

CONTEXT AND CONSEQUENCES OF LIQUOR SACHETS USE AMONG YOUNG PEOPLE IN MALAWI

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ABSTRACT

This article presents a relatively new phenomenon regarding alcohol related problems in Malawi; the context and consequences of the consumption of liquor sachets among young people. The results presented are part of a larger study looking at the prevalence and social norms related to alcohol use, as well as people's opinions on policies and interventions related to alcohol in Malawi. The results presented here are from a qualitative component in three Malawian communities. The results imply that the introduction of sachets has contributed to an increase in alcohol consumption among young people. Major issues of concern are issues of age limits, packaging and alcohol content, as well as lack of empirical evidence on which to base policies and interventions. Finally, there is a need to mobilize positive adult role models for young people with regards to alcohol.

Key words: Liquor sachets, Malawi, youth, alcohol consequences, qualitative study

INTRODUCTION

This article addresses the context and consequences of the consumption of liquor sachets among young people in poor Malawian contexts. Sachets are a relatively new phenomenon with regards to alcohol related problems in sub-Saharan Africa in general and Malawi in particular. There is ample evidence of the

negative effects of alcohol worldwide (WHO, 2014). While the African region has relatively low levels of consumption (WHO, 2014), the expansion of global alcohol corporations in emerging markets, such as Malawi, is contributing to the rise in alcohol consumption (Casswell & Thamarangsi, 2009; Bruijn, 2011). Indeed it has been argued that as low income countries develop, the burden of alcohol

abuse is expected to increase, and thus interfere with their development (Parry, 2005). Packaging and price are two very influential alcohol marketing strategies, which are particularly relevant for youth (Room et al, 2002; Bruijn, 2011). Therefore, alcohol sold in small, cheap sachets has the potential to contribute to an increase in alcohol consumption among the youth, which is particularly serious in an African context where young people make up the majority of most populations (Bruijn, 2011). Historically alcohol consumption in Africa has been highly gendered, with men consuming substantially more alcohol than women. Recent research suggests that this trend is changing (Martinez et al., 2011). In Malawi consumption levels are low, with only 14.5% of the adult population (18 years and above) drinking alcohol; 1.6% of females and 27.3% of males (Eide et al., 2013; Natvig et al., 2014)¹. However, a study among University of Malawi students found that 78% of males and 63% of females drink alcohol (Zverev, 2008). There is a scarcity of empirical evidence on alcohol use among children and young people in Africa in general and Malawi in particular. It is widely documented, also from the African context, that children and young people are influenced by the alcohol behaviour of influential adults such as teachers, neighbours and parents, and they are also highly susceptible to peer pressure (Abikoye & Olley, 2012; Morojele, Parry & Brook, 2009). Young people are at increased risk for harmful use of alcohol due to cognitive and

physical factors such as reduced ability to process and assess risks and reduced physical control in potentially dangerous situations (WHO, 2010). As a result, young people are more vulnerable to alcohol related harm such as crime, violence, intentional and unintentional injuries (Morojele, Parry, Brook & Kekwaletswe, 2012) as well as dropping out of school (Makhubele, 2013). In addition, they are at greater risk of suffering negative health and social outcomes because alcohol can disrupt brain development in childhood and give physical health consequences (WHO, 2012).

UNESCO defines youth as people between the age of 15 and 24 years (UNESCO, 2014). In the Malawian Liquor Act young people are defined as ‘anyone who appears to be or is under the age of eighteen’ (Government of Malawi, 1999). While the Liquor Act restricts young people’s access to alcohol, it only states that it is not allowed to “*supply opaque beer*”² to young people, with no mention of any other type of alcohol including liquor packaged in sachets (Government of Malawi, 1999). In this article, young people are defined as persons under the age of eighteen.

The term sachets, as used in this article, refers to small plastic bags of approximately 30-100ml of various types of strong liquor, with an alcohol content, as stated on the sachets, ranging from 30-45%. These are available in many African countries, including Malawi (Malawi Voice Reporter, 2013; Meulenbeek & Mwanza, 2012; Muma, 2014). There is little or no empirical evidence concerning alcohol sachets in southern Africa in

¹ These findings are from the survey component of the ALMA study. The data presented in this article is from the qualitative component of the same study. See website: www.sintef.no/alma

² Defined as ‘liquor brewed by an industrial brewing process’ in the Liquor Act

general and in Malawi in particular. Studies from South Africa and India mention alcohol sachets, and suggest restriction or complete ban on the production and sales of these products (Parry, 2005; Chowdhury, Ramakrishna, Chakraborty & Weiss, 2006). These studies, however, focus little on the context of sachet consumption and consequences for young people. This article therefore explores people's understanding of the context in which alcohol sachet consumption occurs, and their consequences in Malawi, with particular emphasis on young people. The results presented in this article are part of a larger study which looked at the prevalence and social norms related to alcohol use, as well as people's opinions on policies and interventions related to alcohol in Malawi³. The study, funded by the Norwegian Research Council, was developed in response to the expressed needs of Malawian policy makers for scientific evidence in order to develop national alcohol policy and interventions. The project consisted of both quantitative (survey) and qualitative components. This article presents some results from the qualitative component, with data collected over a period of four weeks in October 2012.

METHOD

In qualitative research multiple sources of evidence and multiple data collection techniques are commonly used (Silverman, 2013). In this study we conducted social mapping, in-depth interviews (individual and group) and direct observa-

tions in three local communities; two rural villages and one urban township, one from each of the three regions of Malawi (Northern, Central and Southern region). The three study sites, characterized by poverty, were chosen based on experiences of high prevalence of alcohol consumption found in the survey which preceded the qualitative data collection. Review of relevant policies, interviews with policy makers and review of grey literature and media reports was also conducted. A social mapping approach was used to identify relevant informants, with the aim of gaining multiple perspectives on the same phenomena (Onwuegbuzie & Leech, 2007). The mapping of the community was carried out together with the village headman. This resulted in a rough map of the community, with important landmarks such as roads, rivers and trading centers, as well as relevant individuals and institutions. These included local authorities, practitioners of traditional medicine and modern health institutions, educational institutions, religious institutions, police (including community police), shebeens⁴, bars and nightclubs. Following the social mapping, 69 informants, both men and women above 18 years, were purposively selected for in-depth interviews. Informants included those identified in the social mapping, community members, national level policy makers, NGO representatives and mental health providers. An interview guide was used to cover key themes, such as knowledge and perceptions about alcohol, policy, legislation, prevention, treatment, consequences and production (formal and informal). The issue of sachets was not included in

³ Fighting poverty through alcohol misuse prevention in Malawi (ALMA): www.sintef.no/alma

⁴ Shebeens are informal alcohol outlets producing and selling homebrewed/distilled alcohol

the guide specifically, but was brought up by most informants. The research team consisted of both Malawian and Norwegian researchers, in addition to three Malawian research assistants/ interpreters. With the informants' permission interviews were recorded. To analyze the data, a thematic analysis approach was applied (Braun & Clarke, 2006). Ethical clearance was obtained from committees in Norway and Malawi.

RESULTS

While sachets vary in size and content, most of the sachets we found in Malawi during our fieldwork were small plastic bags containing 30-35ml of fruit flavored liquor, with catchy English brand names (Double Punch/Rider/Master/Boss/Tyson). The alcohol content, as stated on the sachets, varied from 30-45%. These sachets were produced by small, unknown production companies, not by the bigger companies present in Malawi, such as Carlsberg and SAB Miller. Each sachet cost approximately 15 Malawi Kwacha, equaling US\$ 0.04. Despite our efforts, we were unable to track down and interview the producers of these sachets, and find out their contents. A representative from Carlsberg suspected that these sachets contained illegally produced and potentially dangerous liquor. Since their introduction to Malawi in 2007/2008, sachets have quickly become popular among both adults and children due to their low price and availability. Up till today, mostly boys and young males have been observed drinking alcohol. This picture, according to our informants, is changing as more and more young girls are starting to consume alcohol, particularly alcohol sachets.

Legislation

Available information about the legality of sachets in Malawi is confusing and conflicting.

The Liquor Act, the legislation on alcohol in Malawi, makes no mention of alcohol sold in sachets. We were told by policy makers that the Government had banned sachets, but the ban was lifted due to a 2011 court injunction (Endal, 2011). However, in 2013 the Malawi Bureau of Standards (MBS) and alcohol manufacturers came to an agreement to increase the minimum legal volume of sachets from 30ml to 100ml, and as such ban alcohol sold in smaller sachets (Malawi Voice Reporter, 2013). Manufacturers and distributors of sachets smaller than 100 ml would be prosecuted starting in 2013 (Malawi Voice Reporter, 2013). This was corroborated in October 2013 by MBS in an e-mail to the first author of this article. The banning and subsequent court injunction seems to have created confusion among our informants, from community members to police, regarding the legality of sachets. There was, however, a general consensus among our informants that sachets should be banned.

While the Liquor Act states that it is not allowed to supply alcohol to anyone who is or appears to be under the age of 18, determining the age of an individual can be problematic. Very few people in Malawi are in possession of an identification document showing their year of birth, hence the law is often not upheld. A bar owner in an urban township in the Southern Region (SR) said the following about determining a person's age:

I know by their face and I use height to know if person is old enough to drink.

Availability of sachets

There was a general feeling among our informants that underage drinking has increased with the introduction of sachets. Informants told us that children, both boys and girls, as young as 10 years of age, were drinking alcohol, particularly in sachets. This is emphasized in the quote by a policeman in the Northern Region (NR) below:

The children have started drinking because of sachets, the adults have increased drinking. Children did not drink as much before.

This was corroborated by a community member in the Central Region (CR):

Abuse of alcohol is mostly done among the youth. More especially with the coming of the sachets a lot of youth are drinking the liquor sachets.

As our informants expressed, the increase in drinking due to sachets seems to be related to their accessibility in terms of availability and price. As stated by a religious leader (SR):

Children can get sachets from vendors everywhere. It is easy to get.

Furthermore, one informal alcohol brewer (NR) said that some children come to buy alcohol claiming they have been sent by an adult, but in reality they consume the alcohol themselves.

A Traditional Authority (NR) said that sachets were especially popular among young people 12-18 years of age:

This is because they are cheap and because they are small-they can buy them and put them in their pockets so nobody can know.

This was corroborated by a health surveillance assistant (NR):

You buy mangoes at 20 kwacha and 30 kwacha, but alcohol at 15 kwacha. A child may keep a 10 kwacha when asked to buy tomato and keep a 5 kwacha when asked to buy other things. By the end of the day, he has 15 kwacha - enough to buy a sachet.

When first introduced in Malawi, sachets were readily and openly available in shops, bars and on the streets. We were told of people carrying strings of sachets around their necks walking around selling on the streets, market places, in villages and from buses. During our 2012 fieldwork, sachets were not sold as openly on the streets, but were still easily available in shops, kiosks/tuck-shops and in bars, pubs, nightclubs and shebeens; through legal and illegal channels. The research team observed empty sachets on the ground in school yards, market places and other places in nearly all villages and areas we visited. At one elementary school, we were shown a bag full of empty sachets collected over a little less than a week. It was, however, unclear whether they had been picked inside or outside the school premises.

Contexts for sachet consumption

The study areas were purposely chosen due to their high prevalence of alcohol consumption in order to extract the necessary information required for the study. The prevalence of alcohol consumption was substantially higher in these areas compared to the national average for Malawi. The context in which this consumption occurs can perhaps explain why young people in these areas

have quickly adopted sachets into their everyday life. Many of our informants worry about pupils drinking sachets both in classes and during leisure time between classes. Alcohol in general and sachets in particular are consumed openly in these study areas. As one community member (CR) observed:

(...) you will find young boys drinking almost 10 packs of it (sachets) and sometimes more than ten. Some even carry the sachets around their shoulders.

There seems to be a general acceptance of drinking and public drunkenness. In fact, two informants saw drinking as part of living in a democratic country. In one bar, no one seemed to worry about a two year old child, observed by members of the research team, sitting on the lap of an adult man, sucking on an alcohol sachet. As one community based police (CR) commented:

Even fathers, when they buy sachets they give it to the children.

Reasons for drinking sachets

Among many reasons why young people drink alcohol, the main reasons mentioned by our informants were influence of role models, peer pressure and poverty. Some students told us that young people drink to feel rich and do as rich people do. Being able to drink seems to imply a certain level of success. An 18 year old girl (SR) told us that for many young people *“drinking alcohol is like living a high standard life”*. The most common reason given by informants for young people drinking alcohol was peer pressure. The same girl stated:

(...) they are pressurized by friends and sometimes they think that drinking alcohol is so good (...) most of the youths go to school and are always influenced by their friends to start drinking alcohol.

A community based policeman (NR) also described peer pressure as a reason for drinking:

Children can buy sachets on the way to school and drink. They have taken a sachet or two by the time they get to school. Others, who see them, also get influenced.

A male community member (CR) corroborated this:

Peer pressure is what most of the youths are facing problems with. Their friends would sometimes tell them to drink alcohol for them to be intelligent. They get carried away and follow the behavior of their friends.

Children also learn by example, for instance copying the behavior of influential adults. As expressed by a primary school teacher (CR) who said in Chichewa: *“Mwana wa nkhuu amaonera amake kunya mnyumba”* (translating to: *“a chicken takes from its mother the practice of defecating in the house”*). He was referring to children copying the alcohol behavior of teachers in the school, and explained that:

It all started with the bosses in the offices (school administration), (...) they could pack those sachets in their suits and when they felt like taking some they would simply go to the toilets as if to answer the call of nature,

but drink those and throw the empty packets in bins. The junior and also the young ones who witnessed that also started doing the same.

A religious leader (SR) expressed concern that in Malawi children were lacking role models:

Parents are the best to influence children. Also the chiefs are role models, although even some chiefs take alcohol.

One traditional healer (SR) suggested that poverty was the reason why children were drinking alcohol, particularly sachets:

Parents of those children do not have enough money (...), so the children have nothing to eat. So what can a child do? (...) The children end up in bottle stores where they collect sachets, when they find beer in the sachets they drink it. For example, I met a certain child who saw a sachet of alcohol and drank it, that child got drunk and slept.

Consequences of underage drinking

Our informants expressed concern about the possible consequences due to the perceived increase in underage drinking. A man drinking alcohol in a bar (NR) explained that most of the liquor sachets have a very high concentration of alcohol which affects the brains of children, resulting in children dropping out of school. Another community member (CR) expressed similar concerns:

We do not forget that the youths are still in a growing process as they are growing, their brains grow as well.

People fear that the effect of alcohol on children and young people's brains could affect their performances. The wife of a group village head (NR) said:

They (sachets) are not good. They affect children, when they drink, they are unable to understand what their teachers are teaching in class.

Informants expressed concern that this may lead to children dropping out of school, as stated by a man (NR) in a bar:

Because of that, many children fail in class which leads to high school drop-outs.

A youth resource counsellor (CR) was concerned with the wider social consequences of the perceived rampant use of alcohol among children:

They end up with immoral practices and end up with HIV/AIDS, crimes and finally as drunkards.

A community based policeman (SR) also expressed these concerns:

They can be committed to crimes because of those sachets. In addition, our Victim Support Unit deals with family issues because of the children who drink those sachets.

(...) There are a lot of boys here (...) they are often a threat to us. They can start beating or steal a bag from a mini bus. This is (because of) the sachets.

DISCUSSION

In this article we have explored the context and consequences of the con-

sumption of liquor sachets among young people in Malawi. Since alcohol sachets became available on the Malawian alcohol market they seem to have increased in popularity. These small bags of strong liquor are so cheap they are economically available to all segments of the Malawian population; rich and poor, young and old. With their sweet flavor and small packaging the sachets are said to have become very popular among underage drinkers. In fact, our informants stated that underage drinking, among both boys and girls, has increased since the introduction of the sachets, and that this was a worrying trend. There is, however, no prevalence data available from Malawi on young people's drinking habits.

While availability and affordability are two major reasons stated by our informants for young people drinking, the picture is more complex. Our data confirms that the behavior of adults is an important factor in determining young people's drinking habits (Abikoye & O'Leary, 2012; Morojele, Parry, Brook, 2009). Furthermore, drinking alcohol seems to imply attainment of a certain level of success, associated with an affluent Western lifestyle. This is also reflected in the brand names of the sachets. Peer pressure, such as friend's behaviours, attitudes and beliefs, is another reason why young people in Malawi and other parts of Africa consume alcohol (Morojele, Parry, Brook, 2009).

From our data the legality of sachets is not clear. There are no laws governing alcohol sold in sachets. Current legislation was passed before the introduction of sachets to the alcohol market. There is, however, an ongoing process with regards to regulating the size of sachets. There is reason to question whether an

increase in sachet volume, and inevitably an increase in price, will be sufficient to prevent young people from drinking alcohol since many will still be able to afford the price of the larger sachet either individually or as a group. And while 100ml is larger than 30ml, the bigger sachets are still small enough to fit in and hidden pockets. The alcoholic content of sachets, however, does not appear to have been addressed by policy makers thus far. Among the adult informants in this study, many feel that sachets should be banned, particularly to protect children and young people from the negative effects of alcohol consumption at an early age.

Our data indicate that alcohol consumption among young people, both boys and girls, is increasing, which presents both a public health concern and a concern for economic development (WHO, 2014; Parry, 2005). Alcohol consumption is particularly serious when it comes to children and young people. It may have serious consequences for their physiological and psychological development and their educational achievement (Morojele, Parry, Brook, Kekwaletswe, 2012; Makhubele, 2013; WHO, 2012), potentially leading to unemployment, poverty and thus hindering the country's development (Parry, 2005).

CONCLUSION AND RECOMMENDATIONS

The results presented in this article imply that the introduction of sachets to the Malawian alcohol market has contributed to an increase in alcohol consumption among young people. Each country has a responsibility to protect young people from the harmful effects of alcohol and

as such their basic right to health (Obot, 2013). The following are major issues of concern that should be addressed by the Malawi Government, researches and civil society in an attempt to protect children and young people from the harmful effects of alcohol:

- There is a lack of empirical data on prevalence and the context of young people's alcohol use. Such data is essential to develop evidence based alcohol policies and interventions targeted at young people to prevent future increased alcohol consumption as adults.
- Our qualitative data indicate that there may be an increase in alcohol consumption among young girls in Malawi, but there is no trend data to support this. There is a need for baseline, longitudinal and explorative data on young girls' drinking habits.
- It is important to address ambiguities in the Liquor Act with regards to age limits, packaging and alcohol content.
- There is a need to mobilize positive role models for young people with regards to alcohol.

REFERENCES

- Abikoye, G., & Olley, B. (2012). Social network characteristics, perceived drinking norms and hazardous alcohol use. *African Journal of Drug and Alcohol Studies*, 11(1), 1-7.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101. DOI: 10.1191/1478088706qp063oa1478-087
- Bruijn, Avalon de. (2011). Alcohol Marketing Practices in Africa. Findings from the Gambia, Ghana, Nigeria and Uganda. MAMPA Project. WHO, Regional Office for Africa.
- Casswell, S., & Thamarangsi, T. (2009) Reducing harm from alcohol: call to action. *The Lancet*, 373(9682), 2247-2257. doi: [http://dx.doi.org/10.1016/S0140-6736\(09\)60745-5](http://dx.doi.org/10.1016/S0140-6736(09)60745-5)
- Chowdhury, A. N., Ramakrishna, J., Chakraborty, A. K., & Weiss, M. G. (2006). Cultural context and impact of alcohol use in the Sundarban Delta, West Bengal, India. *Social Science & Medicine*, 63(3), 722-731. doi: 10.1016/j.socscimed.2006.02.006
- Eide, A. H., Braathen, S. H., Azalde, G., Munthali, A., Chiocha, M., Ndawala, J., . . . Hoel, E. (2013). Fighting poverty through alcohol misuse prevention in Malawi – revised summary report (December 2013). SINTEF report A25509 (pp. 56): Oslo:SINTEF.
- Endal, D. (2011). Conflict over liquor sachets in Malawi. *Alcohol, Drugs and Development. March, 7*, 4891972-4876188. Retrieved from: <http://www.add-resources.org/conflict-over-liquor-sachets-in-malawi.4891972-76188.html>
- Government of Malawi (1999). Laws of Malawi. *Liquor Act*. Cap. 50:07
- Makhubele, J. (2013). Social exclusion as a contributing factor for the addition of harmful substances to home-made alcohol: The case of Mopani District in Limpopo Province, South Africa. *African Journal of Drug and Alcohol Studies*, 11(1).
- Malawi Voice Reporter (2013, May 6). Manufacturing, selling of cheap sachet liquor outlawed from today. *Malawi Voice*. Retrieved Oct. 22nd, 2013 from: <http://www.malawivoice.com/2013/05/06/manufacturing->

- selling-of-cheap-sachet-liquor-out-lawed-from-today-97411/
- Martinez et al. (2011). Alcohol abstinence and drinking among African women: data from the World Health Surveys. *BMC Public Health* 2011 11:160. doi:10.1186/1471-2458-11-160
- Morojele N. K., Parry, C. D., Brook, J. S. (2009). Substance abuse and the young: TAKING ACTION. *MRC Research brief*. Retrieved April 11th from: <http://www.mrc.ac.za/policybriefs/substance2009.pdf>
- Morojele, N.K., Parry, C. D., Brook, J. S. Kekwaletswe, C. (2012). Alcohol and Drug Use. *Alcohol and Drug Abuse Research Unit, MRC*. Retrieved April 11th 2014 from: <http://www.mrc.ac.za/crime/Chapter14.pdf>
- Meulenbeek, J. & Mwanza, D. (2012, September 12); 'Killer' Liquor Sachets Banned in Zambia. *Inter Press Service News Agency*. Retrieved Oct. 24th, 2014 from <http://www.ipsnews.net/2012/09/killer-liquor-sachets-banned-in-zambia/>
- Muma, R. (2014, May 8). Cameroon bans consumption of Whisky Sachets for health reasons. *Face2Face Africa*. Retrieved Oct. 24th, 2014 from <https://face2faceafrica.com/article/whisky-en-sachet-cameroun#.VEo2bvmsWSo>
- Natvig, H., Eide, A. H., Døving, M.H., Hesen, A. L., Hoel, E., Ndawala, J., et al. (2014). Self- and collateral spouse-reported alcohol use in Malawi: Exploring social drinking norms' potential for alcohol prevention. *African Journal of Drug and Alcohol Studies*, 13(1), 1-11.
- Obot, I. (2013). Alcohol marketing in Africa: not an ordinary business. *African Journal of Drug and Alcohol Studies*, 12(1), 63-73.
- Onwuegbuzie, A. J., & Leech, N. L. (2007). A call for qualitative power analyses. *Quality & Quantity*, 41(1), 105-121.
- Parry, C. D. (2005). A review of policy-relevant strategies and interventions to address the burden of alcohol on individuals and society in South Africa: original article. *South African Psychiatry Review*, 8(1), p. 20-24.
- Room, R., Jernigan, D., Carlini-Marlatt, B., Gureje, O., Mäkelä, K., Marshall, M., et al. (2002). Alcohol in developing societies: a public health approach (Vol. 46): WHO and Finnish Foundation for Alcohol Studies.
- Silverman, D. (2013). *Doing Qualitative Research* (Fourth edition). London: Sage Publications.
- UNESCO (2014). *Learning to live together. "What do we mean by Youth"?* Retrieved Dec. 12th 2013 from: <http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition>
- WHO. (2010). Global strategy to reduce the harmful use of alcohol. Geneva: WHO.
- WHO. (2012). Social determinants of health and well-being among young people. *Health behavior in school-aged children (HBSC) study: International report from the 2009/2010 survey*. WHO: Europe
- WHO. (2014). *Global Status Report on Alcohol and Health 2014*. Geneva: WHO. Retrieved July 7th 2014 from: http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf
- Zerev, Y. (2008) Problem drinking among university students in Malawi. *Collegium Antropologicum*, 32(1), 27-31.