



Article

Perceptions and Experiences of Adult Children of Parents and Carers with Alcohol-Related Problems in Botswana: The Coexistence of Resilience and Resemblance

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Abstract: This study explores the resilience and resemblance among children of parents with alcohol-related problems in Botswana. Alcohol misuse affects both users and their families, particularly children. Although children raised in an alcoholic environment often face long-term adversities, some become resilient adults while others present behaviours resembling those of their parents. This study used socio-ecological resilience theory to explore the perceptions and experiences of adult children of parents and carers with alcohol-related problems, as well as the pathways they use to navigate risks. We collected data from seven adult children in a village in Botswana using in-depth, unstructured interviews. The study revealed two global themes: familial practices and protective factors. The vulnerability, resemblance, and resilience experienced by adult children of parents with alcohol-related problems are discussed. This study helps us to understand the adult children of parents and carers with alcohol-related problems in a rural cultural context. Their lived experiences demonstrate that resilience and resemblance coexist and are not mutually exclusive.

Keywords: alcohol-related problems; adult children; resilience; resemblance; parents; carers



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1. Introduction

In this article, we explore the lived experiences of resilience and resemblance of children who grew up in homes with parents and/or carers with alcohol-related problems in a rural village in Botswana. We are interested in the resilience and resemblance of adult children in terms of whether they are like their alcohol-misusing parents and carers, as well as whether they also misuse alcohol. Consequently, the available resources helping adult children to thrive when navigating and negotiating pathways of growing up in alcohol-misusing homes are also discussed. This study is based on self-reports from adult children of parents and carers with alcohol-related problems. We did not use clinical scales to measure the participants, nor did we use clinical definitions that measure alcohol use to determine the severity of the alcohol consumption of their parents and carers. Therefore, this study considers the terms alcohol misuse parents and carers with alcohol-related problems in general terms.

Alcohol misuse is a detrimental behaviour that affects the socioeconomic, familial, and psychological well-being of parents and their children (Kim 2023). Childhood experiences influence a child's coping mechanisms, and when the needs of children are not met by their parents or carers, they experience psychosocial adversities such as poor parenting, maladaptive behaviours, health issues, abuse, household inconsistency, and unpredictability

(Bickelhaupt et al. 2021; Hagström 2019; Westman et al. 2022). Further, due to a lack of healthy role-modelling, supervision, and involvement, these children are prone to parentification; that is, they take on adult roles, such as caring for other siblings before they have fully matured and developed (Jose and Cherayi 2020). Children of parents and carers with alcohol-related problems are more susceptible to alcohol misuse, referred to as resemblance (Omkarappa and Rentala 2019; Pittman et al. 2022; Westman et al. 2022). This resemblance is a form of cultural transmission due to the complexity of individuals, affected by their family upbringing, genetics, and environmental and community influences, ultimately leading to generational alcohol misuse (Bickelhaupt et al. 2021; Ossola et al. 2021). At the same time, some studies have shown that there are adult children who overcome this adversity and thrive to be resilient (Kim 2023; Park and Schepp 2018). Researchers often study resilience and resemblance separately to understand the reactions of adult children to their parent's alcohol consumption (Omkarappa and Rentala 2019; Westman et al. 2022). Few studies in sub-Saharan Africa have explored the coexistence of resemblance and resilience. Therefore, this study (i) delves into the perceptions and experiences of adult children of parents and carers with alcohol-related problems, which can contribute to their resilience or resemblance to their parents, and (ii) investigates the various strategies employed by these children to manage risks.

Children of parents and carers with alcohol-related problems often struggle to share their experiences due to shame, which later manifests in their adult lives as social and psychological problems; they keep their experiences a secret and do not reach out for resources that can help to intervene in their experiences of growing up in alcohol-misusing homes (Hagström 2019). In the African context, people rely on traditional familial methods such as mediators, adjudication, reconciliation, negotiation, and arbitration leaders as resources to resolve family disputes, including those related to alcohol misuse (Ajayi and Buhari 2014; Oduma-Aboh et al. 2019). In recent years people increasingly seek professional help but continue to use traditional conflict resolution methods.

1.1. Resilience as a Theoretical Framework

Adult children of parents and carers with alcohol-related problems often present drinking behaviours resembling those of their parents. However, some thrive in the face of these adversities and become resilient (Park and Schepp 2018; Pittman et al. 2022). Resilience is an individual's ability to withstand adversity, bounce back from challenging life events, and maintain a healthy lifestyle (Kim 2023; Ungar 2011). This study adopts the socio-ecological resilience approach proposed by Ungar (2011), which considers the complex, interconnected interactions and relationships between individuals, their communities, and the environment to improve the processes of development. Unlike the traditional concept of resilience, which is considered an individual trait, socio-ecological resilience recognises the importance of social, cultural, and environmental factors to enable an individual to adapt to their community using the resources available to them (Ungar 2011, 2013). When individuals with childhood abuse or trauma thrive through their challenges and are adapted to their communities, they present positive traits, including better self-esteem, relationships, and less alcohol use.

Socio-ecological resilience is relevant to the sub-Saharan African context, as it examines the complexity and interactions between individuals and their environment to enhance their development within their cultural context (Ungar 2013). It also involves connecting with resources such as meaningful employment, quality education, supportive relationships, and enabling cultural heritage to thrive (Theron et al. 2021).

Research has indicated that both internal and external factors influence resilience. Internal factors include temperament, adaptive self-regulation, and positive self-concept, while external factors include friends, community, mentorship, school experience, faith affiliations, prosocial organisations, supportive teachers, and family members (DiClemente 2018). Black (1979) was the first to suggest that children of parents with alcohol-related

problems can navigate and negotiate for resources amidst their adversities of living in an alcohol-misusing home, demonstrating resilience (Bickelhaupt et al. 2021).

1.2. Context of Adult Children of Parents and Carers with Alcohol-Related Problems

An estimated 400 million people worldwide have alcohol use disorders, and alcohol accounted for 2.6 million deaths in 2019 (World Health Organization (WHO) 2024). This shows that millions of children grow up with at least one parent with harmful alcohol use (Westman et al. 2022). There is no specific number of adult children of parents and carers with alcohol-related problems worldwide. This is because different national situations influence variations in the definition and measurement of problematic alcohol use among parents and carers, with some studies referring to hazardous drinking while others use alcohol misuse, consumption, or dependence. In this study, alcohol misuse covers the other definition mentioned. Another reason is that the impact of alcohol misuse is often a hidden problem with hidden effects, as it is associated with shame, stigma, and family secrecy (Hagström 2019; Haverfield and Theiss 2016). Although many cases remain unknown, studies have stated that these children grow up in social, psychological, and emotional environments that affect their adulthood. They are at a higher risk for developing alcohol-related problems due to their genetic and environmental factors. Some challenges include difficulties forming healthy relationships and maintaining emotional stability; financial instability, which may lead them to poverty; and poor academic performance, which may inhibit them from attaining financial security (Kim 2023; Park and Schepp 2018). Despite the challenges faced by adult children of parents and carers with alcohol-related problems, studies have shown that many can thrive and build resilience beyond the adversities that they have faced. With proper support and resources, these adult children can develop healthy coping mechanisms as they learn to navigate and negotiate their life pathways to build positive life outcomes, which we call protective factors (Redlin and Borchardt 2019).

Research on adult children of parents and carers with alcohol-related problems is limited in low- and middle-income countries—except for South Africa (Cloete and Ramugondo 2015), Kenya (Kanyua et al. 2018), and Lesotho (Mushonga and Breda 2021) as some of the exceptions—and Botswana is not an exception. There are no known studies on socio-ecological resilience in adult children of parents and carers with alcohol-related problems. Hence, this study aims to build evidence-based knowledge for practice and research, given that the country has a high per capita alcohol consumption rate (8.4 litres per year), according to the World Health Organisation (World Health Organization (WHO) 2019). Botswana's culture is known for its deep tradition of alcohol consumption, which includes traditional beverages as well as commercially produced alcohol. It is worth noting that, despite being a predominantly Christian country, Botswana embraces alcohol consumption as part of its cultural heritage, and drinking alcohol is associated with various cultural, religious and social activities (Madigele 2022; Sinkamba 2015).

This study explores the relationship between alcohol and adult children in Botswana using a socio-ecological framework to focus on the risk factors and protective factors contributing to resilience and resemblance in adult children. This study was conducted in Africa, where family is defined to include nuclear and extended family members. The term alcohol misuse in this study is used to define alcohol dependency, consumption, abuse, and dependency based on the observations and descriptions deducted from the study context without clinical scales used. Resemblance has been described as a state of being similar to one's parents (Kaya et al. 2019).

2. Materials and Methods

This study explores the lived experiences of adult children of parents and carers with alcohol-related problems in a village in Botswana. A phenomenological approach characterised by the following principles was used: (i) descriptive, which provides a detailed description of the “what” and “how” a phenomenon is experienced to avoid assumptions, interpretations, or judgement; (ii) reduction, where researchers set aside their

biases, pre-existing beliefs, and assumption about the phenomenon studied; (iii) essence, where researchers analyse commonalities that cut across the individual experiences of participants; and (iv) intentionality, which is where the consciousness of participants is directed somewhere (Qutoshi 2018). Phenomenological studies involve studying small numbers of participants through extensive engagements with the researcher, as the goal is to achieve a comprehensive understanding of the phenomenon rather than to reach a specific number of participants studied (Qutoshi 2018). Therefore, there is no saturation in these types of studies, as they focus on lived experiences that are unique to individuals, and the researcher may encounter the possibility of a new perspective even if a larger sample size is used. Further, unlike some qualitative studies, phenomenological studies focus on depth over breadth as they prioritise in-depth interviews with few participants to capture the richness and nuances of participants (Van Manen 2023). The researchers in this study focused on the depth and details of data collected as this provided an understanding of the essence of alcohol misuse as a phenomenon, as well as the meaning and context of adult children of parents and carers with alcohol misuse-related problems. These principles work together when conducting phenomenological studies among individuals, providing theoretical foundations for lived experience studies (Prosek and Gibson 2021; Van Manen 2017). The first author interviewed self-identified adult children of parents or carers with alcohol-related problems using face-to-face interviews. In-depth interviews were conducted using a semi-structured guide that captured the experiences, perceptions, and attitudes of participants (Creswell and Poth 2016).

2.1. Sample Selection and Setting of the Context

This study used purposive sampling (Creswell and Poth 2016) to recruit participants in the community. Purposive sampling was used where participants were intentionally selected based on the study objectives and were hard to reach (Creswell and Poth 2016). The sample consisted of seven adult children of parents and carers with alcohol-related problems in one particular village in Botswana, which is historically known for high alcohol misuse (Molamu 1989). Study participants were recruited in the community with the help of a social worker and a community development committee member who are gatekeepers in the village. Purposive sampling is ideal as it allows the researcher to collaborate with community stakeholders through networks and direct access to the researched population. In this context, the social worker and the community development committee member accompanied the researcher to the known homes of families with alcohol-related problems to access the adult children in the community. The researcher was introduced to families, and the adult children who volunteered to participate. They signed a consent form to confirm their participation.

Phenomenological studies involve studying a small number of participants to focus on rich, in-depth exploration rather than generalisability of the findings; that is, the emphasis is on the quality of data rather than the number of participants (Van Manen 2017). Therefore, this study selected a small sample size of seven individuals ages 23–40 to explore each participant's in-depth account in their own context. However, data collection was conducted after COVID-19, and most adult children had left the village to look for jobs and provide for their families who were economically affected by COVID-19 lockdowns—hence, the seven participants in the study. In Botswana, there are more women than men, and most of the time, women are willing to participate in studies more than men; thus, a gender imbalance can be observed in the study participation, which was not an inclusive criterion. Due to the Children's Act in Botswana, the population was selected as adults over 18 years old (Botswana Government Gazette 2009). Table 1 details the characteristics of the participants.

In Botswana, a person is considered an adult when they are over 18 years of age, (Botswana Government Gazette 2009). Therefore, this study included adults 18 years and older from a small village in Botswana who were born and raised in the village, were verbally communicable, and had parents and/or carers with alcohol-misusing problems. Participants were of different backgrounds and sexes. Data were collected using note-taking

techniques. Participants were asked about their childhood experiences with alcohol and the resources they used to help their parents. No participant was excluded due to race, gender, religion, or health status. The participants answered questions such as the following: Can you briefly describe your childhood about alcohol? What resources could have helped your parents/carers with their problem? For further information, see the interview guide developed by the authors, which is included in the Supplementary Materials. We conducted the interviews in the local Setswana language, where participants mixed Setswana and English. The first author transcribed and translated the data into English only.

Table 1. Participant information. This table provides the characteristics of the participants in this study.

Participant	Age	Gender	Alcohol-Misusing Parent or Carer	Participant's Current Position
1	25	Female	Sister	University student
2	24	Female	Brother	University student
3	23	Female	Father	University student
4	24	Female	Aunt	University student
5	26	Female	Mother's uncle	University student
6	40	Female	Father	Executive Assistant
7	35	Male	Father and brothers	Pastor

2.2. Data Analysis

This study used audio recordings, transcriptions, and translations of interviews from Setswana to English. We organised the data using QSR International Nvivo 12 software to generate codes. Thematic network analysis was used to analyse the data. Thematic network analysis was used to identify commonalities and shared meanings among participants, which allows salient themes at different levels to be uncovered through structuring and depicting these themes. Thematic network analysis is a qualitative research method that identifies, analyses, and reports patterns within data. It entails organising and interpreting information from interviews, focus groups, surveys, and other sources, gradually moving from basic themes to abstract ones. The provided information was then interpreted for the associated relationships (Attride-Stirling 2001).

The web-like organisation of the system allows for flexibility in interactivity, ensuring that the data context remains intact. Observing the data context is critical for generating meaningful themes (Attride-Stirling 2001). This study used thematic network analysis of the code material through different steps, including identifying themes, constructing thematic networks, describing and exploring the thematic networks, summarizing the thematic networks, and interpreting patterns (Attride-Stirling 2001). A flexible approach to data analysis was employed, observing the context to generate meaningful themes (Braun and Clarke 2006). After transcription, the first author coded the data using Nvivo 12 and used a deductive process to identify themes. We merged these themes to create basic, grouped, and categorised global themes. Three other researchers reviewed and combined themes from similar studies. This process ensured the rigor and trustworthiness of the findings, with two global themes being identified: familial practices and protective factors. This process yielded meaningful and valuable findings. We identified themes as they emerged from the transcripts, as presented in Table 2. The study utilised bracketing, allowing the influence of the coauthors' extensive experience in social work and psychology research to be avoided by setting aside their pre-existing knowledge, theories, and personal views during coding (Olmos-Vega et al. 2023). The researchers adhered to the General Data Protection Regulation of the University of Bergen. After the doctoral project concludes, we will anonymise and store the data in the open research space.

Table 2. Analysis table. This table shows the data extraction of codes, basic themes, organising themes, and global themes in thematic analysis.

Codes	Basic Themes	Organising Themes	Global Themes
Alcohol misuse in a nuclear family Alcohol misuse among siblings Alcohol misuse in extended family Alcohol misuse among participants from a young age	Severity of alcohol-related problems	Family systems	
Alcohol contributed to high levels of stress within the family Alcohol-misusing parents disturb children's sleep Alcohol-misusing parents or carers sold household items to buy alcohol The parent exchanged social security food for alcohol Experienced violence and abuse	Adverse family environment		
Adult child drinks alcohol like their parent Reason for current drinking Adult child used to misuse alcohol like their parents but quit Adult child does not drink alcohol	Normalising alcohol misuse		Familial practices
Have a partner misusing alcohol Insecure around alcohol-misusing people Anger toward alcohol-misusing parent Relate well with alcohol-misusing people Alcohol-misusing patients Triggers childhood memories Protect your children against exposure to alcohol	Alcohol misuse by significant others	Relations with alcohol	
Kept a journal Focused on schoolwork Church was helpful Neighbours were helpful Teacher was helpful Social workers were helpful Extended family members are helpful Avoided alcohol misuse environments Experience influenced career choice	Coping strategies	Resources for adult children of parents with alcohol-related problems and their alcohol-misusing parents/carers	Protective factors
Had role model Had no role model	Mentorship		
There were resources to help alcohol-misusing member No resources to help alcohol-misusing member Current resources for help exist Current resources exist, but are not used	Available help		

3. Findings

This study explores two global themes—namely, familial practices and protective factors—in the context of adult children of parents and carers with alcohol-related problems to reveal the various pathways that participants used to navigate the risks of growing up in alcohol-misusing homes.

3.1. Familial Practices

3.1.1. Severity of Alcohol-Related Problems

The participants shared their experiences of growing up with alcohol-misusing parents or carers. In particular, their lived experiences included the misuse of alcohol in the nuclear family. Most of the participants shared that their fathers were the parent with alcohol-related problems, while some shared about their alcohol-misusing siblings. Participant 7 said the following: *My dad and four of my siblings were drinking alcohol. These are the siblings who were exposed to my father's alcohol consumption. I still have a brother who, up to today, has alcoholism.* Participant 1 added as follows: *Growing up, my oldest brother and my older sister were the only ones who were drinking alcohol, and they still drank too much.* Furthermore, some participants shared that those carers with alcohol-related problems raised them as they grew up in an extended family, as stated by Participant 5: *In the compound, we lived with my mother's extended family. My mother's uncle was drinking too much.* Similarly, Participant 4 shared the following: *My aunt was the one drinking alcohol; she would leave home on Friday and*

come back on Sunday. She would be home the whole week and leave on weekends. Furthermore, Participant 7 added as follows: *I had an alcohol problem from a young age, just like my father and brothers who were alcohol-misusing: I started drinking when I was 14 years old. I would go out and drink, and my mother never noticed that I was drinking too.*

3.1.2. Adverse Family Environment

When asked what the most challenging thing for them in their environment was, participants reported experiencing an adverse environment that included high-stress levels, parents and carers disturbing children when sleeping, parents and carers selling household items to buy alcohol, parents, and carers using social protection food in exchange for alcohol, and violence and abuse in their homes. When asked about the high-level stress that participants experienced due to excessive alcohol use in their homes, leading to high levels of stress within the family. Participant 2 replied as follows:

I would spend my time stressing out and worrying about my family because we are poor and not like other families next to us. It stresses me that we do not have a habitable structure at home, while we look up to my older brother and sister as our parents, who are also into drinking.

Participant 7 described how his alcohol-misusing brother used to be gone for days without communicating. This caused high-stress among family members: *Due to my brother, my mother used to cry so much. Also, she feared what might happen to him when we did not know his whereabouts.* Participant 3 also added their experience as follows: *I was unable to relate my feelings about how my father's alcohol misuse situation affected me, but that period of my life was stressful.* Participants reported that their parents/carers excessively drank alcohol during their childhood, disrupting their sleep and affecting their education, resulting in low school concentration and compromised family security, as described by Participant 2:

My brothers would come back drunk at night and knock on windows and doors and make noise that threatened to beat us up if we did not open the doors for them. We would run to the neighbours' house, afraid of threats, and seek help... My brother's alcoholism affected my school performance. I would see my grades get worse.

Participants reported instances where their parents/carers sold household items and food to maintain their alcohol-misusing behaviour. Participant 7 described a situation that his alcohol-misusing brother created: *My brother would sell things at the house to use the money for drinking.* Similarly, Participant 5 said that their carers were on the government social security grant for food rations. The food used to be sold in exchange for cash to buy alcohol:

My mother's uncle, whom we lived with, was a drunkard, and he used to harass everyone. When he found us sleeping, he would open the doors looking for food, forgetting that he had taken the food and sold it. He used to receive food hampers as a needy person.

Growing up in a home with alcohol misuse was challenging due to violence, abuse, family disputes, rape, and neglect from the parents. Participant 7 shared one of the memorable incidents where alcohol contributed to family disputes: *My brother would come home drunk and cause trouble in the house; once, he wanted to burn the house. He has also fought with my late brother. He likes to fight a lot when drunk.* Additionally, alcohol contributed to divorce. Participant 3 said the following: *My father is a drunkard. I believe that his drinking led to my parents' divorce. He would usually go out and have extramarital affairs during his alcohol-drinking times. This is why my mother decided to divorce/end her relationship with my father.* Additionally, Participant 5 described an incident in which the family dispute ended with long-term effects:

My mother's uncle once went away for about two weeks without anyone knowing where he was. It was very late when he came, and his wife was fast asleep. The wife did not speak to him. He then started to fight her and stabbed and stabbed his wife. Currently,

the wife's hand is not working well. In addition, the wife has a large scar on her forehead. The wife used to be beaten for no reason.

A participant recounted an attempted rape in their childhood, where their alcoholic brother left them alone at night in a neighbourhood surrounded by traditional alcohol-selling homes:

I had a traumatic childhood experience in which a person at night came into the house after my drunk brother left the house open, then a person tried to rape us. My brother came in, left the living room door unlocked, and we slept in the next room. We were in deep sleep when a man came into our room and slowly pulled blankets from us; when we screamed, the person ran away. We then went to our neighbours' house, who believed that the culprit could have been one of the drunkards from the liquor store in the neighbourhood.

Furthermore, one of the participants described an incident where the father, who was drinking, had neglected the family. Participant 3 illustrated the following:

My mother fell ill for over three to six months, and I was the only one who could care for her as my father had moved from home, living his best life elsewhere. My father migrated to Gaborone, the capital city, where he lived his best life with other women while I cared for my sick mother. I went to a boarding school, and my mother used to struggle to take good care of me while I had two parents who could have both contributed to taking care of me.

3.2. Relations with Alcohol

Participants shared their experiences of normalising alcohol misuse and their tolerance for it by their significant others.

3.2.1. Normalising Alcohol Misuse

Growing up in an alcohol-misusing home significantly impacted the adult children's relationships with alcohol, with most currently drinking due to peer pressure, income, and relocation, highlighting the severity of their drinking. Participant 4 added the following: *I changed from I do not want anything to do with alcohol to being an occasional drinker. Currently, I drink alcohol (a maximum of 4 cider cans per night) occasionally during the festive season and other events.* Participant 5 added the following:

I am an eventful drinker who can drink until I get drunk. I drink Savanna (ciders). I can drink from December 23 to January 3 next year without taking a break. I started drinking at university when I was living with a drunk person (my boyfriend).

Participant 2 said the following:

I started to experiment with drinking alcohol during the previous year (peer pressure). I was embarrassed when I was told what I was doing when I was drunk. My younger siblings the next day told me that I was talking too much and that I had slept on the road. Nevertheless, I still want to try to take two bottles of beer next Christmas season.

Participant 7 shared that he used to misuse alcohol and is currently stopping: *I started going back to the church my mother used to take me to. In less than a month, I stopped drinking alcohol and drugs instantly.* However, some participants do not drink alcohol due to their lived experiences of growing up in an alcohol misusing home. Participant 6 said the following: *In a nutshell, I would say that by the time I did standard 6 (13 years), I knew very well that I would never drink in my whole life.*

3.2.2. Alcohol Misuse by Significant Others

We interviewed participants about their relationships with their significant others who misuse alcohol, ranging from having partners who misuse alcohol to not wanting partners who drink alcohol. Some expressed anger towards non-drinking parents. Growing up in an alcohol-related environment affected their relationships, but some found alcohol-misusing

individuals to be relatable. Participant 1 stated the following: *Currently, my boyfriend drinks, although he does not drink too much since he was once very sick.* Similarly, Participant 7, who is currently a pastor, said that he could relate to parents with alcohol-related problems well because he views them as patients: *I am a pastor, so I treat those who drink alcohol like patients, but all in all, I relate just well and generally to those who drink.* However, some participants felt insecure around parents with excessive alcohol-related problems. Participant 2 described how parents with alcohol-related problems trigger memories of growing up in an alcohol-misusing environment: *I do not feel comfortable around people who drink excessively like my brother used to drink because I am afraid of incidents of rape that once nearly happened in my past caused by people who drink.* Participant 6 related that she does not want alcohol-misusing relations and protects her children against exposure to alcohol-misusing environments, as she was angry about her non-alcohol-misusing mother who let them stay with their alcohol-misusing father while she was working in a different village: *I would not say I like alcohol. I am overprotective of my children and do not trust anyone with them. I think I overcompensate a lot. I do not want my children to experience the kind of life I lived when I was young.*

3.3. Protective Factors

3.3.1. Resources for Adult Children of Parents and Carers with Alcohol-Related Problems and Their Alcohol-Misusing Parents/Carers

The second global theme highlights the protective factors that participants use as resources to navigate their pathways, including past and current coping strategies, mentorship, and available help for themselves and their alcohol-misusing family members. This theme emerged from the participants' experiences and the current resources in their environment.

3.3.2. Coping Strategies

This section discusses the past coping mechanisms and current coping skills used by participants in alcohol-misusing environments. Some participants reported keeping a journal to document their feelings, while others used other methods to thrive in such situations. Participant 3 shared the following: *A journal/diary in which I used to offload my feelings helped me very much as I could not share them with anyone, not even my mother.* Additionally, some participants shared that they concentrated on schoolwork as a coping mechanism, as described by Participant 4: *I excelled at school and am now in my first year of university.* Participant 5 pointed out the following: *To make my primary teacher proud, I did not engage in alcohol misuse activities, I excelled at school, and I am currently in my final year at the university. The teacher who mentored me in primary school, I last saw her many years ago. I never met her again, but I still remember her impact on my life.*

Participants cited their community, including church, neighbours, schoolteachers, and social workers, as their support system during their childhood. The church made their situation bearable while their neighbours provided leftovers. Participant 7's family stayed in a different village, while their mother stayed elsewhere. Participant 7 added the following:

I almost killed myself. That is how I changed. I changed the day I called out to God. I had locked myself in the room, and I was crying. I was crying like a man without making any sound, just tears that rolled down my cheeks. I asked God to help me if you were there because I always saw my mother calling out to you. During that prayer time, I started to feel like I was being helped.

Participant 5 described how her primary teacher, who taught her from grade 1 to grade 7, would check on her in the morning and after school to ensure that she did not lack anything and tutored her on her schoolwork:

My primary school class teacher noticed that some days I was down and not me and would ask me what the problem was. My teacher used to help me with toiletries, clothing, and food. She always made sure that my well-being was taken care of. Participant 6 said that, in the past, she avoided alcohol-misusing environments as a coping mechanism: *I associate alcohol with irresponsibility,*

so I cannot be rational about the matter. When participants were asked what helps them to cope with the past situation of growing up in an alcohol-misusing environment, most of them said that they currently avoid incidents that will lead them to remember their past trauma. As mentioned above, Participant 2 did not “feel comfortable around people who drink excessively.” Similarly, Participant 3 illustrated that past experiences contributed to their career choices: *Maybe my problems influenced me to study social work.* Additionally, some participants said they were currently introverts as a way of coping with their past experiences, as described by Participant 7: *I grew up as an introvert, and even now, I am someone who likes my own space. I do not interact too much, only when it is necessary.*

3.3.3. Mentorship

When asked to name their mentors who positively influenced their lives and acted as resources for them to thrive in their adult lives, Participant 6 mentioned her grandmother as her mentor. Participant 2 added that her mother and oldest brother positively influenced her life. Similarly, Participant 7 said: *My late brother played a positive role in my life, and I am who I am today because of him.* However, a few participants did not have mentors when growing up in an alcohol-misusing home. Participant 3 shared as follows: *I did not have anyone to be my role model. I could not make friends easily and grew up not close to my cousins, whom we used to stay with during school holidays. So, I had nobody.* Participant 4 added the following: *I did not have anyone; I am my role model; I talk to myself, and I cannot approach people easily.*

3.3.4. Available Help

The participants illustrated that there was help available in the past for their parents/carers who used alcohol. Extended family meetings were used as family mediation to resolve disputes in the past. Participant 1 shared the following: *My mother used to call our uncle to come to address my older sister.* However, some participants said that extended family members did not significantly contribute to addressing the alcohol misuse of parents/carers, as explained by Participant 7: *For my dad, it was difficult to call extended family meetings about him since he was the firstborn in his family.* Furthermore, Participant 3 revealed: *My mother said she used to tell extended family members their problems, but it seems they did nothing about it.* On the contrary, some participants said that there was no help to address the alcohol misuse situation of their parent/caregiver, as stated by Participant 2: *Apart from my parents coming to beat our brother, there were no other resources in place to help him.* Furthermore, Participant 6 stated that fear stopped the family from seeking help: *My mother never tried to look for resources for my father because she was also afraid of my father, who used alcohol.*

4. Discussion

This study is the first to explore the perceptions and experiences of adult children of parents or carers with alcohol-related problems in Botswana, focusing on resilience and resemblance, thus highlighting the various coping mechanisms and outcomes among children of alcohol-misusing parents. The findings revealed two main global themes: relationships with family and alcohol misuse situations and resources for adult children of parents and carers with alcohol-related problems. Three primary themes were also identified: familial factors, relations with alcohol, and protective factors. The findings are discussed under four topics—vulnerability, extended family as a resource in the African context, resemblance, and resilience—to determine how the participants navigated the risk of growing up in alcohol-misusing homes.

4.1. Vulnerability

This study reveals that adult children of parents and carers with alcohol-related problems face vulnerabilities such as violence, abuse, stress, parentification, and disturbed sleep, in alignment with previous research indicating increased vulnerability to social-emotional and adjustment situations (Jose and Cherayi 2020). Vulnerability due to physical

and emotional violence, parental separation, and mental health challenges, including alcohol misuse, was highlighted. Participants experienced similarities with previous research, as growing up in alcohol-misusing homes often leads to experiencing anger, irritability, neglect, violence, and hopelessness (Pisinger et al. 2018). These internalised experiences often lead an individual to engage in behavioural patterns of self-harm, which may occur without the individual being aware of it (Hall and Webster 2007). Data indicate that adult children of parents and carers with alcohol-related problems tend to overprotect their children, while some become overachievers in education and the workplace (Hall and Webster 2007; Harter 2000). Concurrently, adult children of parents and carers with alcohol-related problems exhibit higher perfectionism, anxiety, and procrastination compared to those without such parents/carers (Ashby et al. 1995).

4.2. Resilience

The protective factors that allow adult children of parents and carers with alcohol-related problems to thrive in alcohol-misusing homes were determined. The results support the socio-ecological theory of resilience, suggesting that these children can navigate adversities and become resilient in their context by using the resources available in their communities (Hebbani et al. 2018). The study reveals that, despite growing up in alcohol-misusing homes, participants demonstrated resilience, thrived in education, became supportive parents, and overcame alcohol-related problems, aligning with the socio-ecological theory of resilience and previous research (Theron and Liebenberg 2015; Ungar 2013). This study highlights the importance of family support, carers' love, community resources, home structure, knowledge, and inner strength to adult children of parents and carers with alcohol-related problems. The role of extended family arrangements in African societies was also highlighted, particularly in rural areas. Alcohol misuse among extended family members can shape an individual's risk factors for growing up in an alcohol-misusing home. These data align with research indicating that an individual's first exposure to alcohol is typically through family (Peeters et al. 2016). Studies have shown that the extended family in Africa provides context for interpreting individual lived experiences (Meyer et al. 2008). Therefore, extended family members tend to be similarly affected by alcohol misuse, just like nuclear family members. One study (Sebeelo and Belgrave 2021) has attested to these findings in terms of how Botswana's extended family structure plays a fundamental role in child development and exposure to alcohol at a very early age, including their first exposure, usually through uncles and older siblings.

It was found that resources buffered the adult children of parents and carers with alcohol-related problems, enabling them to excel in education, build careers, and become economically stable despite their family adversities, which is consistent with previous research (Leung et al. 2022). The findings of this study support research that adult children of parents and carers with alcohol-related problems can thrive despite the adversity of growing up in alcohol-misusing homes and have better psychosocial functioning (Redlin and Borchardt 2019). They can have less depression and higher self-esteem when they reframe their negative experiences in a positive light (Haverfield and Theiss 2016). The importance of faith and religion in fostering resilience in children growing up in homes that use alcohol was also highlighted, similar to a previous study (Dumont 2009), which reported that church involvement and trust in God are significant sources of resilience. Other research (Mhaka-Mutepfa and Maundeni 2019) also supports this idea, highlighting the role of religion and spirituality in facilitating resilience in the face of various adversities in African contexts.

4.3. Resemblance

This study explores the concept of resemblance—that is, cultural transmission in which the adult children of parents and carers with alcohol-related problems tend to misuse alcohol similarly to their parents. The results indicate that family and community ecologies influence the resemblance of alcohol misuse behaviours between these individuals. Five out

of seven participants showed resemblance, and adult children of parents and carers with alcohol-related problems tend to have an early onset of substance use (Omkarappa and Rentala 2019; Westman et al. 2022). The results reveal that the adult children of parents and carers with alcohol-related issues initially did not tolerate alcohol but developed alcohol tolerance in their adulthood and started drinking, possibly due to genetic transmission from parents to their children at some point in their lives (53). Research has shown that some adult children drink as a learned observed behaviour, modelling the alcohol-misusing habits of their parents. In this study, some participants had a seasonal relationship, with alcohol misuse only during the festive season. The findings also highlighted the influence of the community on alcohol misuse in most African contexts, with alcohol-brewing homes influencing alcohol-drinking patterns. The accepted norms and values of the broader community strongly influence antisocial behaviours such as alcohol misuse and risk behaviours such as violence and rape (Bickelhaupt et al. 2021).

5. Conclusions

This study explored the resilience and resemblance presented by adult children of parents and carers with alcohol-related problems, highlighting the importance of understanding the socio-ecological framework to improve programs for adult children of parents and caregivers with alcohol-related problems and their families. Our findings also highlight the significance of unearthing ecologies and the shared experiences of individuals navigating the risks of growing up in alcohol-misusing homes. It was revealed that individual strengths and social ecologies, such as family systems, communities, and resources, significantly influenced the experiences of the participants. While resemblances were observed in adult children in terms of alcohol misuse, their use was not as severe as that of their parents. Resilience was evident in the adult children of parents with alcohol-related problems who had access to resources such as schools, churches, quality education, meaningful relationships, and individual strength. One of the study's limitations was the use of self-reporting of participants rather than a test scale. Further, the study had a small representation of male participants, which limited the study to having more insights into the lived experiences of males. This study contributes to research on adult children of parents with alcohol-related problems and the theory of socio-ecological resilience in an African rural context. Future studies should collect information on personality and urban areas, as the participants provided no such information in the current study. The findings of this study highlight the need for comparative studies to inform multifaceted health promotion approaches that address alcohol interventions from the individual to the population level in Botswana, enhancing current alcohol policy. In conclusion, resilience and resemblance can be understood as coexisting phenomena in Botswana.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/socsci13080396/s1>, Interview guide.

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