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‘You can close but you cannot deny me’: The adherence to the alcohol ban during Coronavirus Disease 2019 (COVID-19) in Botswana

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ABSTRACT

During the Coronavirus Disease 2019 (COVID-19), starting 2019 through 2021 and 2022 Botswana, like other countries, implemented legislation that included a lockdown and a temporary full ban on alcohol sales. However, alcohol users found alternative ways to sustain their drinking behaviour despite the alcohol ban that was put in place. This study explored COVID-19 and alcohol consumption experiences during the temporary lockdown in one village in Botswana. At the time of this study, there was a lack of evidence that could highlight healthier coping mechanisms in epidemics. Therefore, this study brought new knowledge on healthier coping mechanisms during pandemics. A qualitative community mapping study was conducted among fifteen stakeholders and traditional homebrew sellers. In-depth interviews were conducted using an unstructured interview guide. Data were organised using Nvivo 12, while thematic network analysis was used. The findings show that alcohol restrictions were not observed, there was illegal trade of alcohol, and the traditional homebrew sellers' living conditions were affected as they depended on alcohol sales. However, reduced risky behaviour influenced by reduced alcohol consumption was observed in the community. The study concluded that implementing policies that affect human behaviour is vital to involve the affected population to effectively implement the temporary health relief system. Furthermore, global protocols could be domesticated and used according to the country's context.

KEY TERMS: alcohol ban, alcohol consumption, Botswana, Coronavirus Disease 2019 (COVID-19)

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HOW TO REFERENCE USING ASWDNET STYLE

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INTRODUCTION

Worldwide, the Coronavirus Disease 2019 (COVID-19) pandemic from 2019 to 2022 triggered changes in the social and economic factors that directly affected individuals having alcohol-related problems. COVID-19 is a human disease caused by a coronavirus which became a pandemic in 2020. Scholars are still exploring the effects of the implemented alcohol restrictions which have both positive and negative effects. Due to the exacerbated economic and social dimensions during the lockdown period, countries observed recommended lockdowns there was an observed increase in alcohol consumption. Job losses in some businesses resulted in financial strain on many households. Therefore, people resorted to alcohol consumption as a coping mechanism and there was an observed escalated alcohol sale. Furthermore, the added economic distress coupled with biopsychosocial complexities brought in by prolonged lockdowns and isolation led to people experiencing anxiety, fear of dying, grief caused by sudden COVID-19 deaths, suicidal ideation, depression, self-harm, suicide, and emotional uncertainty. As a result, these distressful complexities contributed to people resorting to excessive alcohol use as a coping mechanism. Similar to several African nations, Botswana put in measures and activities in response to COVID-19 which was enforced with a series of lockdown strategies. Additionally, the Botswana government enacted a complete total ban on alcohol sales during both lockdown periods. There is a dearth of information on the effects of the total alcohol ban on the alcohol users and alcohol sellers whose economic livelihood depended on the income from the alcohol sales. Therefore, this study explores COVID-19 and alcohol consumption experiences during the temporary lockdown in one village in Botswana.

BACKGROUND

The emergence of the COVID-19 pandemic affected the society and economy of countries worldwide, including Botswana. The World Health Organisation (WHO) declared COVID-19 a global pandemic on March 11, 2020. It issued guidelines on safety protocols including social distancing, wearing face masks, lockdowns, and other strategies to minimise the transmission of COVID-19. Governments have implemented public health restrictions, including changing business hours, closing bars and restaurants, and issuing stay-at-home orders to limit alcohol availability. The impact of these developments was significant: civil liberties, including the right to movement and freedom of association, were restricted in response to the virus threat. Like many countries, Botswana ordered lockdowns (Clay & Parker, 2020). Botswana observed a six-month lockdown from April 2, 2020, to April 21, 2020, followed by a second lockdown from August 5, 2020, to September 3, 2020, to curb the coronavirus, where the public remained indoors and avoided unnecessary contact. There were limited permits to allow people to go to shops and buy necessities (Seloilwe, 2023; Samboma, 2020). However, in rural areas COVID-19 lockdown posed challenges for vulnerable populations to access essential services, including healthcare treatment and prevention (Tumwesigye et al., 2021).

In response to the COVID-19 danger, governments prioritised addressing the distribution, sale, and alcohol consumption as it was found to be a high-risk activity that can potentially spread the COVID-19 virus (Stockwell et al., 2021; Rehm et al., 2020). Lockdowns and alcohol sale prohibitions were enforced. Some countries observed a total ban on alcohol distribution and sales, some allowed onsite consumption with a strict number of people, while some countries allowed alcohol to be bought and consumed at the homestead. Countries such as the United Kingdom, United States of America, Germany, China, and Australia had onsite alcohol sales restrictions but allowed off-premises and online alcohol sales, while Botswana, South Africa, Thailand, and India were among the countries that had absolute total alcohol sales ban (Eaterwood & Saeed, 2020; Maphisa & Mosarwane, 2022). During this time, many services, such as business operations, leisure places, schools, and churches, were closed, and only essential jobs were operating.

Studies state that in the USA, between March 2019 and April 2020, there was an increase in the sales of beer, wine, and spirits by 14%, 28%, and 26%, respectively (Nadkarni, Kapoor, Pathare, 2020). In the same period, a similar pattern was observed in the UK, where the sale of wine, beer, and spirits jumped to 22% in supermarkets and corner shops. In Sub-Saharan countries, there is a dearth of studies on COVID-19 lockdown and alcohol sales and consumption ban. However, some reports attested that there was a reduction in alcohol consumption (Moultrie et al., 2021; Morris et al., 2020) while there are other studies that said there was an increase in alcohol harm (Sediri et al., 2021). Additionally, studies reported that the temporary alcohol ban resulted in a biological and psychosocial complex and unexpected outcome related to alcohol consumption. The stress and isolation that people with alcohol problems experienced coupled with COVID-19 triggered alcohol misuse despite the implemented lockdown regulations, which led to alcohol-related harm (Ramalho, 2020). Alcohol-dependent individuals experienced risky unmonitored alcohol withdrawals, consumption of substituted illicit substances, and consumption of homemade hazardous alcohol (Nadkarni, Kapoor, Pathare, 2020; Ramalho, 2020), which was also

observed in Botswana. During the COVID-19 pandemic, a study conducted in Iran stated that there were over 700 deaths caused by methanol poisoning due to misinformation from an unknown source about alcohol consumption to curb the COVID-19 virus (Shalbafan & Khademoreza, 2020). In Botswana, law enforcement agencies such as the Botswana Police Service (BPS) and Botswana Defense Force (BDF), played a crucial role in enforcing these new measures. They patrolled the streets and set up roadblocks to ensure compliance with the regulations. However, despite these efforts, our understanding of policing practices during the COVID-19 pandemic in Africa remains unknown. Therefore, Botswana had a first lockdown period from April 2nd, 2020, to April 21st, 2020. A second lockdown was later enforced from August 5th, 2020, to September 3rd, 2020. After the lockdown, a state of public emergency was declared on April 2, 2020. To improve alcohol acceptability, measures were implemented to reduce alcohol consumption, raise awareness, and limit advertising. According to Botswana Police statistics in 2021, 6028 arrests of violations of liquor conditions of sales, consumption, and smuggling occurred during the COVID-19 lockdown (Lebanna, 2021). Botswana's alcohol ban policy was aligned with the observed global trend of increased consumption during lockdowns. There was a state of public emergency, which was originally planned to last six months and granted the President of Botswana the authority to implement emergency measures to control the transmission of the COVID-19 virus. This was to accelerate decision-making by the president without seeking parliament's approval. In addition, the Director of the Public Health Department in the Ministry of Health and Wellness was empowered by an ACT of Parliament (25) to have sole authority to advise the President on effective ways to prevent the spread of COVID-19. This shows that despite the alcohol restrictions in Botswana, alcohol users found alternative ways to sustain their drinking behaviour, while alcohol sellers found ways to continue to sell illegal alcohol to the public during the COVID-19 pandemic. Alcohol sales were only recorded for 183 out of the 286 days between March 21, 2020, and December 31, 2020 (Mosinyi, 2020). Therefore, there is a need to consider contextual alcohol restrictions that are relevant and suitable for the needs of countries in preparation for any pandemics that may come.

METHODOLOGY

This article is derived from the analysis of data collected using community mapping, which included engaging with local stakeholders to get insights into the context of alcohol misuse in the Kweneng rural area of Botswana. Community mapping was done to profile people who were using alcohol and those who were adherent during COVID-19. Community mapping is one of the participatory techniques where community members collaborate and share their local lived experiences to identify challenges, opportunities, and resources (Cochrane & Corbett, 2018). This technique is relevant in the African setting as it allows community members to produce community context knowledge which is very important for the researcher to understand the phenomenon studied. Additionally, the technique helps to understand the community's strengths and challenges as the research recommends relevant interventions to practitioners and policymakers (Cochrane & Corbett, 2018). The study was performed in a village with a documented history of high alcohol misuse (Molamu, 1983), which provides a more thorough comprehension of the problem due to the scarcity of previous research completed on this topic. Data were obtained between February 2022 and March 2022. The research described the socio-cultural shared experience of alcohol abuse in the village. The data was collected through focused group discussions with four Village Development Committee (VDC) members and in-depth interviews with fifteen key informants, including two police officers, a junior school guidance and counselling teacher, a primary school head teacher, two social workers, four village chiefs, and five traditional alcohol sellers. A total of twenty-three aged forty to sixty-five years. Purposive sampling was used to select participants using a community social worker as a community gatekeeper. Before selecting stakeholders, the community mapping research tool was carried out to identify key stakeholders and understand the community context (Amsden & VanWynsberghe, 2005). The participants were selected because of their community knowledge as stakeholders. In-depth interviews were conducted using a semi-structured interview guide to collect data. Participants volunteered to participate in the study, read and signed informed consent forms, and were informed that they had the right to drop out anytime they wanted. Participants were asked questions such as "From your observation are the alcohol ban regulations observed in this village?" and "Since alcohol ban regulations were in place, how has your home brewing sales affected by the enforcement of these regulations?". The data were recorded and transcribed from the local language Setswana to English and managed using NVivo 12. Thematic network analysis by (Attride-Stirling, 2001) was used to develop basic codes, organising themes, and global themes (see Table 1 below). To avoid bias, member checking was done by the first author to ensure the accuracy of the data collected. Ethical clearance was obtained both in Norway and Botswana. In Norway ethical clearance was acquired from the University of Bergen Data Protection Ombudsman and the

regional ethics committee (*Regionale komiteer for medisinsk og helsefaglig forskningsetikk*, REK). In Botswana, ethical clearance was obtained from Ministry of Health and Wellness.

FINDINGS

This section is organised into three main themes. The first theme is disobeying alcohol regulations during COVID-19, and the second is illegal alcohol trading during the COVID-19 lockdown period. Last, the theme covered is that alcohol restrictions reduce some bad behaviours in the community.

Table 1 summary of key findings showing organising and global themes

Organising theme	Global theme
COVID-19 alcohol restrictions not obeyed	Alcohol regulations during COVID-19
COVID-19 brought illegal alcohol trade	
COVID-19 restrictions reduced bad behaviour	

During the lockdown, people were not allowed to buy or sell alcohol. However, people found a way to continue with their alcohol-drinking habit in the community despite the alcohol ban that was in place as shown in the quote below:

Even though there is an alcohol ban, people continuously drink in secret places. They do not care much about the pandemic. People would pretend as if they were going to family gatherings but rather it would be alcohol-drinking gatherings. Police Officer 1.

There was an observed increase in excessive alcohol drinking in the community before the alcohol ban was put in place as indicated below:

The alcohol ban made things worse; they drank more than when the ban was lifted. A few days back, I heard that some girls travelled approximately 300 km to buy khadi (homemade spirits) in our village. If you can ask bar owners to show the stock they had after the alcohol ban, it is all finished. Police Officer 2.

With this reported excessive alcohol in the community, there is an observed culture of drinking in the community that trickles down with generations, as illustrated below:

People continuously drink alcohol, either modern alcohol or traditional beer, regardless of whether there is an alcohol ban. All generations drink, just that they drink different types of alcohol. You would find that old people mostly drink traditional beer while young people are so much into modern alcohol. Social Worker.

Despite the alcohol ban, still found ways of selling alcohol:

COVID-19 restrictions brought about illegal traders of alcohol. Police officer 2 added: Honestly, no one is allowed to sell alcohol; they do that in hidden places. No one was given a license to do so.'
Police Officer 1

Additionally, it was shown in the quote below:

Before the alcohol ban, there was a certain bar near council offices, and most people filled that area. The owner would open in the morning every weekend until the following day. They did not obey the alcohol restrictions even when they were given P1000 fines. That did not bother them since they made more profit. Social Worker

Since alcohol outlets were officially closed during the alcohol restriction ban, people resorted to finding alternative means to obtain the same alcohol effect.

The alcohol ban also made things better by reducing the crowds, but since bars were closed, people found other alternative ways, such as dangerous homemade brews called modaefok (harmful alcohol invented during COVID-19), which is very dangerous and makes one drink quickly. Pastor 2

Furthermore, Police Officer 2 stated that alcohol regulations during COVID-19 introduced much higher charges than normal for people who would be found selling alcohol during the alcohol ban period:

Concerning both traditional and modern alcohol, the alcohol ban affects selling and drinking in public areas up until a certain period. The law says that when a person is found selling alcohol during this period of alcohol ban, is liable to a fine of not more than P5000. Now that people are used to getting the charges, the government decided to give a maximum fine of P5000 to any alcohol-related incidents, and a distraction order will be issued to dispose of the alcohol. Police Officer 2.

The high charges for selling alcohol during COVID-19 were meant to discourage sellers from selling alcohol during that time. There was some illegal alcohol trade that continued in the community during the alcohol ban period due to the increased demand for alcohol by buyers, and sellers capitalised on the opportunity.

COVID-19 restrictions brought about by illegal traders of alcohol. Additionally, homemade brew sellers use different things, such as batteries and spirits, to speed up the reaction, as sales are high. Police Officer 1.

It was very difficult, there was a point where I was charged P1000 for secretly selling alcohol, it was very sad, and the situation was bad. They took all the containers stored with alcohol; it was very saddening. They took approximately 9 20 liters of alcohol containers and a big container which I think is 100 liters. Seller 2.

There were cases where law enforcement officers could not find the sellers or any evidence of brewing or selling alcohol:

The seller would brew this alcohol in a hidden place at the home, and during the night, she will go somewhere in the bush to sell. You will only find people loitering the streets drunk, and you wonder where they got alcohol from. Not that we have charged anyone, but we had a case involving a certain lady, who was selling alcohol in the bush. We went there, but unfortunately, we found nothing. They know it is not allowed, so what they do is dig a hole and out a drum of alcohol and cover it up with soil. That is the information we gathered from the people in one village. Police Officer 2.

Sellers described how COVID-19 affected their alcohol sales. The sales hours were affected, as people were not coming to buy alcohol freely, as it is not allowed due to the alcohol ban.

During the weekends we don't sell, our customers are elderly individuals, self-employed, old-age pension earners, and the unemployed. Before the coronavirus pandemic, the business was much better. Seller 3

Additionally, although sales hours problems and fewer customers were coming to buy alcohol, sellers were maximising profit by increasing the alcohol prices.

I sell a cup of alcohol for P3; before the coronavirus outbreak, it was P1, but as of today, it is P3. It is very difficult to find ingredients due to restrictions. Similarly, Seller 2 said that each cup of alcohol costs P1. During lockdown, I sell it P2, and the business is quite good. Seller 2.

Participants appreciated the COVID-19 lockdown regulations in their community, as they observed a reduction in bad behaviours influenced by excessively drinking alcohol in the community.

The truth is that in this community there is too much drinking, at least the COVID-19 season helped us we don't see a lot of people walking around drunk and causing trouble. Pastor 4

There is a certain bar in the community, where most people go for entertainment, but since the COVID-19 restrictions and curfew, the situation is much better. Before the COVID-19 alcohol ban, we could not

sleep well because of the noise coming from there. the police officers had given up on patrolling there because there would be no change. Teacher.

I was once called to the police station concerning a case of alcohol use. The police officer wanted us to settle the dispute between two youngsters who fought and try to reconcile them which often we would fail, and people would still go back to misuse alcohol. Honestly, since the curfew and other COVID-19 restrictions, the situation has been better, and reports of incidences such as this one have since been reduced. Pastor 3.

The findings showed that people in the community found ways to access alcohol illegally despite the COVID-19 regulations that were in place. Further, despite the socio-economic effects that came about with the alcohol ban, there was some observed change in harmful and risky behaviours that were associated with alcohol misuse in the community

DISCUSSION

Hazardous alcohol misuse

The COVID-19 pandemic had social and economic implications in Botswana communities. While alcohol restriction was meant to reduce COVID-19 infection rates, increased alcohol use was observed in various communities. The present study sought to explore COVID-19 and alcohol consumption experiences during the temporary lockdown in the context of one village in Botswana. The main findings reveal that the global COVID-19 protocol on the ban of alcohol sales did not work for Botswana as there were observed patterns of hazardous alcohol misuse. This was similar to Western countries, which continued to observe higher alcohol consumption during the distress time of COVID-19 (Nadkarni, Kapoor, Pathare, 2020). Alcohol drinkers opted to continue their drinking choices despite violating the COVID-19 protocol in Botswana as a coping mechanism for emotional, economic, and social uncertainties during the pandemic. The lesson learned from this finding is that implementing a strict global COVID-19 protocol was not the best solution in Botswana as individual behaviours are complex and there was human resistance to the implemented COVID-19 regulations (Sebeelo, 2023). The finding shows that Botswana could have opted for off-premises and online alcohol sales (Eaterwood & Saeed, 2020). An absolute alcohol ban led to other alternatives, some of which were very risky currently we have no research studies on the long-term effects that alcohol drinkers are faced with. Further, another positive effect of lockdown in South Africa was that there was an observed 60% less assault cases and road traffic accidents De jong et al., 20) and of There was an observed increased illegal trade of alcohol in Botswana where alcohol was smuggled in from neighbouring countries (Sebeelo, 2021). There were alternative new alcohol recipes that were more harmful. Botswana were creative and shared many recipes for brewing homemade brews through social media. These findings are similar to India where people shared recipes on social media to brew homemade alcohol (Ghosh et al., 2020). This contrasts with a study in South Africa which reported 38% reduced or stopped alcohol consumption because of reduced access (Mapanga et al., 2023). Further, a study on trauma during COVID-19 in South Africa reported that there were significantly fewer trauma cases reported during the temporary lockdown (van Hoving et al., 2021). Although there are studies that show the positive effects of the alcohol ban in South Africa as a neighbouring country, there is a need to do similar comparative research between the two countries as there are fewer published studies about COVID-19 and its effects in Botswana. In this study, findings attest that there was a need for COVID-19 protocols that consider each country's context to control the accessibility, availability, and affordability of alcohol (World Health Organisation, 2022). According to Torres et al. (2023) there is an association between higher income and increased alcohol consumption. Although this study was done in a poor community the authors did not explore the association of alcohol consumption using income level.

COVID-19 pandemic affected livelihoods

Findings indicate that alcohol sellers' livelihoods were affected during the COVID-19 pandemic. People in informal sectors, such as homemade alcohol brew sellers could not provide economic means to their families during the lockdown. The alcohol sellers were self-employed and without sales of alcohol, there was no economic assistance, and they were subjected to hunger and poverty together with their families. This shows that when there

is a global pandemic, governments can adapt and modify interventions to suit communities, unlike having one-size-fits-all interventions (Sebeelo, 2023). These findings reflect what most African poor communities experienced during COVID-19, where they did not have food security, no financial support, and access to major livelihood resources (Chirisa, et al., 2020), which was experienced by the homebrew sellers in Botswana. The COVID-19 protocols implemented virtual work that did not favour the informal sector (Ujunwa et al., 2021), in which alcohol sellers were low-skilled workers. The lesson learned from the findings is that the enforcement of the COVID-19 protocol in the African context needed a unique approach, as many people live in poverty and depend on the informal sector such as selling homebrew alcohol to make a living for themselves and their families. These circumstances made people risk their lives to brew and sell alcohol to make a living despite law enforcement of the COVID-19 protocols. Although the findings showed that there was reduced negative alcohol misuse outcomes behaviour in the community during the lockdown, this positive outcome was outweighed by the negatives of violating COVID-19 protocols. COVID-19 protocols in Botswana could have been coupled with educational materials for people to understand both the alcohol users and the alcohol sellers. There is a need for more research to unearth the effects that COVID-19 had on the homebrew sellers and the alcohol industry at large as there were limited studies found in this area in Botswana and Sub-Saharan countries.

IMPLICATIONS AND RECOMMENDATIONS

The enforcement of COVID-19 protocols in the African context, particularly in Botswana, necessitates a unique approach due to the high prevalence of poverty and reliance on the informal sector for livelihoods. These socio-economic conditions have led individuals to risk their lives brewing and selling alcohol, despite the enforcement of COVID-19 protocols. While the lockdown has resulted in reduced negative outcomes related to alcohol misuse, these benefits have been overshadowed by the violation of COVID-19 protocols. To address this, it is recommended that in the future COVID-19 protocols be coupled with educational materials to enhance understanding among the populace. Furthermore, the issue of alcohol misuse in the context of COVID-19 necessitates the involvement of social work substance use specialists to provide interventions for the long-term effects of consuming harmful self-made alcoholic beverages. These include the development of mental health programmes offering specifically focused on stress management techniques for coping with pandemic anxieties. Further, there was a need to regulate the sale of alcohol in non-formal settings where a temporary permit system was implemented for informal alcohol sales, together with rigorous cleanliness and safety rules. These could have provided a secure and regulated source of revenue for these sellers. Implementing this measure might mitigate the public health hazards linked to uncontrolled manufacturing and distribution of alcoholic drinks and reduce the contraction of COVID-19 while the homebrew sellers had an income to care for their families.

Given the dearth of research in this area, it is crucial to conduct further studies to understand the long-term health effects of consumption of unsafe, homemade alcohol during COVID-19 pandemic to inform future public health interventions. Social workers should also focus on empowering and educating alcohol users on how to handle distress during future pandemics. This includes providing information on safe alcohol limits, alcohol-related harms, coping strategies, and individualized alcohol reduction plans. The issue of COVID-19 and alcohol misuse needs Botswana to have social work substance use specialists to provide intervention for the term effects brought in by taking harmful self-made alcohol beverages as there is a dearth of research on the area. Social workers need to also empower and educate alcohol users in preparation for how to handle distress during the upcoming pandemic. There is a need for alcohol users to know safe and alcohol limits, information on alcohol-related harms, coping strategies, and individualised alcohol reduction plan and how to cope during pandemic periods so they can account for their behaviours without law enforcement.

In preparation for future pandemics, alcohol users need to be equipped with the knowledge and resources to manage their behaviours without the need for law enforcement. This involves understanding how to cope during pandemic periods and being accountable for their actions. Additionally, there is a call for educational-centered enforcement by law enforcers. This requires a shift in enforcement focus from punitive fines to educational interventions. Law enforcement personnel and community leaders could be trained to effectively communicate the rationale behind COVID-19 protocols and offer resources for pursuing alternative safe livelihoods. Further, behavioural economic applications are needed to provide valuable insights into the most effective ways to encourage adherence to protocols within the context of poverty and informal economies. Addressing the issue of alcohol misuse in the context of COVID-19 in Botswana requires a comprehensive, empathetic, and context-specific holistic approach. Policymakers, social workers, and researchers must work together to develop and implement effective strategies that consider the unique socio-economic conditions of the region. This will ensure that the benefits of reduced alcohol misuse are not outweighed by the violation of COVID-19 protocols, ultimately leading to improved public health outcomes.

CONCLUSION

This article explores alcohol experiences during COVID-19 in Botswana. The overall analysis of this article showed the uniqueness of how the COVID-19 protocols did not consider alcohol misuse as a human behaviour that needed to be addressed in a unique context of different countries. Botswana has to learn and adjust in the future when dealing with disasters and pandemics such as COVID-19 to accommodate the needs of the people as realities rather than abstract. The current interventions implemented by Botswana could not bear desirable outcomes as they were made for the people and not for the people. There is a need to understand the uniqueness of the African context because of the economic situation, which is different from that in Western countries, and as to understand the dynamics of human behaviour in poor communities. Alcoholism requires a deeper understanding, as it is a relationship loop that trickles down from individuals to their communities and reverses back the same. This realisation is needed to be able to implement interventions and protocols that can be observed even by the most vulnerable populations during disasters and pandemics.

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