



Exploring Ballo Drinking Habits and Their Implications for Youth Health Behavior

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Abstract

The habit of drinking ballo among youth is not merely the consumption of a traditional alcoholic beverage, but a complex social phenomenon. This study aims to understand how ballo consumption is experienced and perceived by young people, how this habit is formed, and its implications for health behavior. Using a qualitative approach with a phenomenological design, this study involved six youth (16–24 years old) who routinely consume ballo and four informants (parents, peers, community leaders) in several locations in South Sulawesi. Data were collected through in-depth interviews, and participant observation. and then analyzed using thematic analysis techniques. The results show that ballo is understood as a "social ticket" to be accepted within peer groups, as well as a coping mechanism for stress and life pressures. The formation of this habit is influenced by weak family supervision, strong peer pressure, and easy access to ballo that is normalized in local culture. Implications for health behavior include sleep disturbances, decreased concentration, emotional changes, reduced participation in productive activities, and reduced participation in productive and physical activities. This study concludes that interventions should not be merely informative and normative, but require a humanistic approach that considers the social meaning of ballo, strengthens the role of families, involves peers, and designs local policies that are culturally sensitive.

Keywords

ballo;
youth;
health behavior;
phenomenology.

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Introduction

Youth drinking behavior has become an important public health concern because alcohol consumption is shaped not only by individual choices but also by cultural traditions, social relationships, peer influence, and environmental conditions. Recent qualitative evidence shows that exposure to alcohol-related media content may contribute to the normalization of drinking among

young people, while social identity processes influence how such content is interpreted and incorporated into everyday behavior (Corcoran et al., 2024; Getliff & Barker, 2025). Systematic review evidence further indicates that exposure to alcohol-related content and self-posting of alcohol-related content on social networking sites are positively associated with alcohol consumption among youth and young adults (Cheng et al., 2024; Purba et al., 2023). Health behavior theory similarly emphasizes that health-related behaviors are shaped through interactions among individual, interpersonal, social, and environmental factors (Glanz et al., 2024). These perspectives suggest that youth drinking should not be understood solely as an individual health-risk decision but as behavior embedded within a broader social context.

Within many local communities, *ballo*, a traditional alcoholic beverage, is consumed not merely as a drink but also as part of social gatherings, celebrations, hospitality, friendship, and expressions of solidarity. Research on traditional drinking cultures in Indonesia has demonstrated that alcohol consumption can acquire symbolic meanings related to identity, togetherness, and cultural continuity. For example, Naibaho & Susilawati (2025), using a phenomenological approach, found that traditional drinking practices may simultaneously serve psychological and socio-cultural functions. Such findings are important for understanding *ballo* because its cultural meaning may contribute to perceptions of drinking as socially acceptable rather than exclusively as a health-risk activity. Consequently, the boundary between cultural practice and health-risk behavior may become difficult to distinguish, particularly among young people seeking social acceptance and group belonging.

Young adulthood is also a critical period for the development of long-term behavioral patterns. During this stage, peer relationships, social acceptance, identity formation, and participation in group activities may strongly influence alcohol-related decisions. A meta-analysis by Watts et al. (2024) demonstrated that peer influence is an important factor associated with adolescent substance use. This social influence also operates across broader settings, as Barker et al. (2023) found that peer groups, schools, and neighborhood contexts are relevant to adolescent alcohol use. Similarly, Patrick et al. (2023) showed that drinking contexts are closely related to high-intensity drinking among young adults, with social settings such as parties and friends' homes associated with greater drinking intensity. Their subsequent work also demonstrated that the initiation and escalation of high-intensity drinking can occur during the transition into young adulthood (Patrick et al., 2023). These findings indicate that alcohol-related behavior develops within specific social environments rather than occurring independently of interpersonal relationships.

The importance of social belonging is further demonstrated by Gopalan et al. (2024), who found a meaningful relationship between college students' sense of belonging and alcohol use. From a qualitative perspective, Blyth et al. (2023) also showed that alcohol and drug-related experiences can become intertwined with social identity and perceptions of self and others. Taken together, these studies indicate that social acceptance, group membership, and identity may influence how young people interpret and participate in alcohol-related practices. A recent qualitative study among young college students similarly showed that perceived social norms, peer influence, family support, cultural influences, and media representations interact in shaping alcohol and substance-use decisions (Ghosh et al., 2024). However, much of the existing literature examines alcohol use in general, particularly binge drinking, peer influence, social contexts, or identity processes, rather than focusing on culturally specific traditional beverages such as *ballo*.

The health implications of alcohol consumption further emphasize the need to distinguish between health behavior and health outcomes. In the present study, health behavior refers to actions or practices that may influence health, particularly the frequency and context of *ballo* consumption and related lifestyle practices. In contrast, health outcomes refer to physical, psychological, cognitive, and social effects experienced or reported in association with those behaviors. This conceptual

distinction is important because the behavior itself represents what young people do, whereas the health outcome represents what they experience as a possible consequence of that behavior. Maintaining this distinction also allows the study to examine the development and meaning of drinking practices without conflating them with their perceived consequences.

Despite the growing literature on youth alcohol use, an important research gap remains. Previous studies have provided valuable explanations of peer influence, social context, belonging, identity, and alcohol-related consequences, while research on traditional alcohol consumption in Indonesia has highlighted its cultural and social meanings (Blyth et al., 2023; Gopalan et al., 2024; Naibaho & Susilawati, 2025; Watts et al., 2024). However, these dimensions have rarely been integrated into a single phenomenological examination of how a culturally embedded drinking practice develops into a repeated habit among young people. More specifically, limited attention has been given to how young people themselves interpret *ballo* simultaneously as a cultural practice, a means of social connection, a possible coping mechanism, and a health-related behavior, and how they understand the health consequences associated with continued consumption. This dimension is particularly relevant because research among young adults has shown that alcohol may be used as a coping strategy in response to psychological distress and stressors, with coping motives contributing to risky drinking outcomes (Lau-Barraco et al., 2023).

Therefore, the specific gap addressed by this study is the limited understanding of how young people experience and interpret the formation of habitual *ballo* drinking within family, peer, and community environments, and how they perceive the health consequences associated with this behavior. The novelty of this study consequently does not lie in examining only the social meaning of *ballo*, the habit-formation process, or its role as a coping mechanism. Rather, the novelty lies in integrating these dimensions within a descriptive phenomenological framework, thereby connecting the social and cultural meaning of *ballo*, the interpersonal processes through which drinking habits are formed and maintained, the coping and belonging functions attributed to drinking, and the perceived health outcomes associated with the behavior.

Accordingly, this study aims to explore the lived experiences of young people who regularly consume *ballo*, focusing on four interconnected dimensions: the social and cultural meanings attached to *ballo*; the processes through which drinking habits are initiated and maintained; the roles of peer, family, and community relationships and coping motivations; and the physical, psychological, cognitive, and social health outcomes perceived or experienced in relation to drinking. By integrating these dimensions, the study seeks to provide a culturally responsive explanation of youth drinking behavior and contribute evidence for health promotion strategies that recognize local cultural meanings while addressing alcohol-related health risks.

Materials and Methods

This study employed a qualitative descriptive phenomenological approach based on Husserl's tradition (Creswell & Poth, 2018; Moustakas, 1994) to explore the lived experiences, meanings, and formation of *ballo* drinking habits among young people and their implications for health behavior. The approach was selected to understand participants' subjective experiences within their social and cultural context, particularly the influence of family, peers, and community practices.

The study was conducted in Rantepao District, North Toraja Regency, South Sulawesi, Indonesia. The study site was purposively selected because *ballo* is commonly associated with social gatherings, traditional ceremonies, community celebrations, and peer interaction in the local community. Rantepao District is characterized by predominantly rural surroundings and several *kelurahan* (urban-village administrative areas), providing a community setting in which *ballo* consumption is closely embedded in local social and cultural interactions. The location was considered relevant because *ballo* functions not only as a traditional alcoholic beverage but also as a

medium of friendship, social bonding, community participation, and cultural expression among local residents.

Participants were selected using purposive sampling and consisted of six young people aged 16–24 years who regularly consumed ballo and four key informants comprising family members, peers, and community leaders. Most young participants reported consuming ballo two to four times per week in informal social settings. Data were collected through in-depth interviews and participant observation to capture both personal experiences and the social context of drinking practices.

Data were analyzed using Colaizzi's seven-step phenomenological method (Colaizzi, 1978), including identification of significant statements, formulation of meanings, development of themes, exhaustive description, and member checking. The analysis distinguished health behavior from health outcomes: health behavior referred to ballo consumption and related practices, whereas health outcomes referred to physical, psychological, cognitive, and social effects reported or observed in relation to those behaviors. Trustworthiness was enhanced through data triangulation, member checking, detailed documentation, and reflexive notes.

Results and Discussions

Participant Characteristics

Table 1 presents the demographic characteristics of the participants involved in this study. The study included six young people aged 16–24 years who regularly consumed ballo and four key informants consisting of parents, peers, and community leaders. Most participants reported drinking ballo approximately two to four times per week, primarily during evening social gatherings after school or work. Ballo was commonly consumed in informal settings such as participants' homes, small huts, or neighborhood gathering places. Participants also explained that ballo frequently appeared during traditional ceremonies, community celebrations, and friendship gatherings, reflecting its close association with everyday social interactions.

Table 1.
Participant Characteristics

Participant	Role	Age	Drinking Frequency	Common Drinking Setting
Youth A	Main participant	21	2–4 times/week	Friends' gatherings
Youth B	Main participant	18	2–4 times/week	Community celebrations
Youth C	Main participant	19	2–4 times/week	Friends' gatherings
Youth D	Main participant	20	2–4 times/week	Neighborhood gathering places
Youth E	Main participant	22	2–4 times/week	Friends' gatherings
Youth F	Main participant	16	2–4 times/week	Informal social gatherings
Mother D	Parent	48	Key informant	Family perspective
Peer Informant	Peer	-	Key informant	Peer perspective
Community Leader (Mr. G)	Community leader	55	Key informant	Community perspective
Parent Informant	Parent	-	Key informant	Family perspective

Participant	Role	Age	Drinking Frequency	Common Drinking Setting
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The Social Meaning of Ballo Among Youth

Interview and observational findings indicate that ballo carries meanings that extend beyond its function as an alcoholic beverage. Participants consistently described ballo as representing friendship, solidarity, acceptance, and participation in community traditions. Rather than drinking solely for intoxication, participants viewed ballo as an important medium for strengthening interpersonal relationships and creating a relaxed social atmosphere. Observation further showed that drinking sessions were commonly conducted collectively, with participants sitting in circles and sharing glasses, reinforcing feelings of equality and group belonging. The principal themes emerging from this section are summarized in Table 2.

Table 2.
Summary of the Emergent Themes

Theme	Main Findings	Supporting Evidence
Social meaning	Symbol of togetherness, solidarity, and acceptance	Youth A, Youth B
Cultural value	Considered part of local traditions and celebrations	Youth B
Group interaction	Drinking rituals strengthen emotional bonds	Observation
Social acceptance	Refusing to drink may reduce group acceptance	Youth A

Observational findings also demonstrated that participants openly shared ballo during group gatherings, where exchanging glasses became an informal ritual that strengthened emotional attachment among peers. These findings suggest that ballo functions as both a cultural symbol and a mechanism for maintaining social cohesion within youth communities.

Formation of Ballo Drinking Habits

The findings revealed that participants' drinking habits developed gradually through repeated exposure to family members, peers, and the surrounding social environment. Initial consumption was commonly introduced by older friends or relatives who portrayed ballo as a harmless way to relieve stress and relax. Participants also acknowledged that peer pressure and the desire to gain social acceptance encouraged continued participation in drinking activities. Furthermore, the widespread availability of ballo through informal distribution channels facilitated the continuation of this behavior. Consequently, occasional experimentation gradually evolved into a routine social practice integrated into participants' daily lives.

Health Behavior and Health Outcomes

For conceptual clarity, this study distinguishes between health behavior and health outcomes. Health behavior refers to behaviors or activities that may influence a person's health, including the initiation, frequency, context, and continuation of ballo drinking. In this study, ballo consumption is therefore treated as the focal health behavior, while peer influence, family exposure, social acceptance, and drinking routines are understood as contextual factors that shape this behavior. In contrast, health outcomes refer to the health conditions, symptoms, functional changes, or other effects that participants reported or that were observed in association with their drinking behavior.

The findings indicate that ballo drinking as a health behavior was characterized by repeated consumption, commonly two to four times per week, in social settings and during cultural or community gatherings. The behavior was reinforced by peer expectations, family and community exposure, the perceived social benefits of participation, and the availability of ballo. Participants described drinking as a way to relax, maintain friendships, and gain social acceptance. These findings describe the behavioral pattern and its social determinants rather than health consequences themselves.

The reported and observed health outcomes associated with regular ballo consumption included physical, psychological, cognitive, and social-functional effects. Participants described fatigue and sleep disturbances, irritability and emotional instability, and reduced concentration. A community leader also reported lower participation in school and community activities among some young people. Observations further identified sleep disturbances, declining concentration, and reduced engagement in physical activities. Because these findings were obtained through interviews and field observations, they are presented as reported or observed outcomes associated with the drinking behavior rather than as clinically diagnosed conditions or causal effects.

Table 3
summarizes the health outcomes identified in the study.

Domain		Reported Effects	Evidence
Physical		Fatigue, sleep disturbances	Youth E
Psychological		Irritability, emotional instability	Youth F
Cognitive		Reduced concentration	Youth E
Behavioral	Reduced motivation for exercise and productive activities		Youth F, Observation
Social	Lower participation in school and community activities		Mr. G

These findings also indicate that some changes observed in participants were themselves health-related behaviors, rather than health outcomes. For example, reduced engagement in physical activities and altered eating patterns represent behavioral changes that may affect health and should not be classified as health outcomes. Distinguishing these behavioral changes from outcomes helps clarify the pathway identified in the study: social and cultural influences shape ballo-drinking behavior, and the drinking behavior is associated with subsequent physical, psychological, cognitive, and social-functional consequences.

Discussion

The findings demonstrate that ballo consumption among young people is not merely an act of alcohol use but a socially and culturally embedded practice that strengthens friendship, solidarity, and group identity. Participants viewed ballo as a medium for gaining peer acceptance while also using it as a temporary strategy to relieve stress and emotional tension. These findings are consistent with previous qualitative evidence showing that social identity and feelings of belonging strongly shape alcohol-related behaviors among adolescents and young adults (Blyth et al., 2023a; Gopalan et al., 2024a). However, repeated reliance on alcohol for emotional relief may normalize drinking as an acceptable coping strategy rather than encouraging healthier responses to life stressors. Furthermore, drinking rituals contribute to the development of social capital by fostering trust and reciprocity, although they simultaneously reinforce behaviors that may negatively affect long-term health.

The study further reveals that ballo drinking habits are socially constructed through the interaction of family, peer, and community environments. Initial exposure commonly occurred

through older friends or relatives, while continued consumption was maintained by peer expectations, fear of social exclusion, and the normalization of drinking within friendship networks. Family communication, parental monitoring, and emotional support emerged as important protective factors, whereas weak supervision increased vulnerability to risky drinking behaviors (Anarta et al., 2022; Yokom et al., 2025). Peer influence remained the strongest factor sustaining drinking habits because ballo symbolized loyalty and belonging within the group (Milla et al., 2025; Veenstra, 2025; Watts et al., 2024). In addition, participants reported sleep disturbances, fatigue, emotional instability, and reduced motivation, while community leaders observed declining educational participation. These findings support previous evidence linking alcohol use to emotional distress, impaired self-regulation, poor academic performance, and weaker social engagement (Hanifah, 2023; Illu et al., 2023; Suryadi & Novtalya, 2024).

The findings indicate that reducing ballo consumption requires an ecological and culturally responsive public health approach rather than relying on prohibition-oriented strategies alone. This recommendation is also consistent with the Social Ecological Model, which emphasizes that sustainable health behavior change requires interventions operating simultaneously at the individual, interpersonal, community, and policy levels (Glanz et al., 2024; Golden & Earp, 2012). Effective interventions should focus on strengthening family communication, increasing parental involvement, engaging peer leaders and youth organizations, and providing alternative recreational opportunities that meet young people's social and emotional needs without involving alcohol (Anarta et al., 2022; Yokom et al., 2025). In addition, effective policy implementation depends on collaboration among local governments, traditional and religious leaders, health professionals, and community members to ensure that public health objectives are achieved while respecting local cultural values and traditions. By addressing the social, psychological, and cultural factors that influence ballo consumption, health promotion initiatives are more likely to encourage sustainable healthy behaviors while preserving the positive aspects of community cohesion and cultural identity.

Conclusion

This study concludes that ballo consumption among young people is a socially and culturally embedded practice that extends beyond alcohol use, serving as a means of peer acceptance, social bonding, and emotional coping while simultaneously shaping youth health behavior. The findings indicate that drinking habits are formed through the interaction of family, peer, and community influences, with peer pressure, weak family supervision, and the normalization and accessibility of ballo contributing to the continuation of this behavior. Although participants perceived ballo as providing social and psychological benefits, regular consumption was associated with adverse physical, cognitive, emotional, behavioral, and social consequences that may undermine long-term health and well-being. These findings highlight the importance of adopting culturally responsive and ecological public health interventions that strengthen family communication, promote positive peer engagement, provide healthy alternatives for social interaction and stress management, and involve collaboration among families, communities, and policymakers. Future research is recommended to examine the effectiveness of culturally tailored intervention programs and explore the phenomenon across broader populations and sociocultural settings to support more comprehensive strategies for preventing risky alcohol consumption among youth.

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