A portion of women reported they had since separated from their unfaithful or abusive partners, but divorce was often characterized as a major emotional and financial stressor itself.

Experiences of chronic poverty and unemployment were also apparent in this sample. Food insecurity was common: 74% of the women reported that in the past month they or someone in their household went for a whole day without eating because there was not enough money for food (Table 1). In addition, the majority of the women (83.3%) were unemployed (Table 1) – and in some households, the entire family was unemployed and lived primarily on social grants from the government. The home environment was often an additional stressor. Houses were described as crowded, consisting of one or two rooms with many residents; 37.8% of the women lived in households with six or more people, and four of the women lived with 10 or more people (Table 1). Against this backdrop, women talked about chaotic lives marked by interpersonal conflicts, including harsh treatment and criticism from family members, problems with rebellious children, and strained relationships with unsupportive mothers.

Other stressors consisted of more discrete, one-time experiences, which included instances of violence and loss. For example, about one fifth of the sample disclosed being victims of assault, such as being stabbed, attacked, or raped – and even more women mentioned the fear or threat of such violence. Other women shared accounts of material loss through robberies or fires. More than half of the women talked about the early and/or recent loss of loved ones, including children.

Women reported a range of reactions to stressors, which sometimes persisted beyond the stressors themselves. Several women with traumatic or abusive histories talked about having intrusive memories and/or vivid nightmares that were suggestive of post-traumatic stress

responses; as described by one woman who experienced emotional abuse in her first marriage, “sometimes it feels like a movie that is being played back at you.” Losses of loved ones, even if they had occurred several years ago, were commonly linked to unresolved feelings of grief, which would emerge through displays of distress and crying during the interview. Women in more generally stressful situations (poverty, unemployment, family conflict) tended to describe feelings of anger, helplessness and frustration, as well as somatic symptoms such as headaches and high blood pressure. Others spoke of being “depressed, miserable,” some even to the point of not wanting to be alive anymore.

Drinking in the Context of Stressors

Heavy drinking was common in our sample, with over 75% meeting established criteria for problematic alcohol use and/or hazardous drinking (Table 1). When asked why they drink alcohol, many women spontaneously cited past or current stressors as an explanation. “I drink, I think because I have marital problems,” one woman explained. According to another woman, who had over the years lost her husband and children, “the reason why I am drinking is all of the hurt I had to endure in my life.”

Women related the initial onset of their hazardous drinking to life stressors. “When I started [drinking] I had stress,” said one woman, referring to her separation from her ex-husband. Indeed, a number of women described how their drinking began at the same time a stressful situation was occurring in their lives: “Things started at home, which made me drink.” Several reported that their drinking started the day they discovered their partner’s infidelity: according to one woman, “When he cohabitated with this woman, that’s when I started drinking heavily.” Other women linked the onset of their drinking to distinct traumatic experiences. For example, one woman acknowledged, “after the rape incident I had many boyfriends, and I started drinking a lot.”

Women also linked their life stressors to the severity of their drinking behavior. In one woman’s words, “the reason why my drinking increased is because I had a disappointment in my life.” Relational stressors were frequently cited as an explanation for elevated levels of drinking: “My marriage isn’t right... That’s why I drink so much,” said a woman who had recently separated from a husband who was abusive and unfaithful. This experience was echoed by another: “I am drinking a lot because of the problems [my husband] has brought in my life. He beats me up daily.” Generally, women talked about drinking more heavily during periods in their life when they were experiencing problems. Conversely, some explained that when stressors were resolved, their drinking levels decreased: “Now that I work I’m not drinking as much, because things are better now.”

Stressors were also sometimes described as triggers for discrete episodes of drinking. For example, one woman shared how she felt an urge to drink when upset by her delinquent son’s actions: “That made me stress, so last night I decided to buy more beer.” In such cases, drinking was characterized as a behavioral response that would directly follow a stressful experience. For some women, stressors appeared to catalyze drinking episodes beyond their control: “Sometimes I want to stop drinking but then something [stressful] happens.”

How Women Use Drinking to Cope with Stressors

Our analysis revealed that women were motivated to use drinking to cope in three major ways. First, women reported drinking in order to manage their emotions, by increasing positive feelings and decreasing negative feelings. Second, women pointed to drinking in the venue as an avenue for social engagement, which enabled them to escape stressful situations and find social interaction and support. Third, women felt that drinking provided a sense of empowerment that allowed them to be more assertive, act in self-protection, and challenge unequal interpersonal dynamics.

Emotion management

Increasing positive feelings: Many women mentioned that they drank alcohol for its hedonic properties; that is, drinking makes them “feel good.” References to pleasure and enjoyment of alcohol were many: “I drink for enjoyment,” “I just enjoy it,” “I just only drink to gain that enjoyment.” One woman even described drinking as her “only source of enjoyment.” In addition, drinking was described as a way to facilitate “fun” and excitement; women conjectured that “it could be that I drink to have fun” or “to heighten my sense of fun.” They explained that alcohol had positive effects on their mood and demeanor; often, they said, consuming alcohol made them feel “happy” or “free.” Several mentioned that they felt more talkative and friendly after drinking – it allowed them to “laugh” and “be happy again.” In general, women talked about the happiness, energy and wellbeing they felt they lacked in their daily lives, and being able to access these states solely through drinking. As one woman described it, “I can say I feel right... What can I say, I become human then.”

Decrease negative feelings: Many women endorsed the notion that drinking would help “ease the pain” in their lives and reduce the impact of unwanted internal experiences such as tension, sadness, and anxiety: “Sometimes I drink for the fun, but mostly it is for the depression I am going through.” Women talked about using alcohol to numb themselves to distressing stimuli. For one unemployed woman who was experiencing conflict with family members, drinking to the point of intoxication would physically dampen her senses to criticisms at home: “When I go home [after drinking] I won’t hear what they scold me about.” According to many women, drinking alcohol also served as a way to release physical and emotional tension related to stressors. “I need to drink to calm me down,” said one woman. Another explained, “It relaxes my mind” in moments of stress. Drinking was also described as a way to feel “sorted out” when restless, and was often cited as a sleep aide. In addition, women frequently suggested that their drinking was motivated by a desire to mentally disengage from stressors rather than confront them. As one woman explained, “You don’t want to deal with [your problems]. You just go on and drink again.” Women shared that drinking allowed them to avoid unwanted thoughts: “When you drink you stop thinking about a lot of things.” They described drinking as a way to “cloud” their thoughts, to “forget for a little bit” about their life and problems, and in many cases to completely clear their minds: “There is nothing I think about when I’m drinking.” On the other hand, “when I am sober I think about everything,” said one woman, who was dealing with divorce and conflict at home. “When the weekend comes and I drink my alcohol, I don’t think about [my problems] anymore. When the alcohol is finished, I stress a lot.”

Social engagement—In addition to noting the effects of alcohol itself, the women also reported finding relief in the drinking environment. Women pointed to social engagement in the venue as a way to escape from stressful contexts, find interaction with others, and garner support to deal with their problems.

Escape: Women reported finding mental escape in the *shebeen* or tavern that was not possible at home. Drinking in the venue was often characterized as a way to avoid solitary contexts in which distress could arise. One woman expressed a common sentiment: “If I’m at home then I will just think about my problems, that’s why I go and drink over the weekends.” In particular, several women noted that the presence of others in the drinking environment provided a distraction from one’s own thoughts. According to one woman, “I don’t think about a lot of things when I’m around people.” This was echoed by a woman who linked her drinking to the loss of her husband and children: “When I am alone with my thoughts I get sad... if I am around people I am OK.”

In addition to the mental escape they found by drinking in the venue, women also reported a sense of physical respite from difficult or stressful environments. Unemployed women talked about how going out to drink was a relief from the mundane life of staying at home, and many women explicitly contrasted the *shebeen* or tavern to their homes: “At home it is another environment, things at the venue are different” – for example, “nobody is abusing me or treating me badly.” Specifically, women found the drinking venues to be relaxing, safe and “pleasurable” in comparison to their “unhappy” home lives fraught with stressors such as isolation, physical crowding, food insecurity, and interpersonal conflict. Going out to drink was a way to physically escape these circumstances. As one woman who fought constantly with her mother described, she drank at the venue “to get out of the house. I feel trapped and claustrophobic and need to get out.”

Interaction: Another reason that women expressed for drinking was the opportunity to interact with others in the drinking environment. Women shared that they enjoyed being able to “meet new people” and to “chat” with them. As one woman explained, “If I am stressed it is nice being there [at the venue]... You see and hear a lot of things from others that sit there.” Women mentioned the stimulation of simply being able to mingle with and watch other patrons: “I enjoy things there that I won’t see at home,” such as people “dancing or performing,” “drinking and being happy.” They also referred to participation in social activities at the venue (e.g., dancing, playing pool, or listening to music) as relaxing and enjoyable.

Support: The community within the venue also provided women with the support they otherwise lacked at home. Women who spoke of feeling isolated and “neglected” in their homes said they were attracted to the venue for the chance to connect in positive ways with other people. “I just disappear from home, and then I go to the venue to have conversations with my friends, laugh with them,” one woman said. Many women characterized the drinking venue as their second home: “We all know each other at the venue, we make jokes... We are like family.” They often spoke of the drinking environment as providing a tangible sense of connection, community and social support.

Drinking in the venue also seemed to facilitate conversations that could lead to shared advice or problem solving. One woman explained that when she was experiencing a problem or stressor, having a beer in the venue would give her the chance to talk to someone. Another woman talked about how drinking allowed her to connect more candidly and genuinely with people regarding her stressors; in this context, “I become very open and even talk about personal things that were bothering me.” She expressed that drinking helped her to share her burdens with other people, something that was not often done outside the venue.

Sense of empowerment—In a context where women often feel disempowered due to imbalanced relationships and prevalent maltreatment, women talked about how drinking seemed to enable them to challenge the status quo that produced or maintained their stressors.

Assertiveness: Many explained that drinking would allow them to “lose [their] shyness” and finally express their thoughts and feelings regarding their life stressors. According to a woman who linked her drinking habits to her husband’s marital affairs, there was a stark contrast in her courage and ability to verbally assert herself in the relationship, before and after drinking: “If I’m sober I don’t have anything to say, but when I have a couple of beers in me, I have the power to speak my mind.” The verbal expression that emerged after women drank alcohol also seemed to help them to get emotional burdens “off [their] chest.” One woman shared that whenever she was drunk, she was able to address past hurts with her mother, to “tell her how she treated me all these years, as if I am someone she picked up on the street.”

Action and self-protection: Women shared that drinking made them bold, not only in what they dared to say, but also what they dared to do. As one woman said, “Alcohol gives me confidence. You can do anything. You have no fear after drinking alcohol. No matter what happens, you are ready for it, unafraid.” A number of women talked about becoming more able to fend for themselves when challenged: “I am strong... I can fight and defeat anyone who stands in my way,” even to the point of physical aggression and retaliation against abusive partners. In addition, one woman seemed to believe that her fearless behavior after drinking helped deter a potential assault: “You can defend yourself... One evening I walked from the pub and three guys were approaching me... I walked through all of them... Alcohol can make you strong.”

Challenge unequal interpersonal dynamics: Women recounted how drinking allowed them to challenge the existing power dynamics between themselves and others. For one woman, drinking established her authority over her delinquent sons, so they could no longer take advantage of her: “I keep telling my children that they can take me for a ride when I’m sober, but they should not try that when I have a drink in me. If they see me drinking beer, they know that their mother is on the war path.” Similarly, another woman said her boyfriend would normally beat her up but would become “afraid” of her whenever she was drunk, because she would fight back. One woman, whose boyfriend would often get drunk and speak “badly” to her, said that her motivation to drink was so she could “be like him.” Many other women shared this view of drinking as enabling them to contest the typical roles

in their romantic relationships. For instance, one woman described herself as usually tolerant of her husband's abuses; however, she noted, "when I am drunk and then he messes with me, then he has a problem."

Limitations of Drinking as a Coping Strategy

While women explained their drinking in terms of how it helped them deal with their stressors, they also acknowledged its limitations as a coping strategy. In particular, they pointed out their awareness that relief is temporary, and that drinking can in fact exacerbate existing stressors.

Relief is temporary—Women explicitly recognized that drinking does not truly resolve their problems or remove their stressors, because the mental and emotional relief it provides is short-lived: "[Drinking] does not always work because if you are drunk you feel okay, but tomorrow that problem is still there." Moreover, most women seemed aware that drinking is just "something for now" – a temporary distraction from their stressors. When the effects of the alcohol dissipate and they become sober, not only do the stressors remain, but the unwanted thoughts and feelings return. Nevertheless, despite recognizing these ephemeral effects, many women continued to drink in order to gain temporary relief. According to one woman, "it's just to feel good for a little bit and forget for a moment."

Drinking can exacerbate stressors—Women noted that drinking sometimes has the unintended effect of increasing levels of emotional distress rather than easing them. Alcohol may actually bring to surface anger and anxiety: according to one woman, when drinking, "it feels everything becomes too much... I am getting mad." Indeed, several women noted that alcohol seems to amplify the impact of their stressors, such that they "think more about [problems] when... drunk." Women also reported that drinking heightens uncontrollable emotions that could be harmful to their mental health and wellbeing. One woman described, "When I drink I feel like I want to commit suicide. I only feel like that when I'm drunk."

Women also recognized that drinking can increase the likelihood of exposure to stressors. For example, they revealed that, when drunk, they are actually more likely to experience and even elicit the interpersonal conflicts – such as fights, arguments and abuse – that they were trying to avoid by drinking. One woman identified her drinking as problematic for relationships at home: "When I am drunk and go into the house, my mother makes sounds or swears at me, then disagreements start." Other women noted that drinking could increase their exposure to traumatic events such as sexual assault. Moreover, in this sample, it seemed that a habit of heavy drinking increased the burden of poverty and unemployment; women talked about how they "must" drink on the weekends despite having to borrow money or sacrifice basic expenditures to do so.

DISCUSSION

This qualitative study explored narratives of drinking as a coping strategy among female drinkers in South Africa. Consistent with known patterns of alcohol use in this setting (Martinez, et al., 2011), most women in our sample reported drinking at heavy levels. The array of chronic and acute stressors they described – including poverty, unemployment,

marital disruption, relational abuse, and violence – also reflected previously reported conditions in socioeconomically disadvantaged areas of South Africa (Budlender & Lund, 2011; Hunter, 2007; Seedat, et al., 2009). Given that such stressors have been associated with increased alcohol consumption in other settings (Hill & Angel, 2005; La Flair, et al., 2012; Mossakowski, 2008; San Jose, et al., 2000), it was therefore not surprising that women framed both the onset and continuation of their drinking in the context of their stressors. Despite being aware of the limitations, women were motivated to use drinking as a coping strategy – in particular, to manage their emotions, engage socially, and achieve a sense of empowerment. These findings highlight how women’s motives for drinking in the context of stressors are multidimensional and complex, underscoring the need for multifaceted modes of intervention in this setting.

Existing theories of alcohol use posit that individuals use drinking in part to regulate internal experiences, perhaps reinforced by the intoxicating or anxiolytic effects of alcohol (Conger, 1956; Cooper, et al., 1995). Notably, a number of women disclosed symptoms of distress, depression, and anxiety, citing them as triggers for heavy drinking episodes in response to stressors. Drinking heavily to manage affective states is a process referred to as ‘self-medication’ (Khantzian, 1997). The self-medication model has been studied extensively in Western settings (Kaysen et al., 2007; Robinson, Sareen, Cox, & Bolton, 2009), but deserves further investigation in South Africa. Our data gives preliminary support to this theoretical framework in South Africa, by illustrating how management of emotions through drinking was achieved through two psychologically distinct avenues – the enhancement of positive feelings, and the reduction of negative feelings (Cooper, et al., 1995). In addition, though our qualitative study did not assess post-traumatic symptoms in detail, it is possible that women drank heavily to manage these symptoms as well. Corroborating this idea, a recent quantitative study in this township setting has found that women’s PTSD symptomatology mediates the relationship between trauma history and levels of hazardous drinking (Watt et al., 2012). The motivation to self-medicate PTSD symptoms may thus help to explain the link between traumatic life experiences and substance use, a pathway which has been well documented in both South African (Gass, Stein, Williams, & Seedat, 2011) and Western contexts (Beseler, Aharonovich, & Hasin, 2011; Clark & Foy, 2000).

While literature on drinking as a coping strategy has often focused on the effects of alcohol as a substance (Lewis & Lockmuller, 1990; Wilkie & Stewart, 2005), our study suggests that the act of drinking is also intertwined with the characteristics of the drinking environment. Women’s narratives revealed that they saw drinking as a way to situate themselves in an alternative setting where they could escape stressful contexts and access social interaction and support. Although belonging and affiliation are an established component of drinking behavior (Stewart, Zeitlin, & Samoluk, 1996), these motivations may be especially salient in low-resource settings, where alcohol-serving venues serve as one of the only social and entertainment outlets.

Consistent with literature that characterizes drinking as an avoidant coping strategy (Hasking, Lyvers, & Carlopio, 2011), women in our study reported that drinking facilitated mental disengagement from stressors and provided literal escape from stressful contexts. However, we found that drinking could also be classified as an approach-based strategy:

women would sometimes drink in order to share their problems more openly, as well as to solicit support and advice from others. Conceiving of drinking as purely avoidant or escapist may diminish the fact that it can also represent women's efforts to attend to difficult and often entrenched stressors. As further evidence of an approach-focused strategy, women endorsed the idea that drinking not only enabled them to find relief from stressors, but also to confront and challenge those stressors.

Women spoke of how drinking seemed to empower them to assert themselves in relationships and to defend themselves from violence and abuse – in essence, to challenge gender hierarchies and become “like men” through their drinking. These findings can be examined within the framework of gender theories. Historically, and across different cultures, alcohol consumption has been a way to demarcate gender roles and differences (Joffe, 1998), with drinking as a symbol of male privilege (Wilsnack, et al., 2005) and drinking venues as a predominantly male domain (Lang, Stockwell, Rydon, & Lockwood, 1995). Drinking has also been associated with power (McClelland, Davis, Kalin, & Wanner, 1972), typically demonstrated by men showing aggression against women (Rolfe et al., 2006). While these constructions have not been fully explored in South Africa, there is anecdotal evidence that similar connotations of drinking, masculinity and power are still being reinforced in this setting (Khumalo, 2010) (Watt, et al., 2012). Thus, by drinking, South African women may be in part seeking to challenge these norms, not only by adopting a traditionally male-privileged behavior, but also by using drinking to enact the aggression and power typically associated with drinking. Of course, it could be argued that heavy drinking may inadvertently reinforce those same gender inequalities by increasing women's risks for sexual violence and victimization (Watt et al., 2012). However, our findings suggest that, despite awareness of such risks, women still conceptualized drinking as a compelling avenue for achieving a perception of strength, empowerment, and equality.

Our qualitative study collected rich narratives from women attending alcohol-serving venues and provided insight into their varied motivations for drinking, which would not have been possible through quantitative methods. However, as with all qualitative inquiry, our analysis is influenced by subjective interpretation, though every effort was made to remain true to the data and to confirm interpretations with the study team. While drinking as a coping strategy came through as a dominant and consistent theme across our sample, it is possible that framing of drinking in this way was partially influenced by social desirability. Prior research in South Africa has found that, unlike men, women who drink in alcohol-serving establishments are often seen as not virtuous or respectable (Watt et al., 2012), and some may even feel the need to drink secretly (Pretorius, Naidoo, & Reddy, 2009). In a setting where women's drinking behavior is generally frowned upon, it may seem more acceptable for our respondents to attribute drinking to life circumstances rather than to addiction or simple enjoyment. It is also possible that some women justified their drinking as a response to stressors, when in fact their drinking may lead to, or at least increase their vulnerability to, such stressors. Based on our data, we can only speculate on the direction of the pathway between stressors and drinking. A cyclical relationship may exist in which drinking leads to stressors, stressors motivate drinking, drinking exacerbates stressors, and so on. Finally, this study has limitations to generalizability: Participants in the study were purposively selected because they were regular patrons at alcohol-serving venues. Women who preferred to drink

in their homes and did not attend the venues may have other motivations for drinking or use alcohol to cope in other ways.

Our findings reveal several significant avenues for intervention to reduce heavy drinking in this setting. To decrease women's tendencies to rely primarily on alcohol during stressful circumstances, therapeutic services and psychoeducation could be provided to help women manage their stress and emotions, perhaps by drawing on other strategies to enhance positive emotions and cope with negative ones. To identify promising coping alternatives, future research could also examine non-drinkers in this setting, in order to uncover factors of resiliency in the context of stressors. Our findings also point to a need for community-level interventions. Through fieldwork experience in this setting, we know there is currently a dearth of sites for women to relieve stress or simply get away from their homes, and that alcohol-serving venues currently fill this gap. Exploring local opportunities for diversion and social interaction, as well as education and employment, could help to reduce heavy levels of drinking. In addition, the abundance of interpersonal and home-based stressors described by the women suggests that interventions focusing on the family unit and addressing the quality of romantic relationships could be helpful in reducing key stressors and therefore curbing excessive drinking. Finally, our findings on women's efforts to achieve a sense of empowerment through drinking raise implications for broader-scale change. In a context where women are extremely vulnerable to abuse and violence, interventions that address gender inequalities and foster conditions of empowerment for women are needed. Such interventions may provide opportunities in the venue environment to discuss norms and stereotypes related to women's roles as well as cultural concepts and expressions of masculinity.

In conclusion, our study found that women have complex motivations for drinking in the context of stressors. Motivated attempts to use drinking as a coping strategy may maintain a cycle in which women experience stressors and then drink, only to experience further stressors and drink again. This study thus provides a framework for understanding the prevalence of heavy drinking behavior both in our sample and among female drinkers in South Africa, which in turn can guide efforts to reduce hazardous drinking in this setting.

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References

- Abbey A, Smith MJ, Scott RO. The relationship between reasons for drinking alcohol and alcohol consumption: an interactional approach. *Addict Behav.* 1993; 18(6):659–670. [PubMed: 8178704]
- Babor, TF, Higgins-Biddle, JC, Saunders, JB, Monteiro, MG. *The Alcohol Use Disorders Identification Test: Guidelines for use in primary care.* 2nd ed.. Geneva: WHO Department of Mental Health and Substance Dependence; 2001.
- Bensley LS, Van Eenwyk J, Simmons KW. Self-reported childhood sexual and physical abuse and adult HIV-risk behaviors and heavy drinking. *American Journal of Preventive Medicine.* 2000; 18(2):151–158. [PubMed: 10698246]
- Beseler CL, Aharonovich E, Hasin DS. The enduring influence of drinking motives on alcohol consumption after fateful trauma. *Alcohol Clin Exp Res.* 2011; 35(5):1004–1010. [PubMed: 21314697]
- Budlender D, Lund F. South Africa: a legacy of family disruption. *Dev Change.* 2011; 42(4):925–946. [PubMed: 22164880]
- Charmaz, K. *Constructing grounded theory.* Thousand Oaks, California: Sage Publications; 2006.
- Chopra M, Lawn JE, Sanders D, Barron P, Karim SSA, Bradshaw D, et al. Achieving the health Millennium Development Goals for South Africa: challenges and priorities. *The Lancet.* 2009; 374(9694):1023–1031.
- Clark AH, Foy DW. Trauma Exposure and Alcohol Use in Battered Women. *Violence Against Women.* 2000; 6(1):37–48.
- Conger JJ. Alcoholism: theory, problem and challenge. II. Reinforcement theory and the dynamics of alcoholism. *Q J Stud Alcohol.* 1956; 17(2):296–305. [PubMed: 13336262]
- Cooper ML, Frone MR, Russell M, Mudar P. Drinking to regulate positive and negative emotions: a motivational model of alcohol use. *J Pers Soc Psychol.* 1995; 69(5):990–1005. [PubMed: 7473043]
- Dawson DA, Grant BF, Ruan WJ. The association between stress and drinking: modifying effects of gender and vulnerability. *Alcohol Alcohol.* 2005; 40(5):453–460. [PubMed: 15972275]
- Dinan BA, McCall GJ, Gibson D. Community Violence and PTSD in Selected South African Townships. *Journal of Interpersonal Violence.* 2004; 19(6):727–742. [PubMed: 15140321]
- Eaton LA, Kalichman SC, Sikkema KJ, Skinner D, Watt MH, Pieterse D, Pitpitan EV. Pregnancy, alcohol intake, and intimate partner violence among men and women attending drinking establishments in a Cape Town, South Africa township. *Journal of Community Health.* 2012; 37(1):208–216. [PubMed: 21744297]
- Ewing JA. Detecting alcoholism. The CAGE questionnaire. *JAMA.* 1984; 252(14):1905–1907. [PubMed: 6471323]
- Fisher JC, Bang H, Kapiga SH. The association Between HIV infection and alcohol use: A systematic review and meta-analysis of African studies. *Sexually Transmitted Diseases.* 2007; 34(11):856–863. [PubMed: 18049422]
- Gass JD, Stein DJ, Williams DR, Seedat S. Gender differences in risk for intimate partner violence among South African adults. *J Interpers Violence.* 2011; 26(14):2764–2789. [PubMed: 21156693]
- Hahn JA, Woolf-King SE, Muyindike W. Adding fuel to the fire: alcohol's effect on the HIV epidemic in Sub-Saharan Africa. *Curr HIV/AIDS Rep.* 2011; 8(3):172–180. [PubMed: 21713433]
- Hasking P, Lyvers M, Carpio C. The relationship between coping strategies, alcohol expectancies, drinking motives and drinking behaviour. *Addictive Behaviors.* 2011; 36(5):479–487. [PubMed: 21300441]
- Hill TD, Angel RJ. Neighborhood disorder, psychological distress, and heavy drinking. *Soc Sci Med.* 2005; 61(5):965–975. [PubMed: 15955398]

- Holahan CJ, Moos RH, Holahan CK, Cronkite RC, Randall PK. Drinking to cope, emotional distress and alcohol use and abuse: a ten-year model. *J Stud Alcohol*. 2001; 62(2):190–198. [PubMed: 11327185]
- Hunter M. The changing political economy of sex in South Africa: the significance of unemployment and inequalities to the scale of the AIDS pandemic. *Soc Sci Med*. 2007; 64(3):689–700. [PubMed: 17097204]
- Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a South African cross-sectional study. *Soc Sci Med*. 2002; 55(9):1603–1617. [PubMed: 12297246]
- Jewkes R, Morrell R. Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *J Int AIDS Soc*. 2010; 13:6. [PubMed: 20181124]
- Joffe AH. Alcohol and social complexity in ancient western Asia. *Current Anthropology*. 1998; 39:297–322.
- Johnson PB, Boles SM, Kleber HD, Vaughan RD, McVeigh KH. Age-related differences in adolescent smokers' and nonsmokers' assessments of the relative addictiveness and health harmfulness of cigarettes, alcohol, and marijuana. *J Subst Abuse*. 2000; 11(1):45–52. [PubMed: 10756513]
- Kalichman SC, Simbayi LC, Kaufman M, Cain D, Jooste S. Alcohol Use and Sexual Risks for HIV/AIDS in Sub-Saharan Africa: Systematic Review of Empirical Findings. *Prevention Science*. 2007; 8:141–151. [PubMed: 17265194]
- Kay A, Taylor TE, Barthwell AG, Wichelecki J, Leopold V. Substance use and women's health. *J Addict Dis*. 2010; 29(2):139–163. [PubMed: 20407973]
- Kaysen D, Dillworth TM, Simpson T, Waldrop A, Larimer ME, Resick PA. Domestic violence and alcohol use: Trauma-related symptoms and motives for drinking. *Addictive Behaviors*. 2007; 32(6):1272–1283. [PubMed: 17098370]
- Keyes KM, Hatzenbuehler ML, Hasin DS. Stressful life experiences, alcohol consumption, and alcohol use disorders: the epidemiologic evidence for four main types of stressors. *Psychopharmacology (Berl)*. 2011; 218(1):1–17. [PubMed: 21373787]
- Khantzian EJ. The self-medication hypothesis of substance use disorders: a reconsideration and recent applications. *Harv Rev Psychiatry*. 1997; 4(5):231–244. [PubMed: 9385000]
- Khumalo B. If you can't take your drink, you're not man enough for the World Cup. *France24*. 2010
- Kuntsche E, Knibbe R, Gmel G, Engels R. Why do young people drink? A review of drinking motives. *Clin Psychol Rev*. 2005; 25(7):841–861. [PubMed: 16095785]
- La Flair LN, Bradshaw CP, Storr CL, Green KM, Alvanzo AA, Crum RM. Intimate partner violence and patterns of alcohol abuse and dependence criteria among women: a latent class analysis. *J Stud Alcohol Drugs*. 2012; 73(3):351–360. [PubMed: 22456240]
- Lang E, Stockwell T, Rydon P, Lockwood A. Drinking Settings and Problems of Intoxication. *Addiction Research & Theory*. 1995; 3(2):141–149.
- Lewis MJ, Lockmuller JC. Alcohol reinforcement: Complex determinant of drinking. *Alcohol Health & Research World*. 1990; 14(2):98–104.
- London L. The 'dop' system, alcohol abuse and social control amongst farm workers in South Africa: a public health challenge. *Soc Sci Med*. 1999; 48(10):1407–1414. [PubMed: 10369440]
- Mack, N, Woodsong, C, MacQueen, K, Guest, G, Namey, E. Qualitative research methods: A data collector's field guide. Research Triangle Park, NC: Family Health International; 2005.
- Martinez P, Roislien J, Naidoo N, Clausen T. Alcohol abstinence and drinking among African women: data from the World Health Surveys. *BMC Public Health*. 2011; 11:160. [PubMed: 21392398]
- McClelland, DC, Davis, WN, Kalin, R, Wanner, E. *The Drinking Man: Alcohol and Human Motivation*. New York: Free Press; 1972.
- Mossakowski KN. Is the duration of poverty and unemployment a risk factor for heavy drinking? *Soc Sci Med*. 2008; 67(6):947–955. [PubMed: 18573582]
- Nolen-Hoeksema S. Gender differences in risk factors and consequences for alcohol use and problems. *Clin Psychol Rev*. 2004; 24(8):981–1010. [PubMed: 15533281]
- Norman R, Matzopoulos R, Groenewald P, Bradshaw D. The high burden of injuries in South Africa. *Bulletin of the World Health Organization*. 2007; 85:695–702. [PubMed: 18026626]

- Pitpitan EV, Kalichman SC, Eaton LA, Sikkema KJ, Watt MH, Skinner D. Gender-based violence and HIV sexual risk behavior: alcohol use and mental health problems as mediators among women in drinking venues, Cape Town. *Social Science & Medicine*. 2012; 75(8):1417–1425. [PubMed: 22832324]
- Pretorius L, Naidoo AV, Reddy SP. “Kitchen Cupboard Drinking”: A Review of South African Women's Secretive Alcohol Addiction, Treatment History, and Barriers to Accessing Treatment. *Social Work in Public Health*. 2009; 24(1/2):89–99. [PubMed: 19229775]
- Rehm J, Parry C. Alcohol consumption and infectious diseases in South Africa. *Lancet*. 2009; 374(9707):2053.
- Rehm J, Rehn N, Room R, Monteiro M, Gmel G, Jernigan D, Frick U. The global distribution of average volume of alcohol consumption and patterns of drinking. *European Addiction Research*. 2003; 9(4):147–156. [PubMed: 12970583]
- Robinson J, Sareen J, Cox BJ, Bolton J. Self-medication of anxiety disorders with alcohol and drugs: Results from a nationally representative sample. *J Anxiety Disord*. 2009; 23(1):38–45. [PubMed: 18571370]
- Rolfe A, Dalton S, Krishnan M, Orford J, Mehdikhani M, Cawley J, et al. Alcohol, gender, aggression and violence: findings from the Birmingham Untreated Heavy Drinkers Project. *Journal of Substance Use*. 2006; 11(5):343–358.
- San Jose B, van Oers HAM, van de Mheen HD, Garretsen HFL, Mackenbach JP. Stressors and alcohol consumption. *Alcohol and Alcoholism*. 2000; 35:307–312. [PubMed: 10869253]
- Scott-Sheldon LA, Carey MP, Carey KB, Cain D, Harel O, Mehlomakulu V, Kalichman SC. Patterns of alcohol use and sexual behaviors among current drinkers in Cape Town, South Africa. *Addictive Behaviors*. 2012; 37(4):492–497. [PubMed: 22273585]
- Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and injuries in South Africa: prioritising an agenda for prevention. *Lancet*. 2009; 374(9694):1011–1022. [PubMed: 19709732]
- South Africa Census Bureau. Census 2001-Delft. City of Cape Town; 2003.
- Stewart SH, Zeitlin SB, Samoluk SB. Examination of a three-dimensional drinking motives questionnaire in a young adult university student sample. *Behav Res Ther*. 1996; 34(1):61–71. [PubMed: 8561766]
- Watt MH, Aunon FM, Skinner D, Sikkema KJ, Kalichman SC, Pieterse D. "Because he has bought for her, he wants to sleep with her": alcohol as a currency for sexual exchange in South African drinking venues. *Social Science and Medicine*. 2012; 74(7):1005–1012. [PubMed: 22326304]
- Watt MH, Aunon FM, Skinner D, Sikkema KJ, Macfarlane JC, Pieterse D, Kalichman SC. Alcohol-serving venues in South Africa as sites of risk and potential protection for violence against women. *Substance Use & Misuse*. 2012; 47(12):1271–1280. [PubMed: 22738267]
- Watt MH, Ranby KW, Meade CS, Sikkema KJ, Macfarlane JC, Skinner D, Kalichman SC. Posttraumatic stress disorder symptoms mediate the relationship between traumatic experiences and drinking behavior among women attending alcohol-serving venues in a South African township. *Journal of Studies on Alcohol and Drugs*. 2012; 73(4):549–558. [PubMed: 22630793]
- Wilkie H, Stewart SH. Reinforcing mood effects of alcohol in coping and enhancement motivated drinkers. *Alcohol Clin Exp Res*. 2005; 29(5):829–836. [PubMed: 15897728]
- Wilsnack, RW, Wilsnack, SC, Obot, IS, editors. *Why study gender, alcohol and culture?*. Geneva: World Health Organization; 2005.

Table 1

Description of the sample

	N=54
Age (s.d.)	34.6 (10.7)
Race	
Black	28 (51.9%)
Colored	25 (46.3%)
White	1 (1.9%)
Unmarried	42 (78.8%)
Has children	42 (77.8%)
Unemployed	45 (83.3%)
Highest education reached	
Less than high school	15 (27.9%)
Some high school	34 (63%)
Completed high school	5 (9.3%)
Number of people in the home	
1 (lives alone)	3 (5.7%)
2	4 (7.5%)
3–5	26 (49%)
6+	20 (37.8%)
Food insufficiency (in the past month, went a day without eating)	39 (72.3%)
Problematic alcohol use (CAGE = 2)	42 (77.8%)
Hazardous drinking (AUDIT = 8)	41 (76.9%)