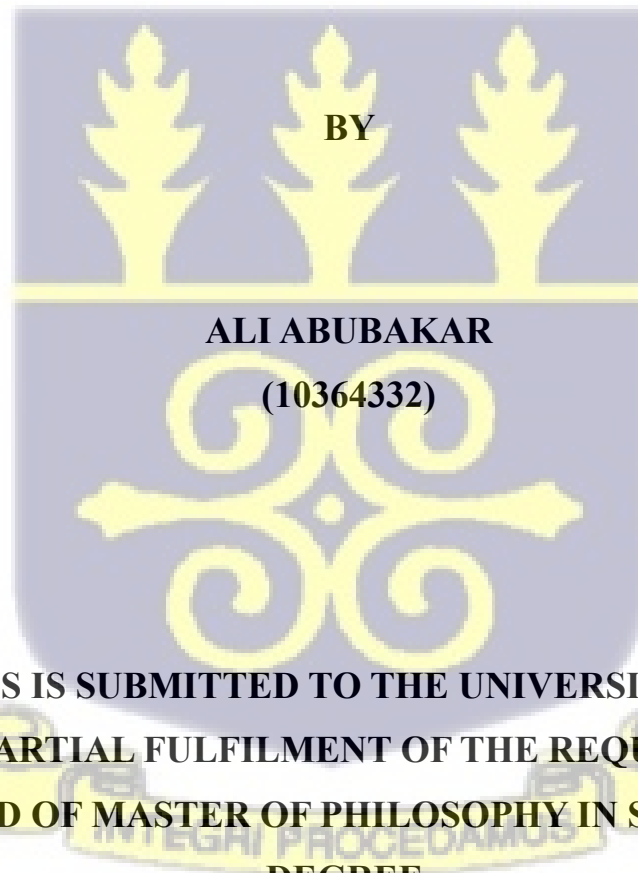


UNIVERSITY OF GHANA



**EXPERIENCES OF MUSLIM YOUTH WHO USE ALCOHOL IN
NIMA IN THE AYAWASO EAST MUNICIPAL ASSEMBLY OF GHANA**



**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE AWARD OF MASTER OF PHILOSOPHY IN SOCIAL WORK
DEGREE.**

MAY, 2025

DECLARATION

I, Ali Abubakar, hereby declare that I am the sole author of this thesis titled, “Experiences of the Muslim youth who use alcohol in Nima.” To the best of my knowledge, this thesis contains no material previously published by any other person except where due acknowledgment has been made. This thesis contains no material that has been accepted as part of the requirements of any other academic degree or non-degree program.



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ABSTRACT

Despite alcohol being prohibited in Islam, anecdotal evidence suggests its use among Muslim youths in various Ghanaian communities. This study explores the experiences of Muslim youths who consumed alcohol in Nima, Ghana, guided by Albert Bandura's (1977) social learning theory. The objectives were to (a) explore the factors influencing alcohol consumption among Muslim youth in Nima, explore the understanding of Muslim youth in Nima regarding the perceived consequences of alcohol consumption as Muslims and examine the coping strategies used by Muslim youth in Nima to deal with the consequences of alcohol consumption as Muslims. Using a qualitative research design, semi-structured interviews were conducted with 20 participants selected through purposive sampling. The data was analysed thematically using Creswell's (2013) six-step spiral data analysis method. The findings indicated that peer influence, spiritual beliefs, psychological conflicts, and drinking as a coping mechanism were key factors in alcohol use. The study also revealed that participants experienced financial strain, guilt, stigmatization, and aggressive behaviour as consequences of their alcohol consumption. Despite these challenges, they managed to cope through social support, medication, and drinking in moderation. Based on these findings, it is recommended that imams, parents, opinion leaders, and Muslim NGOs implement targeted educational programmes within the community to raise awareness of the negative consequences of alcohol use. Additionally, the study identified a correlation between a lack of adherence to Islamic principles and alcohol consumption among Muslim youth, suggesting that community leaders should develop interventions and support mechanisms to strengthen adherence to these principles.

DEDICATION

This thesis is dedicated to my uncle, Issa Nuhu Sharubutu. I appreciate your unwavering encouragement, guidance, and belief in my academic pursuits. Your wisdom, kindness, and unyielding support have inspired me throughout my educational journey. Your belief in my potential has fuelled my determination to reach this milestone. Thank you for being a shining example of dedication, resilience, and excellence. Your presence in my life has enriched it in countless ways, and I am deeply grateful for the values you've instilled in me.



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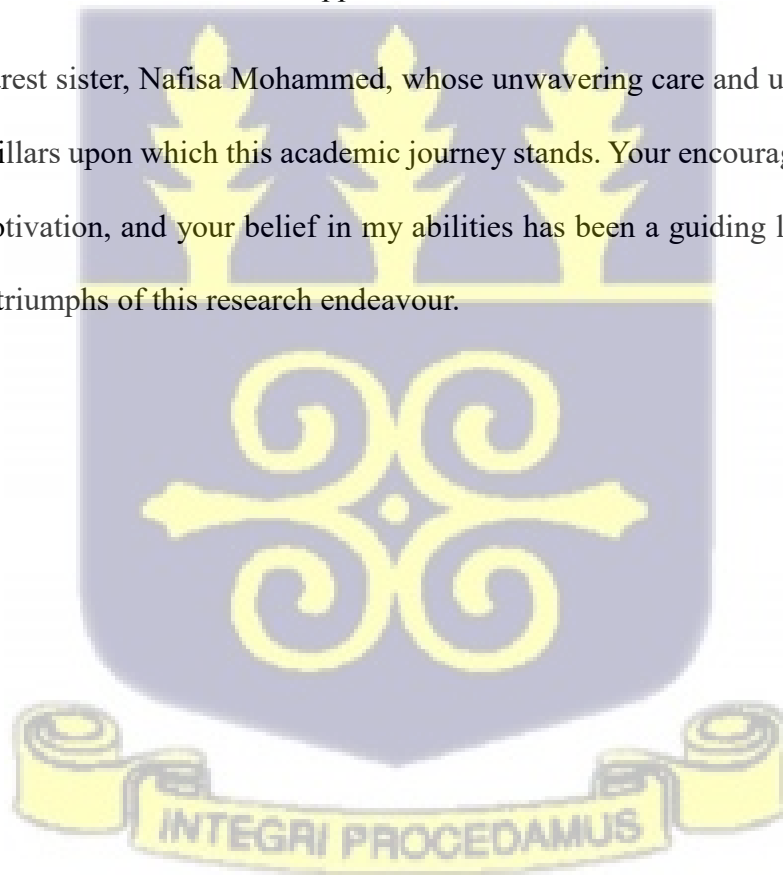
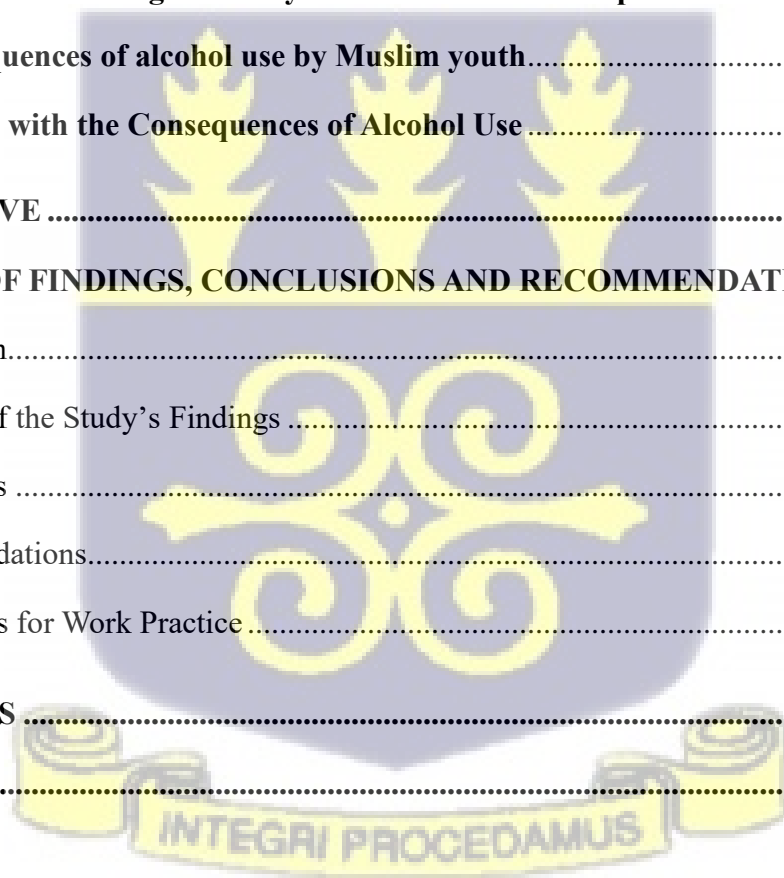


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LIST OF ABBREVIATIONS

GoG:	Government of Ghana
GSS:	Ghana Statistical Service
MOH	Ministry of Health
MY:	Muslim Youth
MZID	Ministry of Zongo and Inner-City Development
NYPG	National Youth Policy of Ghana
SLT:	Social Learning Theory
WHO	World Health Organisation



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Globally, alcohol consumption is a complex social and health issue that transcends cultural, religious, and geographical boundaries (Mollborn et al., 2021). According to the World Health Organisation (WHO, 2021), about 2.3 billion people consumed alcohol in 2016. The World Health Organization measures the average annual alcohol consumption of individuals aged 15 and older, expressed in litres of pure alcohol (Shield et al., 2020). Evidence shows significant geographical differences in alcohol consumption worldwide (WHO, 2018). Regions like Europe have historically reported higher levels of consumption compared to Africa and certain areas of Asia (Allamani et al., 2022). These disparities are influenced by cultural norms, historical practices, and the accessibility and affordability of alcoholic beverages (Yamaguchi et al., 2021). Addressing the social and health implications of alcohol consumption requires a nuanced, culturally sensitive approach (Purcell-Khodr et al., 2022).

In recent years, there has been a noticeable increase in alcohol consumption in Ghana (Damsere-Derry et al., 2016). This trend is particularly evident among young people, with approximately 39.5% reporting active alcohol consumption (Bondah et al., 2020). The factors contributing to this rise are multifaceted, encompassing various social, economic, and cultural dynamics (Yamoah & Agyemang, 2022). One key factor is a shift in societal norms (Amoah et al., 2022). Enhanced availability of alcoholic drinks changed cultural views, and increased advertising depicting alcohol as essential at social gatherings and celebrations have led to greater societal acceptance of alcohol use (Addo et al., 2018). Attitudes towards alcohol are evolving as traditional customs intersect with globalisation and urbanisation (Yeboah et al., 2023). The rise

of supermarkets, convenience stores, and online sales platforms has made alcoholic beverages more accessible than ever (Asempapa, 2022). Consequently, the normalisation of drinking in social settings, such as parties, corporate events, and family gatherings, reflects this broader cultural shift influenced by globalisation and urbanisation (Amankwah & Gough, 2022). In the past, adapting to more permissive ideas, especially among young individuals, may have been viewed as taboo or restricted (Osei-Bonsu et al., 2017).

The country's economic development has influenced alcohol consumption patterns (Hormenu et al., 2020). As Ghana's economy grows, disposable income often increases (Osei et al., 2017). This financial empowerment can lead to greater access to alcoholic beverages, making them more prevalent, especially among youth (Ansong et al., 2024). Globalization has also brought cultural shifts that affect the preferences and behaviours of the younger generation (Yeboah-Banin & Quaye, 2021). The integration of global trends related to lifestyle and leisure activities may encourage Ghanaian youth to adopt a more tolerant attitude towards alcohol use (Sagoe, 2012). Additionally, peer influence significantly impacts youth behaviour, including alcohol consumption (Ivaniushina & Titkova, 2021).

Moreover, social gatherings and events where alcohol is available often encourage consumption (Gambles et al., 2022). The desire to conform to social norms and belong to social circles may drive young individuals to engage in alcohol-related activities (Henneberger et al., 2021). Furthermore, the impact of alcohol advertising and marketing strategies cannot be overlooked. Increased exposure to campaigns promoting alcoholic beverages, along with targeted marketing, may shape perceptions and attitudes toward alcohol among youth (Ernst, 2020).

In Islam, the prohibition of alcohol, known as "haram," is a fundamental principle rooted in Islamic law and teachings (Nasir & Griffiths, 2019). This prohibition, explicitly outlined in the

Quran, is based on Islamic principles that prioritize the well-being of individuals and society, as well as moral and spiritual integrity (Nasir, 2021). The prohibition is grounded in the overarching principle of preserving human welfare and maintaining societal order (Auda, 2022). Islam prioritizes protection from both physical and spiritual harm. The preservation of life, health, and dignity are core principles in Islamic ethics, reinforcing the prohibition of alcohol (Mariat et al., 2024). It is believed that alcohol can impair judgment, lead to immoral behaviour, and contribute to societal problems (Ghaus, 2024). Thus, its prohibition is seen as a protective measure to safeguard the well-being of individuals and the broader community (Bensaid et al., 2021).

1.2 Statement of the Problem

In Islam, the Holy Quran teaches the followers, Muslims to abstain from alcohol. Despite the religious expectation that Muslims should abstain from alcohol, some young people who practice the Islamic religion, still engage in alcohol consumption (Michalak & Trocki, 2006). Research suggests that abstaining from alcohol is linked to numerous physiological advantages, including lower levels of liver fat, blood glucose, and cholesterol (Barber, 2016 Trius-Soler et al., 2021 Munsterman et al., 2019). Research by de Visser et al., (2016) found that participants who avoided alcohol reported enhanced sleep quality, increased energy levels, better concentration, and improved overall well-being.

While there are no globally available statistics, research from several countries suggests that there is an increasing trend of young people using alcohol. For instance, studies conducted in Israel, Iran and the United States indicate that between 8% to 14% of Muslim youth consume alcohol (Arkfen et al., 2013; Ghandour et al., 2009; Eseed et al., 20018). The consumption of alcohol has also been found to have several behavioural and social consequences among Muslim youth. For example, Mukhwana (2009) found that alcohol use among Muslim youth

in Kenya was associated with violent confrontations, domestic abuse, socially disruptive behaviour, and family disintegration. Similarly, Sulaiman et al. (2022) notes that in Nigeria, the frequent consumption of alcohol by Muslim youth often surpassed their financial capabilities, resulting in actions such as purchasing alcohol on credit and sometimes selling personal items to support their drinking habits.

While global research highlights these concerning trends, there is limited understanding of how the issue is manifesting in Ghana, a country with a significant Muslim population. In Ghana, several studies carried out among youth in the general population have found that it is a growing social problem, especially among adolescents and secondary school students (Amoah, Said, & Rampal, 2022; Asante & Kugbey, 2019; Kyei-Gyamfi et al., 2023). So far, there appears to be only one quantitative study that directly investigated alcohol use among Muslim youths. This research was conducted by Ampofo and Abrefi (2020) in the Zongo communities in Wa, in the Upper West region of Ghana. The findings showed that there is a high rate of alcohol consumption among muslim youths, especially among male youth.

While this quantitative study highlights the prevalence of alcohol consumption, they did not explore the underlying motivations for this behaviour. Specifically, there is a lack of understanding regarding how Muslim youth in Ghana reconcile their religious identity with their alcohol consumption. To understand how personal experiences and socio-cultural influences such as peer pressure, community expectations, and family dynamics influence the drinking choices, a qualitative approach is necessary. This study set out to address this research gap by utilising a qualitative methodology to explore the lived experiences of Muslim youth who engage in alcohol consumption in Nima. The findings of this study could help community social workers understand some of the unique problems of Muslim youth who consume alcohol and develop appropriate interventions to address them.

1.3 Objectives of the Study

The overall objective of this study aims to understand the experiences of Muslim youth in Nima who use alcohol despite its prohibition in the Holy Quran, with. However, the research seeks to achieve the following specific objectives.

- i Explore the factors influencing alcohol consumption among Muslim youth in Nima.
- ii Explore the understanding of Muslim youth in Nima regarding the perceived consequences of alcohol consumption as Muslims.
- iii Examine the coping strategies used by Muslim youth in Nima to deal with the consequences of alcohol consumption as Muslims.

1.4 Research Questions

This study set out to answer the following research questions:

- i What are the factors influencing Muslim youth in Nima to use alcohol?
- ii What is the understanding of Muslim youth in Nima regarding the consequences of alcohol use as Muslims?
- iii What coping strategies do Muslim youth in Nima adopt to deal with the consequences of alcohol use as Muslims?

1.5 Significance of the Study

The significance of this study is that first, the research findings will be utilized to enhance our understanding and contribute to existing knowledge. I seek to achieve this by working with my supervisors to assist in publishing this the research findings in a reputable journal articles. I will also initiate the researcher can process to disseminate knowledge the research findings by attending international conferences in Ghana and beyond and as a means of engaging the research community to and global audience of professionals, academics, policymakers, and the public. Policymakers

Second, it is my considered view that policymakers and other stakeholders may see the findings useful in focusing on the needs and well-being of Muslim youths who consume alcohol. Considering the religious and cultural sensitivities of this group, policymakers may design targeted intervention initiatives. It may also help them develop culturally sensitive preventive strategies that address the specific challenges Muslim youths face in abstaining from alcohol.

Third, the study's findings have significant implications for social work practice, particularly in addressing alcohol use among Muslim youth in Nima and similar communities. Community and mental health social workers can use these insights to create culturally sensitive and religiously appropriate interventions, tailoring their counselling and treatment approaches to the unique needs of this population. This research can inform the design of specialized support programs, community education initiatives, and prevention strategies that respect Islamic principles while addressing the realities of alcohol use.

Moreover, community and mental health social workers can advocate for policies and resources specifically targeting the needs of Muslim youths in urban settings. The study's findings lay the groundwork for strengthening interdisciplinary collaboration among social workers, religious leaders, healthcare providers, and educators, potentially leading to more comprehensive and effective interventions. By incorporating these insights into their practice and education, social workers can play a crucial role in addressing alcohol use among Muslim youth, fostering resilience, and promoting community well-being in Nima and similar urban Muslim communities.

1.6 Definition of Terms

In this study, the following terms are defined and used for clarity purpose:

Alcohol use – in this study alcohol use has been adopted and explained to mean the consumption of alcoholic beverages, which contain ethanol, a psychoactive substance with depressant effects on the central nervous system (Frone, 2019).

Muslim – In this study, the term Muslim has been adopted and explained to mean a follower of Islam, a monotheistic Abrahamic religion that emerged in the Arabian Peninsula during the 7th century CE (Fakhry, 2013).

Youth: Youth refers to Ghana National Youth Policy defines - *In this study the term youth* has been adopted and applied as individuals aged between 15 and 35 (Adu-Appiah, & Amankwah, 2024) years (Ghana National Youth Policy, 2022).

Zongo - the term Zongo, denotes a migrant neighbourhood for those who identify as Muslims. It is one of the Greater Accra Region's more than twenty-two (22) Zongos (Kuppens, 2013).

Regular use of alcohol – in this study, the term is used to refer to a Muslim youth who consumes alcohol at least thrice a week over the past three month's preceding data collection for the study.

1.7 Organization of the Study

The study is divided content of this thesis has been organised into five chapters, starting with an. Chapter one serves as the introduction that covers the background, problem statement, objectives, research questions, significance of the study, and key terms. Chapter Two presents a theoretical framework and a review of scholarly studies, providing an in-depth analysis of the topic. Chapter Three discussestwo is dedicated to the theory underpinning the study and literature review. In chapter three, the focus is on the research methodology, including. This chapter includes the research design, the study location, the target populations, sampling strategies, data sources, and collection methods. Additionally, ethical considerations are addressed in this chapter, as well as data handling and data analysis. Chapter four presents the study's findings and discusses them. The final discussions are presented in chapter four. Lastly,

Chapter five provides a summary of the key findings, conclusions and offers recommendations for practice, policy, and future research. flowing from the study.



CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL PERSPECTIVE

2.1 Introduction

This chapter reviews relevant literature and the theoretical perspective underpinning the study. The literature is organized around three themes: factors influencing alcohol use among Muslim youth, consequences of alcohol use they face, and coping strategies for those Muslim youth adopt to deal with the consequences. Additionally, the theoretical framework, social of alcohol use. Social learning theory is utilized to underpin the study.

2.2 Factors Responsible for Influencing Alcohol Use by Muslim Youth

Research shows that socio-cultural factors significantly influence alcohol use among Muslim youths in various contexts. A mixed-method study by Mukhwana (2009) in Kenya, involving 68 Wanga Muslim youth aged 15 to 39, highlighted the impact of traditional ceremonies on drinking behaviours. Approximately seventy-eight (78%) of respondents reported consuming alcohol during cultural events such as marriages, burials, harvest celebrations, and rituals like Amakumba, a ceremony honouring the dead. These traditions frame alcohol consumption as a social and cultural necessity, making it difficult for young people to abstain. The mass media were also identified as a powerful influencer, portraying alcohol consumption as a symbol of modernity and success, enticing youth to drink. Additionally, peer pressure amplified this behaviour, as friends encouraged drinking as a shared activity.

Peers, including classmates, teammates, and friends, are a significant influencing factor for young people who are Muslims who use alcohol. Peers make the use of alcohol look rewarding in addition to providing a sense of peer approval and validation (Albert et al. 2013). For example, a survey in Indonesia, a Muslim-dominated country, by French et al. (2014) which involved

996 adolescents showed that drinking behaviours among the respondents, especially the males, were strongly predicted by their classmates' alcohol consumption patterns.

Parents' emphasis on religious observance affects whether young people consume or abstain from alcohol. A quantitative study by Abu-Ras et al. (2010) in the United States involving 10,401 Muslim students found that parental approval for alcohol consumption was a significant risk factor. Students whose parents disapproved of drinking or abstained from alcohol were less likely to drink. Those who consumed alcohol placed less importance on participating in religious activities, indicating a connection between religiosity and abstention. Similarly, a quantitative study in Albania by Burazeri and Kark (2010) involving 685 participants revealed that frequent drinking was inversely related to religious observance, which served as a strong protective influence against alcohol use. Thus, those who did not participate in religious activities were more likely to use alcohol.

Trauma symptoms, such as anger, depression, anxiety, dissociation, and post-traumatic stress, can mediate the link between exposure to violence and alcohol use among adolescents. Stressful experiences can overwhelm the brain's stress response system, leading to trauma symptoms that may trigger alcohol use to alleviate anxiety (Kobulsky et al. 2016). For instance, a quantitative study in Israel by Eseed and Khoury-Kassabri (2018) involving 2,948 Arab Muslim students found that exposure to community violence increased the likelihood of associating with delinquent peers, which, in turn, heightened the risk of alcohol use. In related studies in Iraq, Al-Ansari (2020) conducted a quantitative study on youth attitudes toward alcohol in Muslim-majority countries, with a sample of 652 students, finding that easy access to alcohol and direct exposure to violent conflict were significant factors contributing to alcohol use.

A quantitative study by Alageel and Alomair (2024) in Gulf Cooperation Council countries, including Saudi Arabia, the United Arab Emirates (UAE), Qatar, Kuwait, Bahrain, and Oman,

revealed that some policies prohibiting alcohol use paradoxically made it more appealing to young people. The ban on alcohol in these countries could also lead to the misuse of counterfeit alcohol, posing significant health risks. Similarly, Al-Ansari et al. (2016) examined the degree of alcohol prohibition in policies within Muslim-majority countries such as Iraq, Iran, Saudi Arabia, and Indonesia. Their research indicated that factors globalisation, the influence of the global alcohol industry, recent governmental changes or political instability, and the presence of immigrants from non-Muslim nations have been used to circumvent bans on alcohol promotion.

Globalisation has led to increased alcohol consumption, as many young people in Islamic countries view alcohol use as a symbol of Western modernity and open-mindedness. Media, particularly television, has introduced diverse cultures to these countries, increasing exposure to the drinking practices of other nations. Additionally, many individuals from these countries travel, study, work, or live in European nations where alcohol consumption is common, facilitating their integration into these cultures and the adoption of their drinking behaviours.

The significance of both internal and external motivations for alcohol consumption, especially among youth seeking alternative experiences, cannot be overstated. Moustafa et al. (2024) conducted a qualitative study with 15 Muslim youth in Indonesia, focusing on the consumption of 0% alcoholic beverages. Their study found that curiosity, the desire to experiment, and the need for stress relief were key internal motivations for alcohol use. Participants regarded these drinks as refreshing alternatives to traditional alcoholic beverages, often consumed in hot weather or social settings. External factors, such as peer encouragement and the availability of these drinks in their environment, further influenced their decision to consume them.

2.3 The Consequences of alcohol use by Muslim Youth

Alcohol consumption has significant adverse effects on families and various aspects of life. Research by Mukhwana (2009) revealed that alcohol use disrupts family relationships in multiple ways. The author identified consequences such as divorce, financial instability, frequent quarrels, and neglect of family responsibilities. Excessive alcohol use undermines moral and social structures, leading to indiscipline, a lack of role models, and disrespect among family members. Financial mismanagement related to excessive alcohol consumption perpetuates poverty and hinders family development. Additionally, excessive alcohol consumption negatively affects sexual behaviour, resulting in weakened sexual drive, promiscuity, and rape. It also contributes to serious health problems in the liver, brain, kidneys, and lungs. Behavioural consequences such as violent altercations, domestic violence, and vulgar conduct were frequently reported, often leading to family separation.

Muslim youths who consume alcohol face stigmatization within their community. A qualitative study by Sattar et al. (2024) in the United Kingdom with eleven (11) participants highlighted the social isolation faced by families dealing with alcohol use. The researchers found that in British Muslim communities, alcohol consumption is a significant taboo, and participants expressed difficulty engaging in open discussions about alcohol use with friends or community members due to the prevailing stigma surrounding individuals with alcohol-use disorders. This lack of dialogue exacerbated feelings of isolation and discouraged participants from discussing addiction.

Families of the participants also faced considerable criticism, particularly regarding the mental health challenges associated with the excessive drinking behaviours of their relatives. Such stigma frequently obstructed or delayed families' attempts to seek suitable treatment for those affected. Similarly, Al-Ansari et al. (2016) highlighted the stigma associated with alcohol use

in Muslim-majority countries like Iran. The authors found that the religious prohibition on alcohol consumption intensified social stigma, as alcohol use is often perceived as more criminal and negative than drug use, leading to social stigma and legal consequences for users.

Muslims living in Western societies often experience identity crises as they struggle to reconcile their Islamic values with the social norms of their community. For example, Bærndt and Frank (2023) conducted a qualitative study involving 32 young Muslim women in Denmark. Their study revealed that participants faced significant difficulties balancing their familial and Muslim obligations with the expectations of their non-Muslim friends and the prevalent alcohol culture within Danish society. This struggle often led to feelings of unease and discomfort among the young women as they sought to maintain a connection to both worlds without prioritising one over the other. Participants noted that these feelings intensified when expectations were contradictory. Despite their efforts, many found it exceedingly challenging to reconcile their Muslim identity with a youth culture that emphasised drinking and socialising as integral to being Danish.

Excessive alcohol use can leave people impoverished because they sometimes have to engage in selling their belongings or properties to fuel their behaviour. In Nigeria, Sulaiman et al. (2022) examined the impact of alcoholism on Muslim drinkers, using a sample of 661 youths. The findings of this quantitative study indicated that alcohol consumption often exceeded the participants' financial means, resulting in harmful behaviours, such as purchasing alcohol on credit. This behaviour contributed to household instability, increased aggression, and familial conflicts.

Evidence from research shows several negative effects of alcohol on the brain. Long-term alcohol use disrupts the neurons that regulate a person's mood, which can lead to depression and

anxiety (Liang & Olsen, 2014). For instance, Ahmad et al.'s (2023) study on Muslims' mental health outcomes due to alcohol use in Canada revealed that there was a correlation between their mental health and alcohol use. Of the 372 individuals involved in the study, 62 were identified as having mood disorders, including 53 cases of major depressive disorder and 17 cases of dysthymia - a condition characterized by symptoms such as disturbances in eating and sleeping disturbances, fatigue, and low self-esteem.

Excessive alcohol consumption can lead young people to develop alcohol-use disorders, making it difficult for them to adapt to their environment. For example, Kang et al. (2020) conducted a qualitative study with seven (7) male Muslim immigrant workers in Korea to explore the progression of alcohol use disorder, which ranged from self-monitoring to eventual daily collapse. Their findings indicated that alcohol consumption resulted in social alienation, hindering their adjustment to life in Korea. Their narratives were characterised by the term "social death," highlighting a significant disconnection from their surroundings. The authors emphasized researchers underscored the need for customised rehabilitation programs for immigrant workers, focusing on reflective practices and coping skills. The study advocated for expanding research to include social support systems and insights from female immigrant workers and local community members.

2.4 Coping with the Consequences of Alcohol Use

Active involvement in religious activities can help cope with the consequences of alcohol use. For instance, a quantitative study by Abu-Ras et al. (2010) in the US involving United States with 10,401 Muslim students found that religiosity was associated with a lower likelihood of drinking among these students and others from different religious backgrounds. This finding aligns with the analysis of a national survey of adults by Michalak et al. (2006). Similarly, a qualitative study in Denmark involving thirty-two (32) young Muslim women who consumed alcohol revealed that these women reconciled their Muslim and Danish identities through faith,

actively choosing their interpretation of what it means to be Muslim. Children's positive communication with their parents can help them address the challenges they encounter with alcohol consumption. For instance, Eseed and Khoury Kassabri (2018) found that among 2,948 Arab Muslim students in Israel, those who had positive communication with their parents associated less with delinquent peers, which ultimately helped them to avoid using alcohol.

Positive parent-child communication effectively helps overcome challenges related to alcohol consumption. In a quantitative study by Eseed and Khoury Kassabri (2018) in Israel involving 2,948 two-thousand nine hundred and eight (2,948) Arab Muslim students, the authors found researchers findings showed that positive parent-child communication acts as a protective factor, mitigating the negative impact of associations with delinquent peers and ultimately reducing alcohol consumption. The researchers emphasised the urgent need to address violence in Arab communities and highlighted the significant role of parenting in protecting children from alcohol use.

2.5 Conclusion

The reviewed literature predominantly employs survey or quantitative methodologies (French et al., 2014; Abu-Ras et al., 2010; Burazeri & Kark, 2010; Eseed & Khoury-Kassabri, 2018; Al Ansari, 2020; Alageel & Alomair, 2024; Sulaiman et al., 2022; Ahmad et al., 2023). There appear to be few qualitative studies on alcohol consumption among Muslim youth. Although alcohol use by Muslim youth is a global issue, with numerous studies conducted in countries such as the US, UK, Canada, Albania, Denmark, Israel, Iran, Indonesia, and other Muslim-majority countries with a good Muslim numbers, there are relatively few studies in Africa (Mukhwana, 2009; Sulaiman et al., 2022), despite the continent having a sizable Muslim population. This suggests a need for further research on the African continent, particularly in Ghana, regarding Muslim youth who consume alcohol. Additionally, the researcher conducted

an extensive search for existing literature for the review but found only a few sources, some of which were outdated.

Research has shown that implementing protective behavioural strategies, such as moderation, can mitigate the negative effects of alcohol consumption. For instance, a quantitative study conducted in the US by Awua et al. (2025) with a sample of 525 students found that utilizing strategies like moderating alcohol intake weakened the correlation between alcohol consumption and its consequences. Additionally, studies have demonstrated that traditional medicine can effectively address issues related to alcohol consumption and improve overall health. For example, a qualitative study conducted in Uganda by Maling et al. (2023) with a sample of 44 participants revealed that many participants who received treatment from Traditional Medicine Practitioners stopped drinking, with only 6.7% continuing to consume alcohol in smaller quantities. Furthermore, participants reported experiencing various positive outcomes from the treatment, such as improved health, better relationships with family, and enhanced social reputation.

2.6 Theoretical Framework

The issue of alcohol use among Muslim youths can be effectively examined through Social Learning Theory (SLT). This framework offers insights into the social and environmental factors influencing young Muslims' attitudes and behaviours toward alcohol consumption. Social learning theory, developed by Albert Bandura (1977), posits that individuals acquire behaviours through observation, imitation, and modelling of others in their social environment. This theory is particularly relevant for understanding behaviours that may conflict with religious or cultural norms, such as alcohol consumption among Muslim youth. According to social learning theory, young Muslims may learn about and engage in drinking behaviours by observing peers, family members, or media representations, even when such actions contradict

their religious teachings (Bandura, 1986). The theory emphasizes observational learning, where individuals acquire new behaviours simply by watching others.

A key concept in social learning theory is modelling, which suggests that influential figures in a young person's life may demonstrate drinking behaviours that the youth may then imitate (Bandura, 2001). This could explain how alcohol use spreads within peer groups or communities, even where it is religiously prohibited. The theory also highlights the importance of reinforcement in shaping behaviour. If Muslim youth perceive positive outcomes or social rewards associated with alcohol consumption among their peers or role models, they may be more inclined to engage in similar behaviour. Conversely, observed negative consequences can deter them (Bandura, 1986).

Self-efficacy, another crucial element of social learning theory, refers to an individual's belief in their ability to execute behaviours necessary to achieve specific outcomes (Bandura, 1997). In the context of alcohol use, this could manifest as a Muslim youth's confidence in resisting peer pressure to drink or their perceived ability to manage alcohol consumption without negative consequences.

2.6.1 Applying social learning theory to the Study

The application of social learning theory to the issue of alcohol use among Muslim youth offers a nuanced theoretical foundation. This approach considers social-environmental influences that shape behaviour, including peer influence, observational learning, and reinforcement (Bandura, 2001, 2009). It suggests that Muslim youth's behaviours and attitudes regarding alcohol are influenced by a complex interplay of social learning experiences. Effective interventions should address these social-environmental influences. For instance, prevention and intervention strategies might include promoting positive role models who adhere to religious principles,

addressing social pressures related to alcohol use, and developing approaches that consider various social factors influencing behaviour (Bandura, 2004).

In conclusion, applying social learning theory to alcohol use among Muslim youth provides a comprehensive theoretical foundation, accounting for the multifaceted nature of the issue and the social-environmental influences that shape behaviours and attitudes towards alcohol consumption.

2.6.2 Usefulness of the Theory to the Study

Social learning theory explains to explain the influence of peer pressure, media exposure, and environmental factors shape behaviours. This is crucial for understanding why participants may adopt drinking behaviours, even in communities where alcohol consumption is religiously prohibited. The theory is particularly useful for examining how participants learn about alcohol use through observation, potentially imitating the behaviours of peers, family members, or media figures. This concept of modelling helps explain how alcohol use may spread within peer groups or communities.

The concept of self-efficacy in social learning theory is valuable for understanding why some participants feel more confident in resisting or managing alcohol use than others. This sheds light on individual differences in behaviour within the same social context, revealing why some participants may be more susceptible to alcohol use while others abstain. The theory's focus on reinforcement explains how perceived positive outcomes or social rewards associated with alcohol use might encourage the behaviour, while observed negative consequences could deter it. Social learning theory acknowledges the role of cognitive processes in learning and behaviour adoption. This aspect of the theory is useful for examining how participants interpret and process information about alcohol use, balancing it against their religious teachings and personal beliefs. By highlighting the importance of social and environmental influences, Social learning theory

provides valuable guidance for developing intervention strategies, including promoting positive role models, addressing peer pressure, and fostering environments that reinforce abstinence from alcohol.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methodology. This includes the research design, study location, the study population, sampling, data collection techniques, quality control, and data processing and analysis. Ethical considerations and measures to ensure credibility are also described.

3.2 Research Design

A qualitative research approach was utilized for this study. This approach aims to comprehensively understand a social phenomenon within its original context (Woods et al., 2014). Additionally, the researcher incorporated the phenomenological aspect of the qualitative research methodology. A phenomenological approach was used because the researcher wanted to understand the lived experiences of the Muslim youth who use alcohol from their perspectives, giving them room to express themselves (Webb et al., 2019).

Descriptive phenomenology was chosen for its alignment with the study's aim of understanding the lived experiences of Muslim youth who use alcohol in Nima. This method allows for a detailed exploration of participants' experiences without imposing preconceived theoretical frameworks, which is crucial due to the sensitive nature of the topic and the potential for researcher bias (Giorgi, 2020). The bracketing process in descriptive phenomenology allows the researcher to suspend preconceptions and biases, allowing for a more objective exploration of participants' experiences (Chan et al., 2013). By focusing on individual experiences, descriptive phenomenology enables a refined understanding of each participant's unique perspective on alcohol use within their religious and cultural context. This approach is

particularly suitable for this sensitive topic, reducing the risk of imposing non-Muslim perspectives on the data.

Descriptive phenomenology is distinguished from other phenomenological approaches in several aspects. Unlike interpretive phenomenology, which aims to reveal underlying meanings, descriptive phenomenology remains faithful to the accounts provided by participants (Matua & Van Der Wal, 2015). It also differs from existential phenomenology by emphasizing universal essences rather than focusing on individual contexts (Ngulube & Ngulube, 2017). Furthermore, while descriptive phenomenology shares foundational elements with transcendental phenomenology, its primary focus is on the description of experiences rather than the examination of the structures of consciousness (Sheehan, 2014). Moreover, it sets itself apart from lifeworld phenomenology by emphasizing individual experiences instead of intersubjective ones (Dahlberg & Dahlberg, 2020). These differences underscore the distinctive role of descriptive phenomenology within qualitative research, prioritizing direct descriptions over interpretations or theoretical frameworks.

3.3 Study Site

Nima is a high-density, low-income neighbourhood in Ghana's Greater Accra Region. Located about five (5) miles from the city centre, it had approximately 70,000 residents in 2000, a number that rose to 83,235 in 2021, with 56% of the population identifying as Muslim (GSS, 2021). Despite unsanitary conditions and a lack of basic services like power, water, and medical facilities, Nima's proximity to the city centre, the busiest economic area in the country, is crucial for its growth. The neighbourhood is ethnically diverse, with a significant portion of the population practising Islam. It was first classified as an underprivileged suburb in 1958 due to the high percentage of low-income residents (Essamuah and Tonah, 2004). Due to its ease of assimilation, Nima has been a destination for internal rural-to-urban migration in Ghana since

the 1970s (Essamuah and Tonah, 2004) and has also attracted Muslims from other West African nations. Nima's poverty, poor living conditions, and urban exposure create risk factors for substance use, while its strong Islamic presence highlights the cultural and religious tensions that youth may experience when engaging in behaviours like alcohol consumption. Nima's history of migration and ethnic diversity also shape social norms and peer influences making it relevant and complex setting for exploring the lived experiences these young people.

Nima, a densely populated slum in Ghana, is predominantly inhabited by residents from the Northern regions (Kuppens, 2013). The 2021 Population and Housing Census reported 54% Islam, 40% Christianity, and 6% other religious affiliations. Nima is densely populated, with deteriorating homes covered in rusted corrugated iron sheets and compound-based structures. The neighbourhood features unusually shaped buildings with little urban infrastructure (Owusu et al., 2008). Nima's growth can be attributed to government actions after independence in 1958, which relaxed building regulations to allow citizens to construct homes within their means. After World War II, Nima was excluded from development, allowing mass immigration and unchecked growth. When added to Accra's statutory planning area in 1957, it was designated as a frozen zone for major rebuilding and re-planning. Nima is governed by the Ministry of Local Government and Rural Development and the Ministry of Inner Cities and Zongo Development, both aiming to improve the social status and physical well-being of the communities.

Nima is also referred to as a Zongo, a term denoting a migrant neighbourhood for those identifying as Muslims. It is one of more than twenty-two (22) Zongos in the Greater Accra Region (Kuppens, 2013). Zongo people are sometimes portrayed as violent and lacking understanding and having poor communication skills believed to be influenced by their ethnicity and countries of origin. Aside from associations with violence, poverty, and criminality (Owusu

et al., 2008), residents of Nima are marginalized from the rest of the city. However, Nima does have elaborately built and well-maintained households belonging to tribal leaders, businessmen, doctors, lawyers, and other financially successful individuals (Jankowska et al., 2011).

3.4 Target Population

The target population is defined as the cumulative count of participants meeting predefined criteria (Creswell, 2013). In this study, the target population consisted of all Muslim youths residing in Nima who were between 15 and 35 years old and consumed alcohol.

3.5 Study Population

The study population comprises individuals selected according to inclusion and exclusion criteria relevant to the research topic (Burns & Grove, 1997). This group included individuals who were accessible, willing to participate, and met all eligibility requirements. From this population, a sample of Muslim youth aged 15 to 35 who consumed alcohol and lived in Nima was drawn.

3.6 Sampling Techniques and Procedures

Purposive sampling was employed because participants were selected based on their experience with the topic (Nyumba et al., 2018). This method provided a targeted approach to participant selection. The participants were chosen for their firsthand insights relevant to the subject matter, enhancing the depth and quality of the collected data. The research aimed to capture nuanced perspectives, detailed narratives, and contextualized information by focusing on individuals with direct experience. This strategy aligns with the qualitative nature of the study, emphasizing the exploration of participants' experiences rather than achieving statistical representativeness (Alordiah, 2024).

3.7 Inclusion and Exclusion Criteria for the Study

Inclusion criteria encompass the essential characteristics of the target population that researchers use to address their study's topic (Patino & Ferreira, 2018). For this study, the inclusion criteria were defined as Muslim youth between the ages of 15 and 35 residing in Nima and regularly consuming alcohol. The classification of 'youth' within this age range aligns with the Ghana National Youth Policy (GNYP, 2022). Participants must self-identified as Muslim and, residing in Nima. They were also required to be regularly using alcohol, defined as consuming alcohol at least three times a week over the past three months (Beets et al., 2009). Language proficiency was another important criterion. In Nima, the dominant language spoken is Hausa, followed by English. Given this background, the recruitment of participants considered speakers of Hausa or English, in the conduct of the interviews. Additionally, they had to possess participants were required to have the cognitive capacity to provide informed consent and participate in in-depth interviews. Lastly, individual's must should express a voluntary willingness to participate and share their experiences.

Conversely, exclusion criteria refer to characteristics of potential study participants who match the inclusion requirements but exhibit additional traits that may hinder the study's effectiveness or increase the likelihood of a negative outcome (Patino & Ferreira, 2018). Therefore, Muslim youth who did not regularly use alcohol were not recruited for the study. Also, Muslim youth who lived in communities outside the study site were excluded from the study.

3.8 Sample Size

For this study, 20 participants were recruited and interviewed. According to Creswell (2013), a sample size of 5 to 25 is sufficient for achieving data saturation in qualitative research. Data saturation was reached after the 17th participant, as no new information emerged. Although

saturation was achieved, the researcher I conducted three additional interviews to explore any potential new insights.

3.9 Recruitment of Participants

The recruitment process began with me visiting drinking spots at different locations at Nima. I struck rapport with some of the young people I met at these drinking spots and pups who were regular users of these drinking spots. I developed a relationship with some of them and eventually introduced my research and my plan to recruit them for the study. I recruited my initial participants from these locations who then helped me to recruit other colleagues from their social circles. Overtime, I was invited to other social programmes where I met female Muslim youth using alcohol. This recruitment approach ensured a continuous and organic process, leveraging existing social connections to identify and engage suitable participants. This method ensured a successful recruitment process.

3.10 Methods of Data Collection

According to Ritchie et al. (2003), in-depth interviews are appropriate for extensive investigations or sensitive subjects related to personal experiences. The data collection was conducted for two months between January 2023 and March 2023. Using interview guides based on the research objectives and the literature review, comprehensive one-on-one interviews were conducted with the young people. The in-depth nature of these interviews allowed the researcher to explore the topic thoroughly, providing nuanced perspectives on participants' responses. Furthermore, these interviews offered participants a platform to express their subjective viewpoints on the discussed topics. The interviews explored the participants' real-life experiences regarding using alcohol. Some of the questions that were asked in the interviews included the following: What prompted you to begin consuming alcohol? Could you elaborate on any social, personal, or religious influences that played a role in your alcohol consumption? What repercussions have you faced due to alcohol use - emotionally, physically,

socially, or spiritually? In what ways has your alcohol consumption impacted your relationship with your faith and community? The interviews were conducted in both English and Hausa, lasted. Each interview on average ranged from approximately 45 minutes, to 1 hour. The interviews took place at times and locations that were convenient locations for participants, including their houses. The interview sessions were audio-recorded and supplemented with notes for documentation.

3.11 Data Handling and Analysis

The audio-recorded interviews were stored on a password-protected research computer, with backups on an external hard drive and Google Drive. The interviews were transcribed verbatim before analysis. Microsoft Word was used to review, edit, and categorize the data by themes based on the study's objectives.

3.12 Data analysis followed Creswell's Spiral Data Analysis (2013) six-step method.

The first step involved transcribing the interviews verbatim, followed by cleaning the transcripts to remove errors. Interviews conducted in Hausa were translated into English. The next step was to familiarize oneself with the data through repeated readings of all interviews, facilitating an initial understanding of the participants' viewpoints and experiences. This laid the groundwork for identifying codes and themes. The coding phase then began, where the researcher segmented the data into meaningful units aligned with the research objectives and questions. Examples of the codes include "peer pressure," "peer influence," "family aid," and "friends support."

The fourth step involved the development of themes. I identified key words and phrases to develop themes emerging from the data. During the process of developing the themes, I eventually created corresponding headings and subheadings to organise the findings. Data presentation and discussion were structured around these themes. The penultimate step

encompassed describing the data. In this phase, conclusions and insights regarding the subject were drawn from the data. Lastly, the researcher analyzed the significance of the themes in alignment with the study's objectives. To formulate conclusions, the researcher compared these findings with the insights garnered from existing literature. This approach proved valuable in validating the authenticity of the data collected from the participants (Creswell, 2009).

3.13 Peer Debriefing

I tried enhancing the study's credibility and rigour by collaborating with my supervisors. Recognising the value of their perspectives and feedback, I opted for a transparent approach throughout the research process. This involved regularly sharing and discussing key findings, data interpretations, and important decisions made during the various stages of the study. I also involved my supervisors in these discussions, where I created a Google Drive and shared the interviews as I went along for their feedback. I benefited from their experience and expertise of my supervisors in this process. The exchange of ideas served as a form of methodological peer review, strengthening the research design and analytical framework and importantly the analysis process.

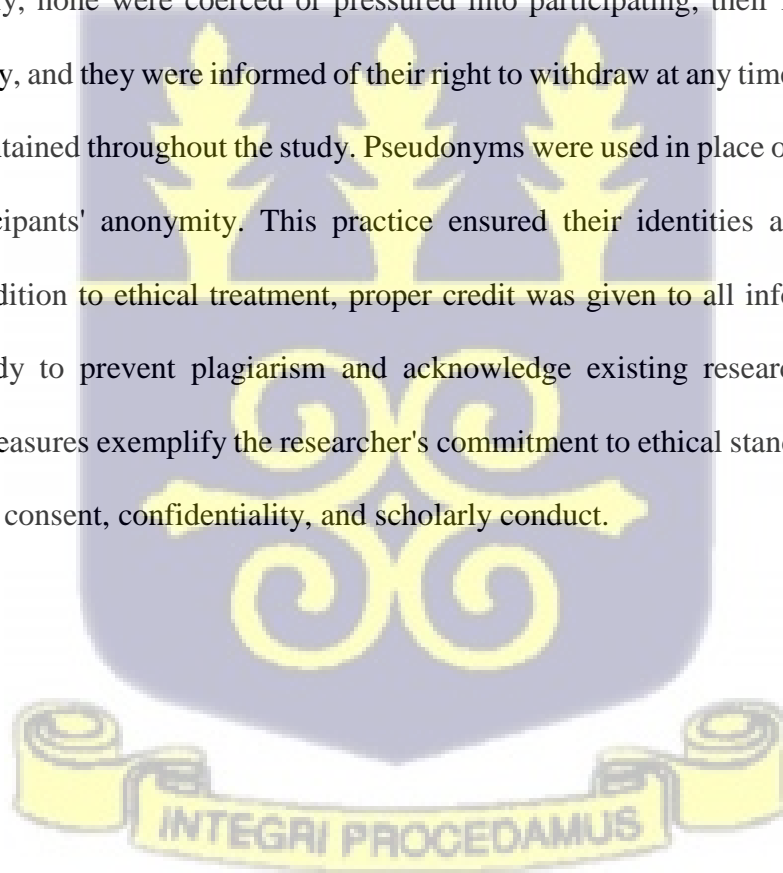
3.14 Member Checking

Member checking is an important methodological step in qualitative research used to ensure the accuracy, credibility, and trustworthiness of collected data. This involved maintaining ongoing communication with participants throughout different phases of the study. The researcher proactively collected and preserved participants' contact information to facilitate continuous dialogue. By implementing member checking, the researcher aimed to involve participants in the validation process to confirm the accuracy of his interpretations of their experiences.

3.15 Ethical Consideration

Measures to ensure the safety and ethical treatment of participants were addressed in this study. To mitigate potential negative consequences, several steps were implemented. First, ethical clearance was obtained from the Institutional Review Board (at the University of Ghana, specifically from the Institute of Statistical, Social, and Economic Research (ISSER), before participant recruitment. This process secured official approval for the study's ethical protocols. Participants were fully informed about the study's objectives, reflecting the researcher's commitment to conducting an ethically sound investigation. They actively provided consent, demonstrating respect for their autonomy.

Before one-on-one interviews, participants received a comprehensive overview of the study's aims. Importantly, none were coerced or pressured into participating; their involvement was entirely voluntary, and they were informed of their right to withdraw at any time. Confidentiality was strictly maintained throughout the study. Pseudonyms were used in place of personal details to protect participants' anonymity. This practice ensured their identities and privacy were respected. In addition to ethical treatment, proper credit was given to all information sources used in the study to prevent plagiarism and acknowledge existing research contributions. Overall, these measures exemplify the researcher's commitment to ethical standards, participant safety, informed consent, confidentiality, and scholarly conduct.



CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the results and discussions of the study. The chapter begins with the demographic characteristics of the participants. The findings are organized under the following themes: reasons for alcohol use among Muslim youth, perceived the views of Muslim youth on the consequences of alcohol use, and how Muslim youth deal with these consequences. The chapter concludes of alcohol use and follows up with a discussion of the findings.

4.2 Demographic Characteristics of Participants

The study included 20 participants, that is, fourteen (14) males and six (6) females. They were aged between 20 and 24 years, with the majority (10%) being under 24 years. Twelve participants were employed, while the rest were unemployed, with females making up. Females constituted the majority of the unemployed. In terms of marital status, about nineteen (19) participants were unmarried, and not married, while only one (1) was married. The education levels varied among the of participants, with varied: seven of them (7) were Junior High School (JHS) graduates, six (6) were Senior High School (SHS) graduates, with one (1) having completed junior high school, six having completed senior high school graduates, one having obtained tertiary education, and six having educational level, whereas six (6) others had no formal education.



Table 4.1: Demographic characteristics of participants

Characteristics	Category	Number of participants (N = 20)
Gender	Male	14
	Female	6
Age Range	20-24 years	20
Employment status	Employed	12
	Unemployed	8
Marital status	Unmarried	19
	Married	1
Educational level	No formal education	6
	Junior high school	7
	Senior high school	6
	Tertiary	1

4.3 Factors Influencing Alcohol Use

The first objective of the study set out to explore reasons for alcohol use among Muslim youth in Nima. The themes that emerged from this objective include peer influence, spiritual influence, drinking as a coping mechanism, and appetite stimulation.

4.3.1 Peer Influence

Several participants described their social environment as one of the factors that led them to drink. Peer influence was one of the reasons participants started alcohol consumption. Participants also shared that the feeling of getting socially excluded among colleagues partly explains the initiation to use alcohol. Participants expressed that having to deal with the feeling

of loneliness among friends and a sense that you belong in the group influenced their decision to start a drinking behaviour. Despite holding strong personal values, the participants explained how the influence of friends resulted in them having to make the choices that were at odds with their religious beliefs notwithstanding the strong values themselves.

For example, a twenty-two (22) male participant shared that:

I started to drink when I was in Senior High School. As a footballer in the school team I mostly hanged around my colleague footballers. Some of them were not Muslims but were into alcohol. After training those who were into alcohol will be together and even influence the coach in player selection. I soon realized I did not belong. After first year, I was invited slowly conscripted into the group. My friends were into women in the school and made me feel that if I take alcohol, I can speak to a woman, and improve on the field. If I score goals, girls will like me. Incidentally, I joined them to drink and that is when I had my first girlfriend. We went for inter-schools, and I scored in each match following alcohol consumption. Immediately, I was no longer shy like before and this made me believe that alcohol use was ok as young person. After school, I discovered some Muslim friends here in Nima, drinking alcohol before playing football. (Awudu, 22-year-old)

Another twenty-two (22) male participant shared that:

I found myself drawn into the social fabric of my environment, where peer influence and the drinking culture played a significant role. Despite knowing my personal values, the pull of my friends and alcohol-centered social norms led me to make choices that conflicted with my beliefs. (Zakari, 22 years)

From the narratives of Zakari and other participants, they were integrated into a social fabric where peer influence and drinking culture were common.

This challenge extended beyond interactions with non-Muslim friends, as pressure to consume alcohol also came from fellow Muslims. In certain instances, Muslim peers trivialized the act of drinking by minimizing its religious significance or rationalizing it as a means of social interaction or stress relief. Others promoted alcohol consumption during group gatherings or

social occasions, presenting drinking as a method to connect, enjoy oneself, or project a more 'modern' image, free from restrictions. Some individuals expressed a sense of obligation to conform to avoid criticism, social exclusion, or being perceived as excessively strict or 'too religious' among their peers. This influence from peers led to an internal struggle, as they attempted to reconcile their personal beliefs with the longing for acceptance and community. The struggle to maintain faith while seeking social acceptance created profound conflict, requiring them to balance their dedication to their beliefs with the pressures from their peers to engage in the consumption of alcohol. This is what a twenty-four female participant shared that:

I experienced pressure within my social circles. The desire to fit in and be accepted by my friends whom I hang out with who are not Muslims sometimes clouded my judgment, and I found myself swaying from the religious teachings that are supposed to guide my actions. There was a time they persuaded me to go out to drink with them on Sallah day, after 30 days of fasting. (Sadiah, 24 years)

Another twenty-year-old female participant shared her reasons for alcohol use as:

In High School I was an athlete and the school will sometimes camp us to prepare us for tournaments. Some of the male athletes will tell me if you take in a little alcohol, you will run like a horse. You will have no competitor. This is how I slowly got introduced into alcohol. I admit that friend's influence, from both Muslims and non-Muslims who drink regularly, made it challenging to resist conforming to certain unreligious norms. Even though Allah has stated in the Quran that we should not drink, the desire for acceptance sometimes overshadowed my commitment. They ask you to drink alcohol with them, and when you say no, they say you are not cool, and you cannot be part of them. (Hajara, 20 years)

The narratives above highlight the important role of peer influence of Muslim youth in alcohol consumption, especially, being drawn into the social fabric of school and sporting environment, where peer influence played a significant role into developing a drinking culture. The feeling of

not being socially excluded or loneliness highlight the reasons some Muslim youth started alcohol consumption. Again, the need to perform as a sports person is one other reason whether among male or female Muslim youth, they got initiated into alcohol. From the narratives, some Muslim youth have been introduced into alcohol consumption by their association and interactions with Muslim and non-Muslim friends. The struggle to maintain one's faith while seeking social acceptance created a profound conflict as they had to balance their dedication to their faith with the pressures of friends and other peers.

4.3.2 Spiritual Influence

Several participants, especially the males, mentioned that they strongly believed that their alcohol consumption was down to the work of supernatural forces which they attributed to the work of Satan. They were convinced about this position because they struggled to reconcile how despite their religious beliefs they were engaging in the use of alcohol. For example, a twenty-four (24) male shared that:

I have come to understand that my drinking alcohol is not only a personal one; I think, it's strongly correlated with the influence of Satan. My core convictions are based on the inherent knowledge that alcohol is bad, which is rooted in my devotion to Islamic teachings. However, the main topic of our discussions turns to a more serious matter: Satan's influence.”. I do not understand why I cannot resist the temptation to drink alcohol, even though we get reminded all the time. (Yusuf, 24 years)

Despite having enough knowledge to about the prohibition of the use of alcohol as a Muslim, they found themselves caught engaging in its use. Their continued engagement in the behaviour resulted in deep feelings of shame and embarrassment, particularly when encountered by people who knew they were Muslims. Another twenty-four male participant stated that:

My Uncle is an Imam and I know a lot more about prohibition [of alcohol use]; the punishment for someone who knows about prohibition and keeps drinking alcohol is greater than that of a person one who does not know. I know about prohibition and I am

in the capacity to advise others not to use alcohol, but I have found myself using alcohol. When I entered the bar, I was so embarrassed that I wanted to pour the alcohol away because I did not want you to see me holding the bottle all that I can say is that it is the work of Satan. (Adam, 24 years)

Several of the young people felt they needed divine assistance to overcome the problem of drinking. For example, Hawa described alcohol intake as the "wicked enjoyment" of alcohol. In their request for divine intervention, female participants prayed for the fortitude from God to overcome this challenge. While a twenty-three female Muslim Youth had this to say:

Me myself, I am praying that God Allah will send someone to help deliver me do away with from this wicked enjoyment that I put in my mouth so that I will be an example to someone. Anytime I stop taking alcohol, I again find myself drinking alcohol when I attend outdoorings or weddings. I have similar experiences when it comes to salah festivities. What I can say for sure is the influence of Satan, making me to go against the teachings of my religion. (Hawa, 23 years)

From the above quotes, it is observed that some participants despite having sufficient knowledge to advise others against alcohol use, find themselves caught in the contradiction of engaging in alcohol drinking behaviour. Participants attributed this paradox between their religious knowledge and their actions to satanic influence. Some participants expressed deep feelings of shame and embarrassment about their drinking, particularly when encountered by people who knew them, often leading to attempts to hide their behaviour: Several of the young people, especially the females, feel they need great divine assistance to overcome the "wicked enjoyment" of alcohol. In their pleas for divine intervention, female participants asked for the fortitude from God to overcome this obstacle:

In conclusion, participants who consume alcohol experience profound internal conflict due to the direct contradiction between their religious beliefs and their drinking behaviour, leading to

intense feelings of shame, guilt, and spiritual distress. They framed their struggle as the work of Satan while simultaneously seeking divine intervention for strength to overcome it.

4.3.3 Drinking as a Coping Mechanism

Many participants acknowledged how shared that excessive worrying about problems they were experiencing led them down a progressive path of substance use, beginning with smoking cigarettes and eventually incorporating alcohol. The frustration and anxiety about being unemployed, particularly after completing school, exerted an emotional toll on them. When confronted with solitude, many found their thoughts overwhelming, driving them to seek refuge in alcohol as a temporary escape mechanism. They expressed deep frustration and anxiety about their unemployment status, particularly after completing their education, and described the emotional toll of watching their peers advance professionally while they remained stagnant in their job search. Participants explained how drinking provided temporary relief from the persistent stress. These are the experiences of three participants. A twenty-four (24) male participant shared that:

After Senior High School, I have not made progress. I am regularly referred to as useless, good for nothing by some friends and close family members. You see, everything boils down to the way I think and worry about my problems. I began by smoking cigarettes and now I combine both smoking and drinking. I always pray to God to help me quit drinking. When I am alone, I start thinking and worrying about some of these problems, this makes me come to the beer bar to drink to stop worrying about them. (Musah, 24 years)

Another participant shared that:

Different people drink alcohol for different reasons. I drink because it helps me stop worrying about some problems I encounter. I have not been working since completing

senior high school, and this is one of my problems. I left home for this place for about one year now because I do not want people to know that I am drinking alcohol. (Adam, 24 years)

I drink because it helps me to stop worrying about my problems. I used to work for a company, but I have lost my job for some time now. I must eat, buy clothes, and go to the hospital when I am not well, all this is about money, without work I cannot do all these things. That is why I am drinking to stop worrying about the problems. (Fatima, 23 years)

The findings revealed that participant's alcohol use provided temporary relief, allowing them to forget about the pressing problems they faced, even if it was only for a short time. Despite recognising the negative impact of their drinking habits, many participants expressed a desire to stop using alcohol as a coping mechanism. They prayed for help and intervention, hoping to overcome the reliance on alcohol that had become their solution for dealing with life's frustrations. While they used alcohol to numb their worries, they understood that it was not a sustainable solution, and many expressed the hope that they would eventually find healthier ways to cope with the hardships they faced.

4.3.4 Appetite stimulant

Some participants explained the reasons behind their alcohol consumption. One participant explained how he justified his drinking by linking it to his eating habits, claiming alcohol enhanced his appetite for food. However, he acknowledged this was a self-created justification rather than a necessity, noting how his desire for alcohol diminishes after meals:

The reason why I am drinking alcohol is that it helps me to eat my food better. I am not saying that without alcohol I cannot eat, but I eat better with alcohol. After eating, even if you give me a bucketful of alcohol, the desire to drink fades away. (Bashiru 24 years)

Several participants described developing specific routines around their alcohol consumption, particularly about eating habits. One participant detailed how they used small amounts of alcohol specifically as an appetite stimulant before meals, distinguishing their controlled drinking pattern from others who drank to excess. They emphasized how their alcohol use was purposeful and routine-based, rather than recreational, using it primarily as a self-prescribed aid for eating rather than for intoxication:

I do not usually have an appetite for food when I do not drink alcohol; for this reason, I only drink two or three tots of alcohol to stimulate my appetite before eating my food. I don't go to the bar to get drunk and make noise, as you saw the other who said he will slap me doing. I don't drink just for the sake of drinking. As soon as my food is ready and I realize I do not have the appetite for food, I just go to the bar to buy my alcohol before eating. (Jibril, 24 years.

Some participants attempted to distinguish their drinking patterns from alcohol dependency. They described situational drinking habits, explaining how they consumed alcohol only when they struggled with appetite, rather than drinking regularly. One participant emphasized this selective use, noting there were times they could eat without alcohol, portraying their consumption as an occasional aid rather than a constant necessity:

I am not an alcoholic; I mean do not drink alcohol always. There are some occasions I am able to eat satisfactorily and there are occasions I struggle to eat. When I find myself struggling to eat, that is when I buy alcohol to help give me the appetite to *eat*. (Jamil, 23 years).

The findings revealed how participants developed specific justifications and routines around their alcohol consumption, particularly concerning eating habits. They carefully constructed narratives to differentiate their drinking patterns from problematic use, emphasising controlled and purposeful consumption primarily as an appetite stimulant. These self-rationalisations demonstrated how participants attempted to legitimise their drinking by linking it to daily

functions like eating, while actively distancing themselves from being labelled as dependent drinkers through claims of occasional rather than regular use. Their accounts highlighted complex psychological mechanisms of self-justification used to maintain a sense of control over their drinking behaviour.

4.4 Consequences of Alcohol Use

The second objective of the study was to explore the consequences of alcohol use by Muslim youth in Nima. The themes that emerged from the study were financial drain, stigma and social strain, and aggressive behaviour.

4.4.1 Financial Drain

For several participants, alcohol consumption worsened their already precarious financial situation, draining their finances. As a result, they struggled to meet basic needs like rent, clothing, and health care. One participant recounted how he could not financially support his mother, who was caring for his child, because he was spending all his money on drinking with friends.

I no longer send money to my mother as I used to since I started drinking. I have a child who is cared for by her, but I can't send her money because of the alcohol that I drink. I spend so much money on alcohol to the extent that sometimes I buy some for friends who do not have money to buy it; for example, I could spend about fifty Ghana cedis on alcohol with friends, and they also buy it for me when I also do not have money. (Zakari, 22 years)

The young people expressed regret over their financial choices related to alcohol consumption. They described prioritising spending on alcohol instead of more beneficial investments or savings, with one participant lamenting how he wasted opportunities for financial growth by consistently using his limited resources on drinking. This pattern of spending led to recurring feelings of remorse about his financial decisions:

I drink alcohol with the little money I have. Instead of putting the money to good use, for instance, instead of saving the money or using it on something that will eventually be of benefit to me, I waste it on alcohol and later regret not using it in a manner that will generate profit for me. (Yusuf, 24 years)

The participants' narratives suggested that financial strain occasionally drove some deeper into alcohol use. They revealed troubling dynamics at bars where fellow drinkers offered to buy them alcohol instead of food when they asked for help. Some even used financial pressure to encourage them to continue drinking:

When I started drinking alcohol, I was not spending so much money because it was not expensive to buy. Now, alcohol costs so much, and for that matter, I spend all the money I have on it. When I ask people for money to buy food at the bar after spending all my money, they won't give me the money; they will rather use that money to buy me alcohol, and if I insist on the money, they will threaten to collect their money if I don't drink the alcohol. (Sadia, 24 years).

The social dynamics within drinking environments exacerbated these financial struggles, as fellow drinkers encouraged continued alcohol consumption through peer pressure and manipulative offers of drinks instead of practical assistance. Participants expressed deep regret over prioritizing alcohol expenditure over financial stability and growth opportunities, creating a cycle of economic instability and emotional distress that affected both their personal well-being and family obligations.

4.4.2 Stigma and social strain

Stigma was another consequence of alcohol use that came through in the interviews. The youth described experiencing immediate changes in the behaviour of other peers towards them once their drinking became public knowledge. They observed that good friendships turned into tense exchanges characterised by awkward silences and hesitancy. These changes highlighted how

their public alcohol consumption significantly altered the dynamics of their long-established social connections within the community:

The moment I made my alcohol consumption known to the public; I could sense the immediate shift in relationships with my peers. The camaraderie I once enjoyed was replaced by awkward silences and hesitant interactions. It became clear that my actions had cast a shadow on the dynamics of our friendships within the community. (Jafar, 24 years)

Some of them described how consuming alcohol in public led to widespread community gossip and social stigma. They shared that rumours about their drinking spread rapidly throughout the community, damaging not only their reputation, but sometimes that of their families. One participant emphasised how he became social isolated when his drinking became the subject of constant community speculation deepened their sense of isolation and social disconnection:

My inability to conceal my alcohol consumption triggered a wave of community gossip and speculation. Rumours about my actions spread like wildfire, magnifying the stigmatisation. The constant awareness of being a topic of conversation further isolated me within the community. (Bashiru, 24 years).

Many participants indicated that the consequence of using alcohol extended to a decline in family and community support. What had once been a network of individuals helping transformed into a more distant and less supportive environment. This transformation left them grappling with the consequences of their actions alone, highlighting the isolating impact within their familial and communal spheres. A participant had this to say:

The consequence of my open alcohol use was a tangible decline in family and community support, coupled with increasing stigmatisation. What was once a network of individuals offering assistance and camaraderie transformed into a more distant and less supportive environment, leaving me to grapple with the consequences of my choices and the weight of social judgment alone. (Habiba, 23 years)

4.4.3 Aggressive Behaviour

For some of the participants, alcohol consumption led to behavioural and legal consequences. They reported getting involved in disputes unnecessarily when intoxicated, often escalating minor conflicts into serious physical altercations that required police intervention. These confrontations frequently resulted in arrests and jail time, creating a cycle of legal troubles that further complicated their lives and relationships:

Some of the problems are that sometimes when I drink so much alcohol, some people may be quarrelling, whereas it has nothing to do with me. I will intrude and escalate the problem. Other people will beat me, and I will also beat other people. The fight often becomes so serious that the police have to come in to settle the problem. There are times that I get arrested and spend some days in jail. (Hajara, 20 years)

Alcohol consumption triggered aggressive behaviours that damaged family relationships for several of the young people. They described how returning home intoxicated often led to heated arguments with family members, with one participant sharing how a confrontation with his elder brother escalated from verbal insults to physical violence. These alcohol-fueled conflicts strained family bonds and created lasting tension within their household relationships:

When you drink alcohol, sometimes you could end up fighting with people. Sometimes I will go home very drunk and end up quarreling with some relations. *Recently*, I fought with my elder brother because he insulted me when he saw me drunk. When I insulted him back, he slapped me and I also retaliated which ended up in a fight between us. (Mansuru, 24 years)

Many participants described how alcohol amplified existing temperamental issues, leading to dangerous behavioural problems. They reported becoming unnecessarily confrontational when drunk, with one participant sharing how his quick temper combined with alcohol led to

frequent unnecessary fights. The severity of these alcohol-fueled conflicts was emphasised by a tragic incident where one participant lost a friend who was killed in an alcohol-related fight.

I develop behavioural problems when I drink alcohol. I am very quick-tempered, so when I drink alcohol, I tend to overreact and engage myself in fights that are really not necessary. I even lost a friend as a result of alcohol; he fought with someone and got killed. (Maruf, 24 years)

In conclusion, alcohol consumption significantly increased participants' aggressive tendencies, leading to a dangerous pattern of escalating violence that ranged from unnecessary involvement in conflicts to serious physical altercations. The consequences were severe, including arrests, damaged family relationships, and heightened risk when combined with existing temperamental issues, tragically culminating in one case with the death of a participant's friend in an alcohol-related fight.

4.5 Coping with the Consequences of Using Alcohol Use by Muslim youth

The study's third objective is to ascertain the coping mechanisms of the consequences of alcohol use. Three themes emerged from the analysis: social network support, medications, and moderation.

4.5.1 Social Network Support

Some of the participants highlighted how their close friends provided essential support in their journey. These friends actively encouraged them to seek professional counselling and guidance to address their drinking habits. Their support emphasised the importance of reconnecting with their values and finding healthier ways to navigate life's challenges:

My friends, who share strong personal values, are providing me with unwavering support. Their support has been crucial in encouraging me to seek professional counselling and guidance. They emphasised the healing power of reconnecting

with my core values and understanding the principles that guide me away from alcohol. (Abdul, 23 years).

Several participants described how their friends helped create new social patterns that didn't revolve around drinking. Friends organised activities like sports events, game nights, and excursions, showing them how to enjoy social connections without alcohol. These alcohol-free gatherings helped participants discover that meaningful friendships and fun didn't require drinking:

Our friends actively promoted alternatives to alcohol-centric socialising. From organising healthy social events to exploring substance-free gatherings, we shifted the focus toward meaningful activities that aligned with our values, fostering a sense of enjoyment without the need for alcohol. (Bashiru, 23 years)

Many participants reported forming support circles where they held regular group meetings to help each other. Through these sessions, they found solace in sharing their experiences and challenges, creating a collective space to strengthen their resolve and distance themselves from the temptation of alcohol. A participant recounted that:

In our circle, we initiated regular support group meetings to help each other. Through these sessions, we found solace in sharing our experiences and challenges, creating a collective space to strengthen our resolve and distance ourselves from the temptation of alcohol. (Hajara, 20 years).

The findings highlight the crucial role of supportive social networks in the participants' journey away from alcohol use. Their experiences revealed how meaningful friendships provided essential emotional support and practical guidance, including encouragement to seek professional help. These supportive friends also actively created alternative social environments, organising alcohol-free activities that demonstrated the possibility of enjoying life without

drinking. Additionally, the formation of support groups provided participants with safe spaces to share their challenges and strengthen their commitment to sobriety, underlining the significant impact of positive social connections in maintaining healthier lifestyle choices.

4.5.2 Medication

Several participants shared their journeys of recovery, emphasising the importance of finding individualised approaches to overcome alcohol challenges. One participant described how combining different treatment methods improved their well-being. They encouraged others facing similar struggles, highlighting that everyone can discover and choose treatment approaches that work best for them:

So, here is the deal. I have been on this journey of self-discovery, especially when it comes to handling alcohol challenges. It's been a process but incorporating both medications and herbs has been a real boost for my well-being. If you are navigating this too, remember, that you have the power to explore what feels right for you. (Zakari, 22 years)

Some participants also described taking proactive steps to address their health concerns related to alcohol use. They reported adopting a more health-conscious approach, including seeking appropriate medical support to manage alcohol-related challenges. They viewed these actions as important steps in prioritising their overall well-being:

Being aware of the impact of alcohol on my health, I've decided to take a health-conscious approach. I buy medications at the pharmacy to manage the challenges associated with alcohol use. It's a step toward prioritising my well-being. (Jibril, 24 years)

Many participants reported experiencing physical injuries due to excessive alcohol consumption. One participant described how heavy drinking led to frequent falls, resulting in bruises to their head and legs, forcing them to regularly seek medical supplies from pharmacies

to treat these injuries. This pattern highlighted the direct physical consequences of their alcohol use:

Sometimes when I drink so much alcohol and get drunk, I fall to the ground and often end up with bruises on my head and legs. I go to the pharmacy to get ointment to apply to the bruises. (Mansuru, 23 years)

The findings revealed participants' varied approaches to managing the health consequences of their alcohol use. While some participants demonstrated proactive health-conscious behaviours by seeking appropriate medical support and treatment, others showed more reactive patterns, only seeking medical supplies to treat injuries sustained during drinking episodes. Their experiences highlighted a spectrum of health management strategies, ranging from preventive measures to treating immediate physical consequences of alcohol consumption. These accounts emphasised how alcohol use not only created immediate health risks but also influenced participants' patterns of healthcare-seeking behaviour.

4.5.3 Moderation techniques

Some participants described adopting approaches to try and limit the alcohol they consumed. One participant shared how they began implementing personal drinking limits rather than attempting complete abstinence. They emphasised the importance of finding a manageable balance that suited their circumstances, viewing moderation as a more realistic strategy for addressing their alcohol use:

Yes, so when things got tough, I realised I needed to change my approach to alcohol. Instead of going all in, I started setting limits on the number of drinks I'd have. It wasn't about cutting it out entirely but finding a balance that worked for me. (Jafar, 24 years)

Several participants discussed developing greater self-awareness in managing their alcohol consumption. They described learning to recognise their limits and paying attention to physical

responses, with one participant highlighting how monitoring his body's reactions helped him maintain better control over his drinking pattern:

I noticed that being mindful of my drinking was key. Understanding when I was reaching my limit and paying attention to how my body felt the next day helped me stay on track. (Habiba, 24 years).

Many participants' shared practical strategies they developed to moderate their drinking habits. They described implementing specific techniques, such as alternating alcoholic drinks with water, which helped them both reduce their alcohol intake and minimise its physical effects. These simple but effective approaches helped them maintain better control over their consumption patterns:

And for me, staying hydrated was crucial. I started alternating my drinks with water, which not only slowed down my alcohol consumption but also made a big difference in how I felt overall. (Sadia, 24 years).

The findings revealed how participants developed personal strategies to manage their alcohol consumption more effectively. They described a shift from unrestricted drinking to more mindful consumption patterns, emphasising the importance of finding individually tailored approaches rather than pursuing complete abstinence. Participants highlighted specific techniques they found helpful, such as setting personal drinking limits, developing greater bodily awareness, and implementing practical strategies like staying hydrated, to demonstrate their growing understanding of how to better control their drinking habits.

4.6 Discussion of Findings

This study explored the experiences of Muslim youth who consume alcohol in Nima, Accra. This section discusses the findings aligned with the study's objectives: reasons for alcohol use

among Muslim youth, the consequences of alcohol use, and coping strategies for dealing with the consequences. The findings are compared with existing literature and analysed within the framework of social learning theory drawing.

4.6.1 Factors influencing Muslim youth in alcohol consumption

The first objective was to understand why Muslim youth consume alcohol. Islam prohibits its followers from drinking alcohol. Despite this explicit prohibition in the Qur'an, some Muslim youths still drink, which affects their health, social relationships, and religious and cultural identity. This study aimed to explore the reasons behind this behaviour. The findings reveal several primary factors contributing to alcohol use among the Muslim youth who participated in the study. One key factor influencing alcohol consumption was peer pressure. Some Muslim youths feel compelled to drink because they fear exclusion from their peer groups if they do not participate. Muslim youth can impact their peers' drinking habits by normalizing the act, minimizing its religious implications, and presenting it as a means of social bonding or conformity. They may use phrases such as 'it's only one time' or 'you can seek forgiveness,' which generates social pressure that complicates refusal without the fear of judgment or exclusion. Even though they are aware that it contradicts their beliefs, the longing for acceptance frequently takes precedence over their personal convictions.

These findings highlight a critical challenge facing the participants: balancing religious identity with social integration. The desire for acceptance and belonging often creates internal conflicts, pitting religious convictions against the need for social harmony. This struggle extends beyond alcohol consumption and may apply to other areas where religious teachings and social norms diverge. This challenge extended beyond interactions with non-Muslim friends, as pressure to consume alcohol also came from fellow Muslims. These findings align with those found in Bærndt and Frank's (2023) study that explored alcohol use among Muslim youth in the Danish

culture. Similar to this study, the women in the Danish study used alcohol to cope with navigating complex identity dilemmas of what their religion expected and their quest to be socially integrated, especially to fit into the drinking culture of their peers. To rationalise their use of alcohol, they opted for relaxed interpretations of Islam that allow space for occasional drinking.

This finding aligns with key principles of Social Learning Theory, particularly the concept of observational learning, to understand how and why young people are influenced by their peers. When they observed their peers drinking, they emulated that behaviour, which affected their decisions. Participants indicated that this was socially reinforced, as they wanted to fit in with a society that normalized drinking. These results suggest that young people's ability to abstain from alcohol due to their religious convictions depends not only on their willpower but also on the social environment around them.

The participants attributed their alcohol consumption to supernatural influences, which they believed were the result of these forces. This belief among young people stemmed from the fact that, despite being Muslims, they continuously went against their faith's teachings on alcohol consumption. The idea of Satan's persistent influence likely arose from their understanding of Islamic teachings, where the Quran explicitly warns believers in Surah Fatir (35:6) about Satan's relentless efforts to mislead them. It is possible that, similar to the findings of other studies (e.g., Bærndt & Frank, 2023), they reconciled their decisions to use alcohol by redefining the tenets of their faith by opting for relaxed interpretations of Islam that allow space for occasional drinking. Attributing supernatural influences to their behaviour may suggest that individuals are avoiding full responsibility for their actions. This can undermine their personal agency and delay behaviour change, as they may feel less motivated to seek help or adopt healthier coping strategies.

The findings revealed that the consumption of alcohol among the young people was sometimes attributed to the problems they were facing in life, such as being unemployed after finishing high school. When confronted with these challenges, several of them turned to alcohol to escape their struggles, a negative coping mechanism that has also been found in other studies (Bravo, 2014). Others rationalised their alcohol consumption. They suggested that they used alcohol as a stimulant to help them get the appetite for food even though some tried to justify that they only used it occasionally or took in small amounts. The young people's explanation or rationalisation of using alcohol as a stimulant could be understood within the Ghanaian context, where there are several myths regarding its usefulness. According to Dordoye et al. (2023), there are certain myths within Ghanaian society that many people use to justify their alcohol use despite its harmful effects, such as its supposed ability to enhance sexuality, improve appetite and sleep quality, and possess medicinal qualities. It is also possible that their excessive alcohol consumption led to the suppression of their appetite and resulted in some of them needing to consume alcohol to stimulate their appetite unaware that it could be masking underlying health issues (Gough et al., 2021).

4.6.2 Consequences of alcohol use by Muslim youth

The findings of this study revealed that alcohol consumption resulted in worsening the financial situation of many participants, as it served as a drain on their finances. As a result, they were struggling to meet their basic needs, such as rent, clothing and health care. Several participants also expressed regret over their financial choices related to alcohol consumption. They described how they prioritised spending on alcohol over more beneficial investments or savings, with one participant specifically lamenting how he squandered opportunities for financial growth by consistently spending his limited resources on drinking. This pattern of spending led to recurring feelings of remorse about his financial decisions. The narratives of the participants seemed to further suggest that the financial drain sometimes drove them deeper into the use of

alcohol. Many participants also revealed the troubling dynamics at bars where other drinkers would offer to buy them alcohol instead of food and even used financial pressure to encourage continued drinking. This is in line with the findings of Sulaiman et al. (2022) in a study carried out in Nigeria which found that consumption of alcohol frequently surpassed the financial means of the study participants, resulting in harmful behaviours, such as purchasing alcohol on credit or selling personal belongings to fund their drinking habits.

In relating the finding to the theory, differential reinforcement - a key tenet of social learning theory - explains how the financial drain experienced by participants acted as a negative consequence of their alcohol use. Despite facing severe financial hardships that impacted basic necessities and family responsibilities, the behaviour persisted due to competing positive reinforcements from the social environment. Drinking continued despite clear negative financial outcomes, demonstrating how differential reinforcement operates when immediate social rewards and peer pressure outweigh the long-term consequences of financial instability.

The findings highlight the significant social consequences participants faced when their alcohol consumption became known with a community that was dominated by people practicing the same religion. Their experiences revealed a deterioration of social bonds, from the immediate shift in peer relationships to the rapid spread of damaging rumours that increased stigma mostly against them but sometimes also extending to their families. The fallout extended deeper into their support networks, eroding both family and community support systems that had previously offered assistance and companionship. Collectively, these experiences created a cycle of isolation, where public awareness of their drinking not only harmed their social standing but also deprived them of the support networks they needed during their struggles. These findings confirm evidence from several previous studies showing the damaging social consequences. For instance, Malik et al. (2021) found that imams in their study noted how individuals who

consume alcohol often face shame and stigma, leading them to socially isolate to avoid the repercussions of their behaviour. Similarly, research from the UK indicated that because alcohol consumption is perceived as dishonourable in the Muslim faith, it tarnishes the reputation of individuals and brings shame to their families (Sattar et al., 2024).

The study's findings indicated that for some participants, alcohol consumption led to severe behavioural issues and legal consequences. When intoxicated, participants reported becoming involved in others' disputes unnecessarily, often escalating minor conflicts into serious physical altercations requiring police intervention. These confrontations frequently resulted in arrests and jail time, creating a cycle of legal troubles that complicated their lives and relationships. For many, alcohol consumption triggered aggressive behaviors that damaged family relationships. Participants described how returning home intoxicated often led to heated arguments, with one sharing how a confrontation with his older brother escalated from verbal insults to physical violence. These alcohol-fuelled conflicts strained family bonds and created lasting tension within their households. Many participants also noted that alcohol amplified their existing temperamental issues, leading to dangerous behaviors. They reported becoming unnecessarily confrontational when drunk, with one participant stating that his quick temper combined with alcohol resulted in frequent fights. The severity of these conflicts was underscored by a tragic incident in which one participant lost a friend who was killed in an alcohol-related fight. This aligns with Mukhwana's (2009) study in Kenya, which found that alcohol use led to behavioural consequences such as violent altercations, domestic violence, and vulgar conduct, often resulting in family separation.

4.6.3 Coping with the Consequences of Alcohol Use

The study found that close friends provided essential support for many young people in their recovery from alcohol use. They actively encouraged them to seek professional help and

assisted them in reshaping their social routines to avoid environments that encouraged drinking, engaging in alternative activities such as sports, games, and excursions. These findings align with previous studies that emphasize the importance of social support from friends as they encourage change and help to avoid triggers, enhancing resilience and the development of effective coping strategies (Hibbert & Best, 2011; Neale et al., 2011). This finding relates to key principles of social learning theory, particularly observational learning. This concept explains how participants learn new behaviours by watching and imitating others, which is relevant to adopting healthier coping strategies through social network support when dealing with alcohol-related consequences. In this context, the social network serves as a source of positive role models whose successful behaviours participants can observe and emulate, making it an evidence-based strategy.

The findings revealed participants' varied approaches to managing the health consequences of their alcohol use. While some participants demonstrated proactive health-conscious behaviours by seeking appropriate medical support and treatment, others showed more reactive patterns, only seeking medical supplies to treat injuries sustained during drinking episodes. Their experiences highlighted a spectrum of health management strategies, ranging from preventive measures to treating the immediate physical consequences of alcohol consumption. These accounts emphasised how alcohol use not only created immediate health risks but also influenced participants' patterns of healthcare-seeking behaviour.

This study found that some participants adopted moderate approaches to alcohol consumption. Instead of pursuing complete abstinence, participants established personal drinking limits to create a sustainable and manageable balance. They viewed moderation as a realistic strategy that allowed them to regulate their alcohol use without the pressure of immediate total sobriety. Some participants developed self-awareness in managing their drinking habits, learning to

recognise their limits, and paying closer attention to their physical responses. One participant noted that monitoring his body's reactions helped him gain better control over his drinking patterns. Additionally, some participants shared practical strategies for moderating their alcohol use, such as alternating alcoholic drinks with water, which helped reduce their intake while minimizing its physical effects. These simple but effective approaches allowed them to maintain better control over their consumption.



CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study's findings and offers recommendations to improve the lives of Muslim youths. It discusses the implications for social work, education and practice in supporting Muslim youths who consume alcohol. The study examined the experiences of Muslim youths who used alcohol in Nima, Accra, with twenty participants (fourteen males and six females) recruited for in-depth interviews.

5.2 Summary of the Study's Findings

The study revealed that some Muslim youth consume alcohol due to peer influence, spiritual factors, and as a coping mechanism. Participants reported drinking to stimulate their appetite. Regarding the consequences of alcohol use, the study found that while some faced financial strain, others experienced stigma. Additionally, some displayed aggressive behaviour due to alcohol consumption. In coping with these consequences, the main support for Muslim youth came from their social networks, which aided their recovery. The study also found that they relied on medications, particularly from pharmacies and herbal remedies. Many practised moderation by limiting their alcohol intake to protect their health.

5.3 Conclusions

The study concludes that peer influence, spiritual factors, drinking as a coping mechanism, and appetite stimulation significantly contribute to alcohol use among Muslim youth. This decision has led to various adverse consequences, including financial strain, stigma, social challenges, and aggressive behaviour. Despite these issues, Muslim youth have relied on social support, moderation, and medication to address the consequences of alcohol use.

5.4 Recommendations

The researcher recommends establishing comprehensive peer support networks led by trained youth mentors who have successfully overcome similar challenges. These programs should address peer influence by fostering positive relationships and developing resistance skills. To tackle spiritual influence, mental health professionals should collaborate with culturally competent counsellors to help youth navigate spiritual identity conflicts without resorting to alcohol. For those using alcohol as a coping mechanism, evidence-based stress management programs should teach healthy alternatives such as mindfulness, exercise, and creative expression. To address alcohol's role as an appetite stimulant, nutritionists and healthcare providers should develop healthy eating programs and address underlying concerns.

To combat the financial strain identified in the research, financial literacy programs should be established to teach budgeting and money management skills. These programs should be practical and youth-focused, illustrating the long-term financial impact of alcohol use. To address stigma and social strain, confidential counselling services should be created, staffed by culturally competent professionals who understand the unique challenges faced by youth. For managing aggressive behaviour, anger management workshops and emotional regulation programs should be implemented, led by qualified mental health professionals specializing in behavioural interventions.

The research findings highlight effective coping methods that should be enhanced and supported. Social network support should be strengthened through structured peer mentoring programs and family support groups, providing safe spaces for sharing experiences and solutions. Professional counsellors should guide youth in developing moderation strategies and practical skills for reducing alcohol consumption. Partnerships with healthcare providers should be established for medication support to ensure proper medical supervision when needed, while maintaining strict confidentiality. A coordinating committee of mental health professionals,

youth representatives, and social workers should oversee these programs, focusing on practical implementation, measuring outcomes, and maintaining program effectiveness. Regular evaluations should ensure interventions remain relevant and beneficial to the target population. Success metrics should be based on reductions in alcohol use, improved coping strategies, and enhanced social support networks.

5.5 Implications for Work Practice

Social workers should design evidence-based interventions that address the underlying reasons for alcohol use among Muslim youth. Rather than focusing exclusively on religious principles, practitioners should implement comprehensive support programs that address peer pressure, promote healthy coping strategies, and teach effective stress-reduction techniques. These interventions must be delivered through confidential, culturally competent services that acknowledge the complex relationship between cultural identity and behavioural choices. Additionally, social workers should establish professional counselling services that target specific consequences of alcohol use, such as financial management programs to ease financial strain, anger management strategies to address aggressive behavior, and safe spaces where young people can discuss their challenges without fear of stigma.

Clinical interventions should prioritise the development of practical coping skills while remaining sensitive to cultural contexts. Social work education programs ought to include specialized training for professionals working with Muslim youth who use alcohol, with an emphasis on understanding the diverse factors influencing their choices. This training should encompass cultural competency, effective intervention strategies to tackle alcohol use among young people. Educational programs must equip social workers to implement both individual and community-level interventions, all while maintaining clear professional boundaries.

Social workers should create community-based programs to strengthen social support networks, focusing on positive peer relationships, open family communication, and supportive environments. They should not solely focus on prohibition but also implement harm-reduction strategies. They should advocate for policies that improve access to culturally competent mental health and alcohol-use support services, including increased funding for research, evidence-based intervention programs, and confidential services. These efforts should address prevention and intervention needs and eliminate barriers to essential support services.

Finally, social workers should conduct further research into effective intervention strategies for Muslim youth who use alcohol, particularly examining the role of social support networks and professional intervention programmes. Research should evaluate programme effectiveness, identify best practices, and develop evidence-based interventions that meet the specific needs of this population.



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APPENDIX I

UNIVERSITY OF GHANA DEPARTMENT OF SOCIAL WORK

The in-depth semi-structured interview guide

Dear respondent, I am an MPhil student at the Department of Social Work, University of Ghana. I am conducting a study to “explore the experiences of Muslim youth who use alcohol in Nima”, The case of Nima, Ghana. I would like to request your voluntary participation in this study to enable me to achieve the objectives of my study. For the study to be meaningful, it is crucial to complete all the required questions. In accordance with the ethics of social science research, your feedback will remain voluntary and confidential as well as your identity remaining anonymous.

SECTION A (DEMOGRAPHIC INFORMATION)

1. Age
2. Occupation
3. Ethnicity
4. Educational background
5. Marital status

SECTION B

Factors influencing alcohol use

6. When did you start drinking alcohol?
7. What are the things that influence you to drink alcohol?

SECTION C

8. How has alcohol benefited you?
9. Has your perception of alcohol changed over time?

SECTION D

10. What are some of the consequences of alcohol use that you often face?
11. How do you deal with the consequences of alcohol use?

