

**Exploring factors contributing towards underage drinking
in Noblehoek community in Mopani District in Limpopo**

By

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DECLARATION

I, the undersigned Saghwati Nthabiseng Desiree Monyipote, student number **201108303**, hereby declare that this dissertation titled exploring factors contributing towards underage drinking in Noblehoek Community in Mopani District in Limpopo, is my own work and that all sources used and quoted have been indicated and duly acknowledged by means of complete references.

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Date

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DEDICATION

I, Saghwati Nthabiseng Desiree Monyipote dedicate this study to my beloved parents Mr Masedi Norman Thobakgale and Mrs Nkhensani Joyce Thobakgale. Words alone can never be enough to articulate my utmost gratitude for the love and support you have always shown me throughout my academic journey. I exalt the Lord for honouring me with parents like you.

Abstract

This dissertation describes factors contributing towards underage drinking in Noblehoek Community in Mopani District in Limpopo. The research was conducted at the request of the community of Noblehoek. Hanes (2012) states that, underage drinking and its associated problems have profound consequences for underage drinkers themselves their families, their communities and society as a whole, and contribute to a wide range of costly health and social problems.

The objectives of the study were to identify factors responsible for underage drinking in Noblehoek community; to examine the effects of underage drinking in Noblehoek community; to find out immediate remedial solutions to minimise underage drinking. To explore the phenomenon under study, a qualitative research methodology was utilised. The research followed an explorative research design. The theoretical frameworks charted are social learning theory, theory of planned behaviour and ecological theory. The findings revealed that family, peers, mass media, including multiple personal and contextual factors lead to underage drinking.

Moreover, to minimise the rampant drinking spree, the following recommendations have been delineated: support structures such as Teenagers Against Drug Abuse (TADA) should be introduced in schools, and teenagers should be encouraged to participate in such structures. The support structure should include victim empowerment programmes for those who are already involved in underage drinking and other drug abuse. The Departments of Education, Health and Social Development should be the primary actors in such support structures. Policy makers in South Africa should strengthen their strategies to implement, evaluate and enforce polices to ensure compliance.

Moreover, tavern owners, entrepreneurs, teenagers, parents and the communities need to be educated about the National Liquor Act no. 59 of 2003 and underage drinking because they can play a role in ensuring compliance and be encouraged to report non-compliance. Parents should be encouraged to establish support groups, where they will share their experiences about their children's drinking and other drug abuse problems, and discuss ways to support their children in combating underage drinking. The South African Police Service (SAPS) should collaborate with the community through the traditional leaders and the Community Policing Forum by patrolling on the streets and in taverns to help combat underage drinking.

LIST OF ACRONYMS AND ABBREVIATIONS

BAC	Blood Alcohol Concentration
COCTA	Department of Cooperative Governance and Traditional Affairs
DAFF	Department of Agriculture, Forestry and Fisheries
DoJ & CD	Department of Justice and Constitutional Development
DOT	Department of Transport
dti	The Department of Trade Industry
ESPAD	European School Survey Project on Alcohol and Other Drugs
GDP	Gross Domestic Product
GSHS	Global School-based Student Health Survey
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Virus
MRI	Magnetic Resonance Imagination
NHTSA	National Highway Traffic Safety Administration
NGOs	None Governmental Organisations
NIAAA	National Institute of Alcohol Abuse and Alcoholism
NLA	National Liquor Act
NLR	National Liquor Regulator
NYDPF	National Youth Development Policy Framework
SA	South Africa
SAPS	South African Police Service
SARS	South African Revenue Service
UK	United Kingdom

SAMHSA	Substance Abuse and Mental Health Services Administration.
SANYRBS	South African Youth Risk Behaviour Survey
STDs	Sexually Transmitted Diseases
TA	Thematic Analysis
TPB	Theory of Planned Behaviour
WHO	World Health Organisation

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CHAPTER 1

GENERAL ORIENTATION OF THE STUDY

1.1. INTRODUCTION

Underage drinking has been a concern for many years. Globally, adolescents experience alcohol uses at an early age, and often this behaviour is professed as problematic because of its health and social consequences (Rolando & Katainen, 2014). It is beyond the scope of this study to provide an overview the drinking of young people and to chart within that the significance of the underage component. The consumption of alcohol by minors is prohibited in most countries, a prohibition, which may concern both its sale and consumption. However, despite the minimum legal drinking age, young people under this age level can easily obtain alcohol (Fletcher, Toomey, Wagenaar, Short, & Willenbring, 2000).

This study therefore seeks to look at the factors contributing towards underage drinking. This is essential as the adolescents form a very important part of any nation's population and the foundation of tomorrow's work force. This study seeks to make a sound contribution towards productive arguments in justifying how the factors lead to underage drinking by adolescents (O'Guinn, 2005). It further seeks among other things to come up with practical recommendations towards solving the arguments associated with existing alcohol consumption by adolescents.

1.2. BACKGROUND INFORMATION

Historically, alcohol has contributed towards the strengthening of the socio-cultural fibre of African communities. It was well regulated by social rules and used in moderation. Nonetheless, with time the patterns have changed. The use of alcohol today poses a major threat to the quality of life of many young South Africans, thereby causing detrimental public health and contributing to negative socio-economic effects in the country. Underage drinking has become an everyday reality; that directly or indirectly impairs young peoples' lives, not only individually, but also on familial, societal and national levels (Hanes, 2012).

According to Distell (2011), underage drinking among the youth is a significant problem in South Africa. A wide spectrum of stakeholder groups, including the World Health Organisation (WHO), international bodies, NGOs, parents and communities continue to raise valid concerns around the economic and social impact of underage and binge drinking among the youth.

The second South African Youth Risk Behaviour Survey (SANYRBS) reports that alcohol is the most commonly used drug by South African Youth, irrespective of age. The SANYRBS is instructive in this regard. About 12% of our youth start drinking by the age of 13 years, while about 50% have had a drink in their lives. It was also found that 49.6% of learners (between 11 and 20 years) had drunk one or more drinks of alcohol in their lifetime, and that 34.9% had drunk alcohol on one or more days in the past months. The extent of underage drinking among teenagers is also very worrying. In South Africa, 28.5% of our learners have drunk five or more drinks of alcohol within a few hours on one or more days (SANYRBS, 2008).

In 2011 and 2012, the third Youth Risk Behavioural Survey was conducted by the Medical Research Council, in collaboration with the Departments of Health and Education in South Africa. This report serves to provide behavioural indicators of the risks experienced by today's adolescents, the potential impact on their future health, mortality and morbidity as well as the potential disease patterns that may emerge amongst tomorrow's adults. The study whose sample comprised of grades 8, 9, 10 and 11 learners selected from public schools in the nine provinces found that 18% had sex after consuming alcohol, and 18% had been pregnant or made someone pregnant (SANYRBS, 2008).

Moreover, the Draft National Youth Policy (2014-2019) in South Africa alludes that, alcohol abuse has become a serious health problem in young people. It is directly linked to high levels of violence and motor vehicle accidents. Amongst youth, there is an increase in the level of experimentation with alcohol. The Western Cape has the highest percentage of alcohol consumers at 46.15%, followed by the Northern Cape at 37.3%, Gauteng at 34%, North West at 28%, Eastern Cape at 24.1% and the Free State at 20.8%.

According to Ramsoomar and Morojele (2012), consistent with global findings, alcohol use is taking on a youthful face, as indicated by an increasing trend in lifetime prevalence of alcohol use among youth aged 13 to 19 years. The number of youth aged 13 years initiating alcohol use was at 12% between 2002 and 2008; in real terms, this translates to approximately 10 000 youth per review period. This is particularly important, given that early initiation of alcohol use is associated with substance use problems later in life. These findings have serious implications for youth morbidity and mortality, indicated by the rising rates of alcohol-related traffic risks and related mortality. Contributing to underage drinking among SA youth is the high availability and accessibility of alcohol. This review indicated that large numbers of minors are drinking despite efforts to reduce alcohol availability to minors by increasing taxation and legislating liquor outlet registration.

Furthermore, underage drinking patterns are changing, although there is no apparent change in the age of initiation or the proportion of drinkers. Plausible explanations for these trends lie in the areas of access, poor community policing, large-scale youth-specific marketing, advertising and affordable price of alcoholic beverages. South African youth are a target of alcohol industry determined to explore a previously untapped market. Marketing has been overt, through the promotion of alcoholic beverages at sporting events and happy hours, and subliminal, targeting youth with so-called 'malternatives' to alcohol such as 'alcopops' and sweetened, fruity drinks (Ramsoomar & Morojele, 2012).

As much as several factors that contribute to the initiation and maintenance of underage alcohol consumption have been examined, the study by Yeh (2006) reveals that, family structure, drinking by family members, imitation of peers, the occurrence of traditional festivals and ceremonies are important influences on the drinking behaviours of teenagers in Taiwan. This study further indicated that parental drinking and peer alcohol usage were the most significant predictors of the development of underage drinking in teenagers. Family related predictors such as parental drinking behaviour, family attachment, family relationship, and parental monitoring have great impacts on drinking behaviours of teenagers.

The observation that the drinking behaviour of parents is an important contributory factor in the formative stage of teenagers' drinking behaviour was consistent with the concepts of social learning theory, which postulated that behaviour arose from observation and learning.

Similarly, Kuntsche, Knibbe, Gmel, and Engels (2005) believe that, teenagers are greatly influenced by their peer groups, particularly the values of society with which they were involved during their developmental stage. The close relationship with drinking peer group is one of the main motives responsible for underage drinking. Moreover, Mart (2011) reports that, alcohol advertising was one of the many factors that have a potential to encourage underage drinking. For teenagers who have not started to drink, expectancies were influenced by normative assumptions about teenage drinking as well as through the observation of drinking by parents, peers and models in the mass media. They further indicated that, teenagers with greater exposure to advertisements in magazines, at sporting and music events and on televisions were more advertisement-aware than those with less exposure, as were teenagers who watched television, payed attention to beer advertisements and knew adults who drink.

The study of Takeida, Ishida, Fukushima and Mori (2001) concur with the above studies that reported that factors such as family, peers, media and marketing are leading in influencing teenagers to engage in underage drinking. It is against this background that the researcher decided to undertake a study mainly to explore factors contributing towards underage drinking. It is the understanding of the researcher that contributory factors differ from society to society; hence conducting a study focusing on factors contributing towards underage drinking in the context of Noblehoek community became imperative. In the same vein, this research was intended to contribute in raising awareness to the teenagers and the communities in general on the dangers posed by underage drinking. The study acts as a beckon of recommendations that can be implemented, to curb the rampant drinking spree amongst the teenagers in South Africa.

1.3. OPERATIONAL DEFINITION OF KEY TERMS

Alcohol/Liquor: ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. Alcohol is produced by the fermentation of yeast, sugars, and starches. Alcohol affects every organ in the body. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Alcohol is metabolized in the liver by enzymes; however, the liver can only metabolize a small amount of alcohol at a time, leaving the excess alcohol to circulate throughout the body. The intensity of the effect of alcohol on the body is directly related to the amount consumed (National Liquor Act No. 59 of 2003).

Binge drinking: is a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 grams percent or above. This typically happens when men consume five (5) or more drinks or women consume four (4) or more drinks in about two (2) hours (Naimi, Lipscomb, Brewer & Colley, 2003)

Teenager: a young person between 13 and 19 years old (Cambridge Academic Content Dictionary, 2017). For the purpose of this study, a teenager is a young person between 13 and 17 years old.

Underage drinking: alcohol use by anyone under the age of 21. In South Africa, the minimum legal drinking age is 18 years (NIAAA, 2006). For the purpose of this study, underage drinking refers to alcohol use by anyone under the age of 18 years.

1.4. RESEARCH PROBLEM

Underage drinking is particularly a policy and a public health concern. Other than the direct health impact, drinking at younger ages increases the potential long-term costs to society. Underage drinking in South Africa occurs at significant levels and there has been strong growth in new alcohol products, including flavoured alcoholic beverages, which may have greater appeal to adolescents. Underage drinking reaches prevalence similar to adults for flavoured alcohol beverages in some income groups (Room, Babor & Rehm, 2005).

Research has established that underage drinking is correlated with high rate of violence, accidental death, arrests, school failure and teenage pregnancy (De Witte & Mitchell, 2012). On the same note, because underage drinking is not legal, alcohol consumption exposes adolescents to potential problems with the law, school and their families. Furthermore, because they are still growing, teenagers' nervous system may be susceptible to negative effects of alcohol. Moreover, underage drinking may preclude teenagers' participation in the normal childhood activities and interfere with healthy psychological and social development. In addition, underage drinking has been linked to other serious problems, such as truancy, delinquent activities, precocious sexual activity and future substance use and dependence among others (Huckle, Pledger & Casswell, 2006).

One of the most important public health and social issues facing South Africa is how to deal effectively and compassionately with underage drinking. In making efforts to mitigate the problem of underage drinking, the government of South Africa through the National Liquor Act 59 of 2003 regulates the times when liquor may be traded. However, outlets such as supermarkets, bottle stores and taverns trade at different times, and some of the unregulated outlets operate according to demand. In as much as the minimum legal drinking age is known to be 18 years and this information is displayed in retail shops or liquor stores, there are no proper measures to ensure that it is adhered to. This makes alcohol easily and widely available and affordable to all races, genders and ages, despite the restrictions. These policies put in place to curb underage drinking, however, have proved to be futile since underage drinking is rampant. There is an urgent need to re-address these policies and strategies to combat underage drinking (Parry, 2005). The study, however, sought to fill the knowledge gap by focusing specifically on contributory factors towards underage drinking in Noblehoek community.

1.5. THEORETICAL FRAMEWORK

As much as each theory is relevant in its own right, this study was guided by three theories, namely, the social learning theory, the theory of planned behaviour and the ecological theory.

1.5.1. Social learning theory

This study was guided by the social learning theory. According to McLeod (2016), social learning theory is based on how people learn through observing others. This theory is relevant to this study, because teenagers often learn a great deal simply by observing other people in their social context. The social learning theory focuses on the interaction between the individual and the environment in shaping patterns of behaviour. This theory indicated that teenagers engage in alcohol use and abuse because they have seen their parents, siblings, peers, and other people use and abuse alcohol (Burger, 2008; Donald, Lazarus & Peliwe, 2007). Underage drinking is a learned behaviour, and lessons that teenagers learn from important figures in society have a significant impact on them.

Social learning theory sees human behaviour as a product of continuous reciprocal interaction between cognitive, behavioural and environmental factors (Bandura, 1977). It posits that behaviour is learned from the environment through the process of observational learning and by integrating how people respond to one's own behaviour. Individuals that are observed are called models. In society, teenagers are surrounded by many influential models, such as parents within the family, characters on TV and friends within their peer groups. These models provide examples of behaviour to observe and imitate. Teenagers pay attention to some of those people and encode their behaviour.

Social learning theory predicts that teenagers are more likely to use alcohol and other drugs to relax or cope with stress; their family members, peers, or the culture model these behaviours in general. Some teenagers learn to use alcohol after repeated exposure to highly influential role models (like parents; older siblings) who use alcohol. One prominent feature of social learning theory places its emphasis on an individual's self-regulating capacities. People have the capacity to anticipate the consequences of their own actions as well as other people's responses to these actions (Norman & Tunner, 1993). Social learning theory contends that people can learn by observing other people's behaviour as well as from direct experience. Bandura (1977), sees people as neither, free agents or powerless objects controlled by external forces. He argues that, personal factors sometimes exercise more control over behaviour; at other times, social factors maintain dominance.

1.5.2. Theory of planned behaviour (TPB)

According to Ajzen (2012), the theory of planned behaviour (TPB) is perceived as an extension of the theory of reasoned action. The theory of reasoned action holds that the intention (motivation) to perform certain behaviour is dependent on whether individuals evaluate the behaviour as positive. Theory of planned behaviour is based on the connection between attitudes and behaviours. In this view, underage drinking is based on and guided by three kinds of beliefs and cognitive outcomes, namely, behavioural beliefs, normative beliefs and control beliefs. In terms of behavioural beliefs, teenagers engage in underage drinking because of the likely outcome of the behaviour. On the same note, the intention to engage in underage drinking is strengthened when individuals believe that nothing bad will happen. Furthermore, normative beliefs highlight that, the behaviour and attitude towards underage drinking is also strengthened when teenagers believe that it is what is expected of them by their peers (subjective norm). Moreover, control beliefs suggest that, the behaviour of underage drinking is further reinforced when they believe that they are capable of handling alcohol, and the experience of power is connected with the thought. This theory is relevant to this study because it indicates that the intention to engage in underage drinking is strengthened by the teenagers' beliefs concerning alcohol.

1.5.3. Ecological theory

According to Bronfenbrenner and Bronfenbrenner (2009), the ecological perspective sees a human being as a subsystem within a hierarchy of larger systems such as the family and the community. This theory alludes that a teenager's development is affected by everything in their surrounding environment. The theory was appropriate for the study because it directs attention to the whole and not to part, system or aspect of the teenager's situation. The focus was on the social process of interaction and transactions between teenagers and their environments. The environment is defined as the aggregate of external conditions and influences that effect and determine a child's life and development. On the same note, teenagers engage in underage drinking due to their interaction with the social systems that influence and shape their behaviour.

For example, families that consist of family members who use and abuse alcohol in front of their children, pose a potential threat to the upbringing of their little one. Sometimes underage drinking erupts as a result of alcohol use and abuse at home. The underage drinking behaviour learned by teenagers from home and it is periodically observed in peers and others in the community. The teenagers are prone to engaging in underage drinking. Therefore, due to conditions of alcohol use and abuse in the family and in the community teenagers become victims to underage drinking. This theory differs from the social learning theory; given that it does not involve personal factors that are included in the social learning theory. In ecological theory, the environment causes behaviour and learning is change in observable behaviour. Unlike the social learning theory, reinforces and punishers are direct cause of behaviour (Eggen, 2001).

1.6. AIM OF THE STUDY

The aim of the study was to explore factors contributing towards underage drinking in Noblehoek community in Mopani District.

1.7. OBJECTIVES

- To identify factors responsible for underage drinking in Noblehoek community.
- To examine the effects of underage drinking in Noblehoek community.
- To find out immediate remedial solutions to minimise underage drinking.

1.8. RESEARCH METHODOLOGY

The study is guided by the qualitative research method. The researcher utilised the qualitative methods because qualitative research aims at gaining a deep understanding of a specific organization or event, rather than surface description of a large sample of a population. Furthermore, qualitative research methods were designed to help the researcher get a better understanding through first-hand experience, truthful reporting, and quotations of actual conversations. It also assisted the researcher to understand how the participants derive meaning from their surroundings, and how their meaning influences their behaviour (Myers, 2013).

1.8.1. Research design

Research design is a plan or structured framework of how the researcher intend conducting the research process in order to solve the research problem. Furthermore, it may be seen as the arrangement of conditions for collecting and analysing data in a manner that aims to combine relevance of the research purpose. Its intention is to plan and to provide structure to a given research project. Therefore, for the purpose of this study the researcher applied an exploratory research design. It applies where a researcher has an idea or has observed something and seeks to understand more about it. This design is important when the researcher seeks to examine a new interest or when the subject of the study is relatively new. Exploratory study is also conducted when there are few or no earlier studies to which references can be made for information (Babbie & Mouton, 2011). An exploratory research design was used in this study as an attempt to lay the initial groundwork for future research. Through this approach, it was made possible for the researcher to deeply engage and interact with teenagers to yield more insight on the factors contributing towards underage drinking in Noblehoek. Exploratory research design was relevant to this study because it explored a phenomenon that never had an exposure in the context of Noblehoek community.

1.8.2. Sampling and population size

Sampling is the process of selecting a subset of subjects from a population under study (Trochim, 2006). The sample of this study was drawn from the community of Noblehoek in Mopani district. The selected sample should be reminiscent of the whole population so that by studying the sample the results may be fairly generalised back to the population from which the sample was taken. The sample must have at least five to ten percent of the population to permit statistical analysis (Castillo, 2009). The researcher utilised non-probability sampling, namely, snowballing sampling method to select participants who participated in the study. Battaglia (2008) reports that non-probability sampling does not attempt to select a sample from the population of interest, rather, subjective methods are used to decide which elements are included in the sample.

According to Babbie and Mouton (2011), snowball sampling is appropriate when the members of the special population are difficult to locate. Snowball sampling relies on referrals from an initial non-probability or probability sample of respondents to nominate additional respondents.

Sample size

The sample size consisted of 27 teenagers for focus group discussions, 16 males and 11 females between the ages of 13 to 17 years who engage in underage drinking. The researcher used snowball sampling to select participants. The sample represented all teenagers in Noblehoek community engaging in underage drinking. The researcher identified the initial respondent and asked assistance from the respondent to identifying other potential participants with similar trait of interest. The researcher personally had identified and met with an individual teenager who engage in underage drinking, established rapport and introduced the research topic and explained the purpose of the research, and also obtained consent for participation from the participant and from the parents. The initial participant then assisted the researcher in identifying other participants with similar trait of interest. The researcher then agreed with those who were willing to participate, on the date, venue and time of the focus group discussion convenient to the participants.

1.8.3. Data collection

The researcher collected data using semi-structured interview schedule in focus group discussions, whereby an audio recorder was used to ensure that important information was not lost. Cohen and Crabtree (2006) indicated that, the semi-structured approach therefore, aimed to strike a balance between guiding the interview conversation to cover pre-planned topics while asking unplanned questions that cover new, previously unexplored ground. As such, it is an approach, which was appropriate when collecting data because the topic was partially understood and some key research questions were known in advance. Yet, the best probing which was responsive to what the interviewees were saying and having an interview guide allowed for comparison of answers to key questions across interviews, therefore ensuring that data gathering was systematic (Willis, 2007).

A focus group is a type of group interview designed to facilitate a social process where interaction and sharing of views among people produces valuable information. In simple terms, participants related their experiences and reactions among presumed peers with whom they were likely to share some common frame of reference (Morgan, 2004). The focus group discussions consisted of three sessions whereby the number participants varied in each session and selected individuals discussed the subject of the study from their personal experiences. Focus group discussions were conducted in Xitsonga for the participants to have better expression of their perceptions and provide valuable information. The interview schedules utilised in focus group discussions were translated from English to Xitsonga and back to English.

1.8.4. Data analysis

The researcher utilised Thematic Analysis (TA) to analyse data, which is a method for identifying, analysing and reporting patterns (themes) within qualitative data. The purpose of thematic analysis was to identify patterns of meaning across a dataset that provide an answer to the research question being addressed (Marks and Yardley, 2004). Furthermore, Braun and Clarke (2006) reported that, the approach to thematic analysis involves a six-phase process:

Phase 1: Becoming familiar with the data

This phase involved reading and re-reading the data, to becoming immersed and intimately familiar with its content (Guest, MacQueen & Namey, 2011). Data was collected through focus group discussions, and the researcher transcribed the verbal data into written form, in order to become familiarised with it and to create meanings of the data.

Phase 2: Generating initial codes

According to Alhojailan (2012), this phase involved generating succinct labels (codes) that identify important features of the data that might be relevant to answering the research questions. It involved coding the entire dataset, after that, collating all the codes and all relevant data extracts together for later stages of data analysis.

The researcher identified a feature of data (semantic content or latent) that appeared interesting and referred to the most basic segment or element of the raw data that was assessed and organised in a meaningful way.

Phase 3: Searching for themes

Tuckett (2005) asserted that, this phase involved examining the codes and collating data to identify significant broader patterns of meaning (potential themes). It then involved collating data relevant to each candidate theme, so that data can be worked with and the viability of each candidate theme can be reviewed. The researcher analysed codes, and considered how different codes combined to form an overarching theme.

Phase 4: Reviewing themes

This phase involved checking the candidate themes against the dataset, to determine that they all tell a convincing story of the data, and one that answer the research questions. In this phase, themes were typically refined, which sometimes involves them being split, combined, or discarded (Patton, 2002). The researcher read all the collated extracts for each theme to consider whether they appeared to form a coherent pattern. When the themes did not appear to form a coherent pattern, the researcher reworked on the themes and created new themes, found a place for those extracts that did not currently work in an already-existing themes.

Phase 5: Defining and naming themes

This phase involved developing a detailed analysis of each theme, working out the scope of focus of each theme, determining the story of each theme. It also involved the researcher deciding on an informative name for each theme (Marks and Yardley, 2004).

Phase 6: Producing the report

Braun and Clarke (2006) denoted that this final phase involved weaving together the analytic narrative and data extracts, and contextualizing the analysis in relation to the existing literature.

This phase began when there was a set of fully worked-out themes, and involved the final analysis of data and writing of the report. It provided a concise, coherent, logical and non-repetitive account of the story the data tell, within and across themes. It also provided sufficient evidence of the themes within the data, and captured the essence of the point the researcher was demonstrating. It went beyond description of the data, and made an argument in relation to the research questions.

All those phases were sequential, and each built on the previous, analysis was typically a recursive process, with movement back and forth between different phases.

1.9. QUALITY CRITERIA

The researcher made use of trustworthiness which is described by Tobin and Begley (2004) as having four epistemological standards attached to it, namely, credibility, transferability, dependability and conformability.

Credibility

With regard to credibility, the researcher has confidence in the truth of the findings with regard to the participants as well as the context in which the research was undertaken. Credibility is demonstrated when participants recognise the reported findings as their own experiences (MacNee & McCabe, 2008). For the purpose of this study, the researcher ensured credibility by allowing voluntary participation and by taking all the participants through the same questions, ensuring that no new information was raised, tape-recording each discussion and transcriptions were made of each session or discussion. The researcher also went back to some of the participants, to ascertain whether the transcribed data was a truthful version of their experiences.

Dependability

Dependability is the extent to which the findings were consistent in relation to the contexts in which they were generated. Furthermore, dependability is how consistent results were when the research is repeated under the same methodological conditions (Cohen, Manion & Morrison, 2011).

For the purpose of this study, the researcher repeated the interview questions to the teenagers of Noblehoek community at two different times, to ensure dependability. Data was organised in categories and themes. The researcher had also provided a thick description of how the data was collected and the research methodology used.

Transferability

Moreover, transferability assisted the researcher to determine the degree to which findings were made meaningful to the larger population (Bitsch, 2005). Therefore, ensure transferability, findings on factors contributing towards underage drinking were generalised to the larger population by making findings meaningful to others through detailed description of the inquiry. The findings are transferrable to the larger context of the population since the occurrence of underage drinking is experienced by the preponderance of communities in Limpopo. Literature review was also done wherein similar findings of other studies were reported.

Conformability

Lastly, conformability involves the degree to which the results of an inquiry could be confirmed or corroborated by other researchers. Conformability entails the research process and results are free from prejudice (Bowen, 2009). The researcher ensured that as far as possible the study's results were objective and were not based upon biases, or on the motives and perspectives of the researcher. Furthermore, conformability was demonstrated by audio taping of data that was transcribed and audited.

1.10. SIGNIFICANCE OF THE STUDY

The significance of the study was hinged on its quest to unpack the contributory factors on underage drinking. The findings of the study about the factors contributing on underage drinking, shed some light on forces influencing teenage drinking; behavioural patterns which can be instrumental in informing anti-underage drinking policy makers and the implementing agencies like the government, on possible measures that can be employed to minimise or control underage drinking at grassroots level, that is focused directly on the factors that contributes to such (Casswell, 2000).

Moreover, it is also important to note that the significance of this study was attached on its aim to assist the community of Noblehoek to gain insight on the factors that contribute to underage drinking in order incorporate the families, schools and the community and the law enforcement officers to work together to ameliorate this problem as well as promoting public health. Lastly, the findings of the study contributed in the board of knowledge by making recommendations on how the spate of underage drinking can be minimised not only in Noblehoek community but also in South Africa.

1.11. ETHICAL CONSIDERATIONS

Ethics are a set of widely accepted moral principles that offer rules for, and behavioural expectations of the most correct conduct towards experimental subjects, respondents, employers, sponsors, other researchers, assistants and students (De Vos, Strydom, Fouche & Delpont, 2011). The researcher took into account of the following ethical considerations when conducting the research:

1.11.1. Permission to conduct the study

Permission to conduct the study was requested from Turfloop Research and Ethics Committee; an ethical clearance letter was issued in this regard. Permission was also obtained from the community leader (Ndhuna) of Noblehoek community as well as from the participants and their parents.

1.11.2. Informed consent

Informed consent involved informing potential research participants about all aspects of the research to ensure that they fully comprehend what they are being asked to do and that they were informed of any potential consequences of such participation (Beauchamp & Bowie, 2004). The researcher and participants had discussed and clarified their understanding of the research. The respondents were briefed on the objectives and purpose of the research during the pre-focus group discussion, when the appointment for the focus group and written consent were secured. Both participants and parents' consent were obtained; participants were also informed of their rights to withdraw from the study at any time.

1.11.3. Confidentiality and anonymity

Confidentiality and anonymity are very important in research, and the researcher was expected to respect the confidentiality and anonymity of the participants involved in the research project (Strewing & Stead, 2011). To ensure confidentiality and anonymity, the researcher has guarded against unauthorised access to the data, and that the research data is only made available to the researcher and the supervisor. Furthermore, revealing information such as names of participants was withdrawn during the data collection process, to ensure that there was no unnecessary disclosure of their identity in the resulted research report.

1.11.4. Avoidance of harm

The researcher did not harm the people being studied, regardless of whether they volunteered to take part in the study. Subjects can be harmed in a physical or emotional manner (De Vos, Strydom, Fouche & Delpont, 2011). In the study, emotional harm was a probable risk that underage drinkers could have encountered because discussing underage drinking was a sensitive issue. Avoidance of harm was paramount to this research. To avoid harm in this study, the researcher minimized sensitive questions, provided participants with the right to refuse answering questions that brought discomfort, protected confidentiality and anonymity of participants; provided them with the right to withdraw from the research at any time.

1.11.5. Plagiarism

Plagiarism includes directly copying the work of others in a report without acknowledging the source (Beauchamp & Bowie, 2004). The researcher ensured that sources were acknowledged by means of complete references.

1.12. CONCLUSION

The research design and method, population and sampling, ethical considerations, data collection approach and instrument, data analysis and demonstration of trustworthiness of the research data, were described. The following chapter presents literature discourses and theoretical framework that underpinned the study.

CHAPTER 2

FACTORS CONTRIBUTING TO UNDERAGE DRINKING

2.1. INTRODUCTION

The purpose of this chapter is to review factors that contribute to underage drinking, effects of underage drinking, and remedial solutions to minimize underage drinking. The focus is on alcohol use because it is one of the primary drugs of choice among youth; it is easily accessible (Wallace & Muroff, 2002). The concept of underage drinking is intrinsically linked to a specific proscription, namely, the consumption of alcohol by individuals who are below some legally defined threshold. The term "underage drinking" predicates an assumption that there is somehow, objectively, an age at which drinking alcohol becomes both legally and socially acceptable. Underage drinking could have different definitions across cultures and countries that have different minimum age of legal purchase. Underage drinking among teenagers is relatively more common around the globe, despite an assortment of laws and controls imposed on it (International Center for Alcohol Policies, 2002).

2.2. FACTORS CONTRIBUTING TO UNDERAGE DRINKING

Mastern, Faden, Zucker and Spear (2008) reveal that initial underage drinking is a socially learned behaviour and it is true to say that there are factors that serve as a foundation for initiating teenagers to underage drinking. Given that the reasons for drinking are complex, research suggests that factors such family, peers, media and alcohol marketing, retail availability to youth, are important predictors for initiating teenagers to underage drinking.

- **Family factors**

A family is a social unit of two or more persons related by blood, marriage, or adoption having a shared commitment to mutual relationship. It is also a primary source of socialisation wherein children learn the expectations of society (Powell, Bolzendahl, Geist & Steelman, 2010). Teenagers acquire knowledge, attitudes and values about a variety of issues, including alcohol use, through a gradual and intricate process of assimilating information from various social sources.

Primary among these sources is the family context in which a young person develops. Arrays of variables around family context are found to be associated with underage drinking.

Rossow, Keating, Felix, and McCambridge (2016) indicate that, although multiple factors in teenage life will determine their developmental course, parents and other family members have the most single external influence on teenage development and behaviour including alcohol use. Moreover, parents' propensity to drink themselves or children of heavier drinkers is more likely to drink at an early age and associated with increased chance of experiencing alcohol related negative consequences. Moreover, parents' alcohol is related to less family support and reduced parental monitoring, which in turn are related to a greater likelihood of alcohol use among teenagers (Barnes, Reifman, Farrell & Dintcheff, 2000).

The above assertion concurs with the study of Van der Zwaluw, Scholte, Vermulst, Buitelaar, Verkes, and Engels (2008), whereby they report that, parental alcohol consumption was the most important factor explaining the initiation of their children to alcohol. This lends weight to the study of Latendresse, Rose, Viken, Pulkkinen and Kaprio (2009) who denote that, children of heavy drinking parents (through imitation and modelling) appear to have higher risk of underage drinking excessively.

➤ Family attitudes and approval

According to Cook and Moore (2001), parents' attitudes and behaviour with respect to alcohol use are one of the major influences on at least early drinking patterns, before peer influence become more influential. Children whose parents are more permissive towards drinking are more likely to drink. This links with children having easier access to alcohol, which is another factor linked to higher drinking rates. In general, any kind of parental non-directiveness or permissiveness are risk factors for underage drinking (Sieving, Perry & Williams, 2000).

In addition, Mares, Van der Vorst, Engels and Lichtwarck-Aschoff (2011) assert that, parents may overestimate or underestimate teenage underage drinking, depending on their experiences or their perceptions of their children.

If parents believe that most teenagers drink, they may be more willing to look the other way when their children drink.

➤ Parental monitoring

Barnes, Welte, Hoffman and Dintcheff (2005) report that, family history of alcohol abuse and alcoholism alone may not be adequate to predict drinking patterns among children of parents with such drinking behaviours. It is possible that underage drinking be caused by other factors, such as poor parental monitoring strategies. Children whose parents have a better awareness of their activities and whereabouts are less likely to drink. Once adolescents start experimenting with alcohol, enhanced parental monitoring is seen as the most effective strategy to minimise the risks of the person drinking at risky levels

➤ Relationship quality

According to Eadie, MacAskill, Brooks, Heim, Forsyth and Punch (2010), for more than 50 years, the relationship between child-rearing orientations and outcomes has been studied; this venture has resulted in a host of literature linking parenting styles. Research suggests that the nature and quality of the family environment plays an important role in predisposing young people to underage drinking. Family factors influencing underage drinking may include family dysfunction, childhood maltreatment and related conditions (Clark, Nguyen, Belgrave & Tademy, 2011).

Moreover, Anderson and Baumberg (2006) assert that, membership in a family where there is little warmth and acceptance, misunderstanding, much devaluing and indifference is related to impairment in teenage ego development and initiation of children to underage drinking. This lends weight to the study of Gilligan and Kypri (2012), which concluded that, children living in disrupted families are more likely to be associated with underage drinking. Furthermore, the study of Chan, Kelly, Toumbourou, Hemphill, Young, Haynes, and Catalano (2013), further associate poor family communication, high family conflict, and low level of support and control as predictors underage drinking. Vellem (2009) argues that the optimal parenting style to reduce underage drinking involves instilling self-efficacy, imposing clear, consistent and enforced rules and close bonding.

➤ Family structure

Drinking preferences of adolescents can also be affected by the family structure. Thus, some researchers found that living with a single parent or step-parent was correlated with greater frequency of alcohol consumption, as well with heavier drinking in Europe (Bjarnason, Andersson, Choquet, Elekes & Morgan, 2003 cited in Anderson & Baumberg, 2006). A similar finding was obtained from the National Educational Longitudinal Study conducted in USA. Specifically, researchers found that teenagers living in families where parents were unmarried were more likely to drink alcohol (DeLeire, Kalil, 2002), although the outcomes were not worse for those living with a single mother and at least one grandparent than for those living in married households. Ledoux, Miller, Choquet and Plant (2002), argue that, children from intact families that are living with both natural parents were found less likely to drink. These family factors are important predictors for all teenagers whatever their ethnic or social origin.

- **Peer influence**

Brown (2004) defines peer influence as influence a peer group, observers, or an individual exerts that encourages others to change their attitudes, values, or behaviours to conform to those of the influencing group or individual. Peer conformity, sometimes referred to as peer influence is a powerful factor in teenage development. The influence of peers has long been recognised in shaping children's propensity to consume alcohol. As young people develop independences and freedom from their parents, they learn behaviours related to drinking and other aspects of life from peers. Thus, peers become a major source of support and socialisation for teenagers. Peer influence can be conceptualised as including modelling of drinking behaviours, direct peer pressure to drink, and providing opportunities to obtain and drink alcohol.

Howard, Griffin, Boekeloo, Lake and Bellows (2007) indicate that, support and approval from peers benefit the adolescent's emotional and social well-being. However, peers are likely to exert pressures that direct teenagers toward undesirable behaviours.

For example, being offered a toast, having a drink refilled without asking, being teased for abstinence, being urged on a drink rate, or by buying rounds. In order to maintain peer acceptance, teenagers tend to comply with others' wishes of alcohol use. Teenagers are more likely to consume alcohol if they affiliate with peers who consume alcohol, have friends who offer them alcohol, and are encouraged to use alcohol. Alcohol, but in particular drunkenness, were seen to facilitate socialising, and the creation and maintenance of group bonds (Sieving, Perry, & Williams, 2000).

In addition, Kuther (2002) concurs that teenagers are influenced by the normative behaviours of their peers and they choose peers who reinforce their own norms and values. The influences of peers are both direct and indirect. That is, teenagers are influenced directly (by observing peers' behaviour) and indirectly (by their perceptions of the extent to which their friends are drinking alcohol). Peer pressure towards drinking serves as a passive facilitator; it serves to increase exposure to alcohol, increases opportunity for consumption, and normalises the behaviour. While peers may not overtly coerce others to drink, they are a major influence of how alcohol is drunk (the type, brand, rate and amount).

Moreover, the study of Kinard and Webster (2010) assert that, peers influence the social meaning of alcohol use by associating it with images of social recognition, independence, maturity, fun and a variety of desirable outcomes. Thus, alcohol use often occurs in peer groups because teenagers reinforce each other's beliefs in these images. Peer mutual reinforcement of beliefs regarding the payoffs for alcohol use provides a powerful social basis of underage drinking. Perceived use of alcohol by one's peers and friends independently predicts self-reported alcohol use, with peers having a greater influence on underage drinking than parents (Kuther, 2002). However, Olds and Thobs (2001) argue that, peer influence is not independent but appears to be a function of family conditions, so family factors increase involvement with alcohol-using peers and therefore, leads to more self-reported use.

- **Media and alcohol marketing**

Media is defined as one of the means or channels of general communication, information, or entertainment in society, as newspapers, radio or television (McQuail, 2000).

Marketing refers to the set of actions, or tactics, that a company uses to promote its brand or product in the market (Goldstein & Lee, 2005). We live in a society in which alcohol is ubiquitous, glamorised, and touted as a hallmark of adulthood. Retailers attempt to increase demand through the advertising and promotion of their products. The alcohol industry promotes its products using an integrated mix of strategies and media. The purpose of advertising is to increase the attractiveness of drinking by creating an image favourable to consumption of alcohol. It is designed to recruit new users and to retain old users (Coleman & Cater, 2005).

Widespread concern exists about the potential effects that media portrayals of drinking, alcohol product placements, and alcohol advertising may have on alcohol consumption and problems among teenagers. A wide array of alternative forms of promotion such as radio, television, internet, social networks, magazines and popular music are identified as potential sources through which adolescents learn about alcohol and as potential influences on young people's drinking and drinking problems. This often goes hand in hand with pricing promotions. Promotion of alcohol brands in electronic media is a major part of marketing. Advertising is also shown in cinemas and that is increasingly supplemented by product placement in movies and television programmes. Newer forms of electronic communication such as internet networking sites and mobile phones have also provided new opportunities for alcohol promotion, which are popular with young people. They provide opportunities for viral marketing in which young people transmit material on to peer networks (Anderson, De Bruijn, Angus, Gordon, & Hastings, 2009).

Mass media reports and entertainments normalise if not glamorise drinking, and alcohol marketers associate their products with appropriately targeted masculine and feminine images, and are heavily involved in sports and other sponsorship activities. These marketing activities clearly reach children and youth, since the most heavily promoted beer and spirits brands appear to be well known amongst underage youth, along with other evidence suggesting reinforcement of underage drinking (Smith & Foxcroft, 2009).

Hurtz, Henriksen, Feighery, and Fortmann (2007), provided compelling evidence linking price and promotions leads to problem drinking among underage youth.

Results showed that low price and heavy advertising and promotional activities were associated with increased heavy drinking among underage youth and with total number of drinks consumed. Pasch, Komro, Perry, Hearst and Farbaksh (2007) studied the effects of alcohol advertising on billboards and window displays on pre-teenagers and early teenagers in the vicinity of Chicago schools. They found that children living in areas with large numbers of alcohol advertisements on billboards, storefronts, bus stops and elsewhere are more likely to look favorably on drinking and had higher expressed intentions to drink.

Therefore, link of alcohol advertisements have in turn, been linked to alcohol consumption among young people (Collins, Ellickson, McCaffrey, & Hambarsoomians, 2007). Alcohol marketing belies the harms associated with its use, most messages present drinking in a positive light and show alcohol as a normal part of adult and teenage social life. The barrage of messages in media about alcohol in daily life competes with and even overshadows warnings against underage drinking. Such mixed messages are particularly confusing to youth who are trying to make sense of their changing world, and who are trying to understand and meet societal expectations (Dring & Hope, 2001).

Jernigen, Ostroff, and Ross (2005) combined occurrence and audience data to calculate youth (aged 12–20 years) and adult (above the United States legal drinking age of 21 years) exposure to alcohol advertising on television and radio, in magazines and on the Internet. Their research in the United States shows that alcohol companies have placed significant amounts of advertising where youth are more likely per capita to be exposed to it than adults. These data are updated in Center for Alcohol Marketing and Youth (2007). This is reflected in the work of Hastings, Anderson, Cooke, and Gordon (2005) who also reviewed the published research on advertising and promotion of alcohol and concluded that most econometric studies provide little evidence of an aggregate effect on consumption, and little or no information about the effect on the drinking of youth and young people. Instead, Hastings et al. (2005) conclude that consumer studies which examine the effect of advertising on subgroups of consumers overcome the deficiency of large macro-studies and do suggest that there is a link between advertising and young people's drinking knowledge, attitudes and behavior.

Velleman (2009) argues that children's susceptibility to alcohol advertising is mediated by the pre-existing expectancies and attitudes they have towards alcohol, as a result of family and peer influence. He further mentions that, parents, countering these messages with alternative perspectives on alcohol, can reduce the risk of children being encouraged to drink by marketing industry.

- **Retail availability of alcohol to youth**

Retail availability refers to the ease of access to alcohol through commercial sources. Availability in this document refers to overall level of access by underage persons to alcohol through retail and social sources including grocery stores, convenient stores, friends, family members, or from home without permission (Gruenewald, 2011).

This availability includes on-premise outlets such as bars and restaurants, as well as off-premise outlets such as grocery stores, liquor stores, or other retail outlets licensed to sell alcohol within their community. In general, when retail alcohol is cheap, convenient and accessible, people drink more and the rates of alcohol problems are higher. Conversely, when alcohol is more expensive (for, example, through taxes), less convenient (for example, fewer retail outlets), and less accessible (for example restrictions on drinking age), people generally drink less and problem rates are lower (Paschall, Grube, Black, & Ringwalt, 2007).

According to Chassin, Pitts and Prost (2002), there is extensive evidence to suggest that the availability alcohol of alcohol to youth play a role in the development of underage drinking. These factors include the price of alcohol; the legal drinking age; the availability of liquor outlets; licensing hours; the enforcement of alcohol laws; and advertising. This research makes it abundantly clear that the ways in which the access of young people to alcohol is regulated, can play an important role in influencing rates of alcohol use and misuse among them. Consideration of these factors, Miller, Levy, Spicer and Taylor (2006) suggest that, approaches that focus on regulating the access of young people to alcohol offer the greatest potential for minimising alcohol use and misuse by underage persons.

- **Community norms about youth drinking**

Community norms refer to the level of local approval or disapproval of youth drinking by adults other than their parents in the broader community. Norms and values are defined as informal social rules or proscriptions defining acceptable and unacceptable behaviour within a social group, organisation or larger community. Norms reflect general attitudes about alcohol use and societal expectations regarding the level and types of consumption considered acceptable. Community norms can be measured by youth perceived approval or disapproval of teenage alcohol use by adults they know, and youth perceptions of how wrong adults in the neighborhood think it is wrong for young people to drink (Lipperman-Kreda, Grube, & Paschall, 2010).

Community norms and values have an impact on underage drinking. DeHaan and Thompson (2003) summarized three different community views on alcohol use: proscriptive (no drinking allowed), prescriptive (some drinking tolerated, with strong values sanctioning how often and how much), and non-scriptive (no constraints on consumption). They found that adolescent drinking was not a problem in proscriptive communities because drinking was not allowed. Adolescents, however, did consume alcohol in both the prescriptive and non-scriptive communities. It is important to note that they further stated that as adolescents aged, their knowledge of community norms increased as well. This knowledge then helps reinforce the decision whether to drink or not.

DeHaan and Thompson (2003) concur with the above by indicating that underage alcohol consumption increases or decreases depending on the extent of norms proscribing drinking or consumption limits. In general, where underage drinking is more accepted, it is natural to assume that average consumption is higher. The acceptability of drinking also has an important influence on drinking pattern. The percentage of population that abstains is partly depends on the relative importance of drinking in the community.

Wagenaar, Erickson, Harwood & O'Malley (2006) argue that, there is little empirical evidence if not non-existence of strategies which have attempted to change the general acceptability of drinking across all ages as a means to reduce underage drinking specifically. Therefore, postulated that community norms regarding underage drinking will partly affect the extent to which underage drinking and possession laws regarding provision of alcohol to minors will be implemented and enforced.

2.3. EFFECTS OF UNDERAGE DRINKING

Underage drinking has long-term effects that could be dire to our youth. The risks associated with drinking can be far greater for young people than for adults because they are more susceptible to the effects of alcohol due to their relative physical and emotional immaturity. When young people use alcohol, they face physical, emotional and legal repercussions. Starting to use alcohol at a young age has been shown to increase the likelihood of negative physical and mental health problems, social problems and alcohol dependence (Chikritzhs, Pascal & Jones, 2004).

Drinking contributes to problems in key behavioural domains of children and adolescents, such as peer relationships and school performance. For example, underage drinking can interfere with school attendance, disrupt concentration, damage relationships, and potentially alter aspects of development, which have consequences for future success in such areas as work, adult relationships, health, and well-being. The immediate results of alcohol consumption often include impaired decision-making, engaging in risky behaviour, and poor coordination. Sustained use can damage the brain and other organs and body systems (Masten, Faden, Zucker & Spear, 2008).

- **Risky sexual behaviour**

Morojele, Kachieng'a, Mokoko, Nkoko, Parry, Nkowane, Moshia and Saxena (2006) believe that underage drinking is associated with unsafe sexual practices and increased risk of contracting sexually transmitted diseases. Alcohol use is correlated with having first sexual experience at a younger age. Leigh, Ames and Stacy (2008) report that there is an association of borderline significance between alcohol consumption and non-use of condoms at first time sexual intercourse; however, they

concluded that lifestyle factors such as a propensity for risk taking, sensation-seeking or unconventionality might lead to both alcohol use and unprotected sex in these events. Therefore, a link between drinking and unprotected sex in first sexual encounters might be linked to these personality factors rather than a causal effect of alcohol.

Furthermore, in a review of substance misuse, including alcohol use, of 11-19 years olds, Kerr and Matlak (1998) concur with the above by stating that there is a link between alcohol use and the likelihood of having sex in adolescents. They also found a link between alcohol use and the likelihood of having unprotected sex although the relationship was not as strong. A third of students who were 12 years or younger at first intoxication reported that alcohol caused them to engage in unplanned sex as opposed to less than 5% of those who reported never having being intoxicated. Alcohol is a complicating factor in the sexual behaviour of adolescents.

Moreover, many who engage in sexual activity while drinking, report having unprotected sex and some admit to choosing to drink even though they make decisions to have sex when they are under the influence that they would not make when sober (Bonnie & O'Connell, 2004). Some research has found that 31% of youth who engage in frequent heavy drinking report having at least six different partners, compared to only 4% of youth who do not drink (Hingson & Kenkel, 2004).

Therefore, the ramifications of the intersection of underage drinking and risky sexual behaviour are immense. Including being more likely to engage in sexual intercourse when drunk, having sexual experiences at an earlier age, having sex with multiple partners, engaging in unprotected or unplanned sex, experiencing unexpected or unplanned pregnancies, delivering babies with Fetal Alcohol Syndrome, and contracting various sexually transmitted diseases, such as HIV/AIDS (Lopez, 2003).

Fossey, Loretto and Plant (1996) argue that, the conclusion that be drawn from studies of adolescents and sexual behaviour is that some people are more generally inclined to take risks. Nevertheless, the weight of associations while not conclusive suggests that alcohol can contribute to misjudgements about sexual behaviour.

- **Violent crimes or offending behaviour**

Alcohol can increase the likelihood of violence because of its effects on reaction time, reasoning, coordination, care and judgement. The effect of alcohol on factors such as self-control and impulsivity reduces the ability to resolve conflicts in non-violent ways. Heavy drinking is also a major risk factor for self-harm. Young people are at increased risk of injury or violence related to alcohol use because they are more vulnerable to the effects of alcohol due to their stage of physical development and inexperience with drinking (Chikritzhs, Pascal & Jones, 2004).

Morojele and Brook (2006) state that, underage drinking impacts the criminal justice system, with evidence of associations between drinking at risky levels, committing crime or being a victim of crime. It has been discovered that, younger people who drink are more likely to be both perpetrators and victims of violence. Although there is some evidence to show that there is a link between alcohol and violent behaviour in adolescents and weapon carrying, it is difficult to ascertain a causal relationship.

Giancola (2002) indicates that alcohol can detrimentally affect certain psychological and physiological processes that then lead to the expression of aggressive behaviour. Moreover, alcohol use is related to weapon carrying and fighting. It was found that, as well as heavy drinking in the past month, other statistical predictors of carrying a weapon to school were being male, not living with both parents, not feeling close to parents. Participating in fights, damaging school property and perceiving at least a few other students to have bought weapons to school on the day of the survey were also statistically significant in predicting the student carrying a weapon to school. Females however, were less likely to be involved in offending behaviour than males.

Thunstrom (1988) focused on children up to the age of 16, who were apprehended for drunkenness. This review concluded that the prognosis for a child apprehended for drunkenness is often serious and that the risk for a child that is apprehended for drunkenness of developing alcoholism is about 20%. Furthermore, dating violence also occurred much more frequently among underage drinkers than among those who did not drink.

Those who drank heavily and frequently were much more likely to have been hit or slapped by a boyfriend or girlfriend and to have been forced to have sex (Hingson & Kenkel, 2004). Alcohol is often a factor for both assailants and victims in these assaults. Because many sexual assaults are never reported, it is likely that the actual rates of alcohol-related attacks are much higher (Bonnie & O'Connell, 2004).

As much as there is evidence of a relationship between alcohol use and offending in adolescents and students, a number of reviewers have cautioned against assuming a simplistic relationship and state that it is likely that other risk factors including individual differences and contextual variables will play an important role. However, alcohol may facilitate offending in those who are already predisposed (Markowitz, Kaestner, & Grossman, 2005).

- **Driving under the Influence**

According to Grunbaum, Kann, Kinchen, Williams, Ross, Lowry and Kolbe (2002), in 2001, 80% of frequent heavy drinkers reported that they had ridden with a driver who had been drinking. Ferguson (2012) reports that adolescents and young adults are usually the most impaired drivers on our roads. Consumption of alcohol, which impairs their judgment and coordination and makes them more likely to take risks, creates conditions under which tragedies can occur. In 2005, the National Highway Traffic Safety Administration found that 7,460 people between ages 15 and 20 were killed in motor vehicle crashes the number one cause of death in this age group, and 28% of those killed (2,089 individuals) had been drinking. Many more youth experience injuries, including those resulting in lifetime disabilities. Young drivers are also less likely to use seat belts when they have been drinking. Of those killed in motor vehicle crashes that had been drinking, 74% were not wearing seat belts. Young people are likely to exercise poor judgment by riding in vehicles driven by peers who have been drinking, thus increasing their risk of injury or death. However, dramatic progress has been made in reducing the numbers of youth-involved, alcohol-related motor vehicle crashes and fatalities. Injuries and loss of lives, however, are still unacceptably high.

In 2014, 9,967 people were killed in motor vehicle crashes while driving under the influence of alcohol, representing nearly one-third (31%) of all traffic-related fatalities in the United States. Driving under the influence continues to be among the most frequent causes for arrests every year. Nevertheless, at approximately 1.3 million per year, these arrests represent only about 1% of the actual alcohol-impaired driving incidents reported in national surveys, suggesting that there are many younger people who drive while impaired that have not been arrested; putting themselves and others at high risk of being harmed. In addition to the deaths that result from driving under the influence, the National Highway Traffic Safety Administration (NHTSA) estimates that driving under the influence costs the United States more than \$44 billion each year in prosecution, higher insurance rates, higher taxes, medical claims, and property damage. As important as they are, these statistics account for only alcohol-related driving impairment and fail to measure other impairing substances (Razzaghi, 2017).

- **Impaired brain development**

Brown and Rinelli (2010), show that the use of alcohol during adolescence may have a long-term detrimental effect on the developing human brain. The human brain is still developing until the mid-20s. Alcohol is a neurotoxin and can disrupt important changes that are occurring in the brain during this period. Changes in brain function that occur during adolescence mean that alcohol affects adolescents differently from the way it affects adults. When adolescents drink alcohol they are less sensitive to the coordination problems and sedative effects of alcohol, which means that they can stay awake and drink for longer than adults. However, they are more sensitive to the memory and learning problems caused by alcohol, which may lead to memory problems, lack of judgement and blackouts. This may lead to learning difficulties and reduced performance on attention-based testing.

- **Impaired academic performance**

Alcohol can interfere with the ability to form new, lasting, and explicit memories of facts and events. This has obvious implications for learning and academic performance. Alcohol can have a profound impact on the academic performance of adolescents and young adults.

Underage drinkers are more likely to miss classes, fall behind in their schoolwork, earn lower grades, and perform poorly on examinations and assignments. They are also at risk for dropping out, failing, or being expelled from school. Effects of alcohol use by young people are not limited to those engaged in drinking (Wechsler, Lee, Nelson & Kuo, 2002; Johnson, 2004).

Lovely and-Cherry (2005) concurs with the above by stating that school attachment and receiving good grades have been associated with less adolescent alcohol use, while absenteeism and poor grades are associated with early initiation and increased levels of alcohol use. It was reported that male students who drank more than 5 drinks, and female students that drank more than 4 drinks, in a session one or two times in a two-week period were over three times more likely to report getting behind in school work compared with more moderate drinkers. When the drinking frequency increased to three times in a two-week period, they were more than eight times more likely to report this problem.

Berkowitz and Perkins (1987) found that female students were as likely as male to experience impaired academic performance due to alcohol. Most reviews, which looked at educational performance related to American college students and the majority of the evidence points to the fact that the association between academic performance and college drinking is inconclusive. A number of reviews have discussed the methodological limitations of studies that investigate the relationship between alcohol and academic performance. Much of the cited evidence for a relationship comes from cross sectional studies, which cannot ascribe a causal link. However, there is emerging evidence from longitudinal studies which suggesting binge drinking may impair academic performance over time. In addition, having low academic aspirations and performing poorly at school, have been found to be related to adolescents' use of alcohol, as have absenteeism and repeating a year at school (Flisher, Parry, Evans, Muller & Lombard, 2003).

Gill (2002) argues that alcohol may be a scapegoat for other factors that may limit poor academic performance. In summary, more research evidence is required before the question of whether or not alcohol has a detrimental effect on academic performance can be answered, it is also essential that pattern of drinking be considered.

- **Alcohol dependence**

According to Hope (2009), starting to drink early may determine attitude to alcohol later in life. Using alcohol as a young person does not mean that teenagers will grow out of it and drink less as adults. In fact, once they start to use alcohol, a considerable proportion of young people report drinking on a regular basis. People who start to drink alcohol early in life face an increased risk of experiencing problems with alcohol later in life. There is growing evidence that the use of a substance such as alcohol at an early age is associated with using it more frequently in later life and experiencing problems with it. This could be related to the changes that are occurring in the adolescent brain. Symptoms of dependence include difficulty in controlling drinking behaviour and continuing to drink despite clear signs of harmful consumption (Bonomo, Bowes, Coffey, Carlin & Patton, 2004).

Results from a 7-year long cohort study based on a sample of about two thousand individuals suggest that drinking frequently at age 14 to 15 years correlates with alcohol dependence at age 20 to 21 (Bonomo, Bowes, Coffey, Carlin & Patton, 2004). In another recent study (mostly based on ESPAD and Scandinavian data), heavy episodic drinking by boys aged 13 was one of the strongest predictors of heavy episodic drinking later in life (Danielsson, 2011). A recent review concluded that the age of initiation of regular drinking is predictive of alcohol-related problems later in life (Greenaway, Huckle, Casswell & Jelley, 2009). Another review also found that the earlier children start to drink, the more likely they are to suffer from alcohol-related harms (Hope, 2009).

2.4. STRATEGIES TO MINIMIZE UNDERAGE DRINKING

Alcohol is the most widely used substance of abuse among South African youth. A higher percentage of youth aged 12 to 20 use alcohol (SAMHSA, 2005).

A wide spectrum of stakeholder groups, including the World Health Organisation (WHO), international bodies, NGOs, parents and communities continue to raise valid concerns around the economic and social impact of underage and binge drinking among the youth. Through the Departments of Health, Social Development, Transport, National Treasury, and Trade and Industry, various measures to limit the availability and access to alcohol have been proposed, including raising the drinking age limit from 18 to 21 years, banning the advertising of alcohol and introducing more restrictive trading hours, days and distribution hours (Distell, 2015).

One of the fundamental roles of government is the promotion of the public health and safety. Alcohol use by individuals under the legal drinking age of 18 constitutes a threat to both. Consequently, governments at the Federal, State, and local levels have sought to develop effective approaches to reduce underage drinking and the associated costs and consequences that burden society. Government alone, however, cannot solve the problem of underage drinking. An effective solution will require a coordinated, multifaceted effort among the parents of underage youth, other adults, and organizations and institutions in the private sector.

- **Collaboration**

The National Liquor Policy (2016) denotes that to standardise regulatory enforcement and ensure collaboration within the three spheres of government, national, provincial and local government responsible for liquor regulation must work together as seamlessly as possible to coordinate policy response, and share information to ensure the success of regulatory enforcement activities. The departmental inspectorates must act in concert with the South African Police Service (SAPS), Department of Justice and Constitutional Development (DoJ & CD), Department of Transport (DOT), South African Revenue Service (SARS), Department of Agriculture, Forestry and Fisheries (DAFF), Department of Health, Department of Cooperative Governance and Traditional Affairs (COGTA), provincial as well as municipal inspectorates, subject to adherence to all relevant governing legislations. There is a need for a coordinated training programme for inspectors and the Department of Trade and Industry (DTI) should take the lead on this matter.

Mkhuma (2001) indicates that, the norms and standards, including among others, the issue of age verification, secondary supply of liquor to minor, uniform trading hours, sale or supply of liquor to intoxicated person, noise, nuisance and pollution as adopted by the Council should be integrated in both national and provincial legislation and regulations to ensure coherence and harmony, and be reviewed from time to time as may be necessary to achieve consistency and coherence in regulating the liquor industry. There is a need to strengthen the provisions that deals with illegal manufacturing and trading in liquor, which should expressly include strict regulation of access to industrial alcohol, strict labelling of liquor products and prohibition of sale of liquor products with very high alcohol content. In this regard, those manufacturing importable substance and such causes damage or injury to patrons, such traders, suppliers and manufacturers should be held liable. The provision of liability will not exclude actions that may be taken under Common Law; Law of Delict or section 61 of the Consumer Protection Act, 2008 (Act No 68 of 2008). Furthermore, consumer awareness needs to be intensified. For more effectiveness in regulating macro manufacturers and distributors, it is proposed that the National Liquor Act (NLA) be repositioned to become a National Liquor Regulator (NLR) of the Department of Trade and Industry (**dti**) with more capacity to deal with issues of compliance, education and awareness, enforcement, registration, and reviews. The NLR should monitor and enforce not merely the licensed traders but the trade of liquor holistically.

- **Raising the minimum legal drinking age**

The National Liquor Policy (2016) shows that the national minimum legal age at which alcohol can be purchased and consumed should be raised from eighteen (18) to twenty-one (21) years. This is aimed at delaying the introduction of liquor consumption by youths. Research shows that teenage drinking is on the increase and that the younger people start drinking, the more likely that they will experience problems from heavy drinking at a later stage. It is stated that adolescence is a period when teenage brain undergoes important developments. This period of brain development continues until most people reaches the age of 25.

Consequently, exposing adolescent brain to alcohol during this period may impair neurological development causing youth to make irresponsible decisions, encounter memory lapse, or process and send neural impulses more slowly. It is therefore imperative that the introduction to liquor consumption is delayed as much as possible. Both government authorities and private sector associated with liquor ills should aggressively embark on programmes that communicate to the public the ills associated with liquor abuse (Babor, Caetano, Casswell, Edwards, Giesbrecht, Graham, Grube, Gruenewald, Hill, Holder, Homel, Österberg, Rehm, Room & Rossow, 2003).

- **Controlling the advertisement of alcohol**

According to the National Liquor Policy (2016), Section 9 (advertising restrictions) of the Act should be amended to empower the Minister of Trade and Industry to determine more restrictions and parameters for advertising and marketing of liquor products, for example, all broadcast television channels should advertise at night, from 22:00 to 06:00; remove content appealing to youth in alcohol advertising such as using of sport stars, models, etc.; branding of liquor premises and delivery trucks or cars should be prohibited; and counter advertisement which identifies the harmful effects of liquor abuse, for example, car rashes and victims, ailments caused by liquor, family violence and other social ills. Various departments must develop programmes in this regard. The restrictions will be determined in the regulations as prescribed by the Minister. This should also be reflected in provincial and municipal laws (Parry, 2002).

- **Regulating the availability and accessibility of alcohol at public events or any liquor outlet**

According to the National Institute on Alcohol Abuse and Alcoholism (2010), to reduce the harmful use of alcohol, it is also important to regulate the availability of liquor. One of the strategies to reduce the availability of liquor includes the need to regulate days and hours when liquor sales should be permitted. Liquor authorities and municipalities need to control access to liquor by restricting times for sales of liquor. This should be done by setting norms and standards around trading hours.

The set uniform trading hours within the norms and standards should be integrated in national, provincial and municipal legislation.

Furthermore, National Liquor Act (Act 59 of 2003) establishes that, to regulate accessibility of alcohol at public events or any liquor outlet, the licensees, manager or any other person dispensing liquor at the premises, must take steps to ensure verification of the age of any person who appears to be under the age of 21 by requesting an identity document, passport or driver's license in order to verify the person's age before any liquor may be sold or supplied to them. It should be an offence therefore for such persons to sell liquor to persons under the age of 21 and for persons under the age of 21 to provide false evidence of their age in order to access liquor or enter a liquor premise. Contravening the age limit rule should also attract strict liability and is a criminal offence. Public events in this regard include school activities, special occasions such as corporate events, just to name a few.

- **Increased alcohol taxation**

Research shows that pricing policies can be used to reduce underage drinking, to halt progression towards drinking large volumes of alcohol and or episodes of heavy drinking and to influence consumers' preferences. Increasing the price of alcoholic beverages is therefore one of the most effective interventions to reduce harmful use of alcohol (WHO, 2010). This should be done through effective and efficient system for taxation, together with adequate tax collection and enforcement. The National Treasury must maintain a reasonable and appropriate excise tax burden on alcoholic beverages. There might be scope to further increase the excise duties on alcohol beverages.

- **Education and awareness**

National Liquor Policy (2016) indicates that in order to enhance the impact, there is a need to intensify education and awareness.

Education and awareness must therefore be included in the Act as part of the functions of the National Liquor Regulator (NLR) and Department of Trade and Industry (DTI), and NLR to be adequately capacitated to perform this function. There is a need for a general education and public awareness programmes among all levels of society about the dangers or harmful effects of alcohol abuse. Consumers need to be educated about the harmful effects of alcohol abuse by way of electronic and print media, schools, public health facilities, and community organisations. This will ensure that the community is empowered to take control over their lives. Further, licence holders (manufacturers, distributors and retailers) need to be constantly educated on the Liquor legislation in order to comply and avoid irresponsible trading. There is a need for cooperation with all tiers of government to intensify education and awareness. The codes, strategies and programmes addressing the issue of effective communication of the harmful effects of alcohol abuse with the public will be determined in the regulations to be prescribed by the Minister.

2.5. CONCLUSION

This chapter highlighted factors that influence underage teenagers in relation to their decision to commence drinking, and few issues stand out as being particularly important. The major conclusions that emerge from research into the causative factors involved in the development of underage drinking are likely to involve a complex interplay of familial, peer influence, media, retail availability of alcohol to youth and community norms about youth drinking, are factors which combine to determine rates of alcohol use and misuse in the adolescent population. It is therefore, imperative that every effort is made to delay the onset of drinking among teenagers. A number of studies have found that greater use of alcohol and other drugs among friends is associated with higher underage drinking. However, greater social assertiveness, which can be seen as independence from peer pressure, reduces the likelihood of drinking. Similarly, the relative importance of family and peer influences is disputed, with some suggesting that parental influence is more important in younger children, and peer influence in older. However, the relationship between the two is complex (Masten, Faden, Zucker & Spear, 2008). The following chapter presents data presentation, analysis and interpretation.

CHAPTER 3

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

3.1. INTRODUCTION

This chapter focused on the presentation, analysis and interpretation of data collected from respondents in a form of focus group, using semi-structured interview schedule. This chapter included primary and secondary data accumulated during the study. Descriptive analysis was utilized to present, analyse and interpret data. Furthermore, narrations, quotations and thematic analysis were used to analyse interview questions.

3.2. DEMOGRAPHIC INFORMATION OF PARTICIPANTS

The participants were selected from Noblehoek Community in Giyani, under Mopani District in Limpopo Province. The demographic information of the participants is presented in the table below.

3.2.1. Participants interviewed

The targeted number of participants was 30, of between the ages of 13 to 17 years; however, the researcher was able to reach only 27 participants through focus groups. The first session consisted of 6 members, the second session consisted of 9 members and the last session consisted of 12 members and they were selected through chain referral.

3.2.2. Gender and age distribution of participants

Gender	Age	Number	percentage
Male	13-17years	16	59%
Female	13-17years	11	41%
Total		27	100%

Table 1: Represents the age and gender of participants

The table above demonstrates that all (100%) of the participants were between the ages of 13 to 17 years. The findings further showed that majority (59%) of the participants were males.

It was established that boys were more accessible and willing than girls to talk about underage drinking. The highest percentage of male participants could also mean that they constitute highest number of underage drinkers as compared to girls in Noblehoek.

3.3. THEME 1: FACTORS CONTRIBUTING TO UNDERAGE DRINKING IN NOBLEHOEK COMMUNITY

Information about factors contributing to underage drinking was obtained through focus group discussions in a native language with teenagers (underage drinkers) of Noblehoek community. The participants seemed to have a common understanding of the concept underage drinking and factors contributing to underage drinking; however, did not seem to regard underage drinking as a huge issue.

One participant said: “We understand that underage drinking is when a person who is below the age of 18 years drinks alcohol. And factors contributing to underage drinking are things that make us to drink”

3.3.1. Subtheme 1: the scope of underage drinking in the community

“We believe that underage drinking is low in the community because few people of our age drink. However, the level of underage drinking is higher for boys than for girls.”

Majority of the participants had observed the level of underage drinking to be low in Noblehoek; conversely, among those who drink, underage drinking is relatively high for males as compared to females. Likewise, the researcher targeted the number of 30 participants but obtained 27 participants; however, of the number obtained, the highest number was of male participants and less number female participants. Underage drinking is low in the community; this indicates that the awareness campaigns that were conducted in the community concerning underage drinking were effective because nowadays most teenagers of Noblehoek seem to value and prioritise education than alcohol.

Underage drinking increases or decreases depending on the extent of Norms indicating drinking or consumption limits. In general, where underage drinking is accepted, it is natural to assume that average consumption is higher. The acceptability of drinking also has an important influence on drinking pattern. The percentage of population that abstains is partly dependent on the relative importance of drinking in the community (DeHaan & Thompson, 2003). Moreover, in the ESPAD (European School Survey Project on Alcohol and Other Drugs) project, on average, no more gender differences in the frequency of drunkenness were found, whereas heavy episodic drinking was more common among boys (Hibell, Guttormsson, Ahlström, Balakireva, Bjarnason, Kokkevi, & Kraus, 2012).

3.3.1.1. Age of commencement of underage drinking

Findings have established that the teenagers of Noblehoek commence drinking at an early age of 11 years. However, highest numbers of teenagers start drinking at the age of 13 years. Conferring to literature, alcohol use is taking a youthful face, as indicated by an increasing trend in lifetime prevalence of alcohol use among youth aged 13 to 19 years. The number of youth aged 13 years initiating alcohol use was at 12% between 2002 and 2008; in real terms, this translates to approximately 10 000 youth per review period (Ramsoomar & Morojele, 2012).

Alcohol is a psychoactive drug and minors are susceptible particularly to its harms. Alcohol exerts a greater toll on the brain development of those under the minimum legal drinking age than any other group and this has been confirmed by MRI (Magnetic Resonance Imagination) research. Children who begin drinking before the age of 15 are four times more likely to develop alcohol dependence at some time in their lives than those who have their first drink at age 20 or older (Pfefferbaum, Rosenbloom, & Sullivan, 2002).

3.3.2. Subtheme 2: aspects of underage drinking

Participants shared their different grounds for drinking. From their responses, it has become apparent that wanting to have fun and entertainment, lack of or inadequate recreational facilities or extra moral activities, curiosity and experimentation forms part of motivation to drink.

They also associated alcohol intake with more taverns, selling alcohol to minors, special events such as bashes, unregulated traditional alcohol outlets, affordability of alcohol, lack of parental supervision and family conflicts. They further consider alcohol consumption normal within their peer or social groups and they drink to get acceptance.

The South African Medical Journal (2012) has shown that alcohol use among our youth is common and increases with age for both males and females. There is also a tendency to more harmful binge drinking. Reasons for use and misuse of alcohol include peer pressure and a desire to fit in, poor home environs and boredom, ignorance of alcohol's harms, and the relative cheapness of alcohol products and their ease of access. In South Africa, alcohol is easily purchased from bottle stores, supermarkets, bars, shebeens, and other unlicensed liquor outlets, which outnumber licensed ones, particularly in disadvantaged communities.

The ecological theory indicates that underage drinking behaviour learned by teenagers from home, and it is periodically observed in peers and others in the community. The teenagers are prone to engaging in underage drinking. Therefore, due to conditions of alcohol use and abuse in the family and in the community teenagers become victims to underage drinking. This theory differs from the social learning theory, given that it does not involve personal factors that are included in the social learning theory. In ecological theory, the environment causes behaviour and learning is change in observable behaviour. Unlike the social learning theory, reinforces and punishers are direct cause of behaviour (Eggen, 2001).

3.3.2.1. Accessibility of alcohol to teenagers in Noblehoek community

“It is very easy to get alcohol, because we just go to taverns to buy and they sell to us regardless of our age. Sometimes we pretend to be sent by adults to buy alcohol, only to find that we lie all the time. We also get free alcohol when there are parties, especially during festive seasons. It is also easy because some of us get alcohol from our parents and other family members.”

All the participants shared mutual response concerning their accessibility to alcohol. It appears that teenagers have little difficulty procuring alcohol even though it is illegal for those under the age of 18 years to buy alcohol; however, nowadays, local taverns in Noblehoek only care about profit. They are just in business as long as they made money by the end of the day; they have less regard for who buys. No age restrictions, it is all about the money. Family members and other community members also furnish teenagers with alcohol. Contributing to underage drinking among South African youth is the high availability and accessibility of alcohol.

Even with the existence of all the negative consequences of teenager's alcohol use, the community and parents still continue to underestimate underage alcohol use; with parents underestimating their own children's alcohol use the most. Many adults do not think underage drinking is dangerous and even provide teenagers with alcohol.

According to Chassin, Pits and Prost (2002), there is extensive evidence to suggest that the availability of alcohol to youth play a significant role in the development of underage drinking. These factors include the price of alcohol; the legal drinking age; the availability of liquor outlets, licensing hours; the enforcement of alcohol laws and advertising. The findings made it abundantly clear that the ways in which access of young people to alcohol is regulated, can play an important role in influencing rates of alcohol use and misuse among them.

All states prohibit adults from furnishing alcohol to minors. Many states have introduced additional laws to prevent retailers, parents, and other adults from supplying alcohol to minors. For example, many states introduced "social host" laws, which hold individuals liable for underage drinking and the actions resulting from underage drinking that takes place on property they control. Other laws include a minimum age for people who serve or sell alcohol, and beer keg registration requirements, which enable tracking of retailers that sell kegs to, or adults who purchase kegs for, underage youth. However, these policies are not as well studied and have less evidence for effectiveness (Holder, 2004; Paschall, Grube et al., 2012).

3.3.2.2. Mass media, peer influence and family's contribution towards underage drinking

Attention on factors potentially influencing drinking behaviours has grown. One such factor influencing drinking behaviour in Noblehoek has been identified as alcohol advertising on media. This is unsurprising given the potential exposure to alcohol marketing experienced by young people. Media attempts to expose young people to the adverts, and most importantly, influence their decision to commence drinking or to drink in greater quantities.

Mass media reports idealised drinking and alcohol marketers associate their products with appropriately targeted masculine and feminine images, and are heavily involved in sports and other sponsorship activities. These marketing activities clearly reach children and youth, since the most heavily promoted beverages brand reinforcing underage drinking, appear to be well known among underage youth (Smith & Foxcroft, 2009). However, other participants found no association between mass media and underage drinking. When measuring a complicated and sophisticated behaviour such as drinking, it is natural that significance of associations may not be found across all measures examined.

Other factor has been identified as peers; they are likely to exert pressures that direct teenagers towards undesirable drinking behaviour. In order to maintain acceptance, teenagers in Noblehoek tend to comply with their friends' wishes of alcohol use. According to literature, teenagers are more likely to drink because they affiliate with peers who consume alcohol, have friends who offer them alcohol and encouraged to use alcohol. Support and approval from peers benefit the adolescent's emotional and social well-being (Howard, Griffin, Boekeloo, Lake & Bellows, 2007). Adolescents are at a greater risk of drinking when alcohol is readily available at among their peer group.

The last factor that has been identified is family. It was established that parents' attitudes to alcohol, the development of family rules and guidance in relation to alcohol, how parents and family members model their drinking practices to children can result in underage drinking.

Vellem (2009) argues that the optimal parenting style to reduce underage drinking involves instilling self-efficacy, imposing clear, consistent and enforced rules and close bonding. Additionally, commencing and continuing drinking is influenced by interrelated factors such as family, peers and media. It is true to say that no one factor alone is responsible for underage drinking and it is equally true to say that many factors working in a synergetic way has led to the current underage drinking culture in Noblehoek.

According to social learning theory, underage drinking is a learned behaviour through observation, and lessons that teenagers learn from important figures have a significant impact on them (McLeod, 2016). In this case, teenagers engage in underage drinking because they have seen their family members, peers and other people on media use and abuse alcohol.

3.3.2.3. Whether underage drinking is motivated by learning from others or other reasons

The findings of the study revealed that underage drinking is not only motivated by learning from others but there are other factors at play which include lack of parental guidance and supervision, teenagers' belief about alcohol, curiosity and seeking to experiment, stress coping mechanism, alcohol accessibility and making a choice to drink.

Additionally, Anderson and Baumberg (2006) assert that, membership in a family where there is little warmth and acceptance, misunderstanding, much devaluing and indifference is related to impairment in teenage ego development and initiation of children to underage drinking. This lends weight to the study of Gilligan and Kyprri (2012), which concluded that, children living in disrupted families are more likely to be associated with underage drinking.

The theory of planned behaviour is an extension of theory of reasoned action, which indicates that the intention to perform certain behaviour is dependent on whether individuals evaluate their behaviour as positive.

In this instance, underage drinking is based on and guided by two kinds of beliefs and cognitive outcomes, namely behavioural beliefs and control beliefs because they engage in underage drinking due to lack of parental guidance and supervision, teenager's belief about alcohol, curiosity and experimenting, stress coping mechanism, alcohol accessibility and making a choice to drink. In terms of behavioural beliefs, teenagers engage in underage drinking because of the likely outcome of the behaviour. Moreover, control beliefs suggest that, underage drinking is further reinforced when teenagers believe that they are capable of handling alcohol and the experience of power is connected with the thought (Ajzen, 2012).

3.4. THEME 2: THE EFFECTS OF UNDERAGE DRINKING IN NOBLEHOEK COMMUNITY

All participants (27 or 100%) agreed that underage drinking affects the behaviour of children. According to Masten, Roisman, Long, et al. (2005), drinking contributes to problems in key behavioural domains of children and teenagers, such as peer relationships and school performance. For example, underage drinking can interfere with school attendance, disrupt concentration, damage relationships and potentially alter brain function and other aspects of development, all of which have consequences for future success in such areas as work, adult relationship, health, and well-being. In other words, developmental cascades, or snowball effects can occur in which alcohol affects one aspect of development, leading to other problems in the course of development.

3.4.1. Subtheme 1: academic frustration or poor academic attendance and performance

The findings of the study suggest that education is seriously jeopardised by alcohol use amongst learners. Majority of the participants have encountered problems in school as a result drinking. When referring to literature, alcohol has a profound impact on the day-to-day operations of teenagers in school. Underage drinkers are more likely to miss classes, fall behind in their schoolwork, earn lower grades, and perform poorly on examinations and assignments. They are also at risk of dropping out of school, failing or being expelled from school (Wechsler et al., 2002; Johnson, 2004).

Lovely and-Cherry (2005) report that school attachment and receiving good grades have been associated with less adolescent alcohol use, while absenteeism and poor grades are associated with early initiation and increased levels of alcohol use. It is evident that underage drinking may impair academic performance over time. In addition, teenage alcohol use has been found to be correlated with having low academic aspirations and performing poorly at school, as have absenteeism and repeating a year at school (Flisher, Parry, Evans, Muller & Lombard, 2003). The teenagers of Noblehoek were more likely to report the similar academic problems due to drinking alcohol.

3.4.2. Subtheme 2: getting in trouble with the law or with family underage drinking

The findings made it apparent that underage alcohol use had negative effects on cognitive and effective self-management strategies. Underage drinking may contribute to risky behaviours that impact negatively on the law and on families. Participants reported getting in trouble with the law and their family because of alcohol.

“We have been arrested for public drinking and drinking at underage; we stole money from our families to buy alcohol; we engaged in fights which resulted in the injury of others because we were drunk; we stole our parents’ cars, drove without a license and caused car accidents.”

When a young person is under the influence of alcohol, undoubtedly, the body and mind are not functioning well, as expected by norms and the decision-making power is weakened. Drinking and intoxication can also adversely affect intimate and family relations, and friendships. The adverse effects are often most clearly visible in small and isolated communities (Room, Jernigan, Carlini-Marlatt, Gureje, Mäkelä, Marshall, Medina-Mora, Monteiro, Parry, Partanen, Riley, & Saxena, 2002). Again, these offences often also affect the drinker if he or she is arrested or punished.

3.4.3. Subtheme 3: concerns of underage drinking

The findings of this study have established that there is an affirmative association between alcohol use and public drinking; stealing money and parents’ cars, driving

under the influence; engaging in fights or violence; getting in trouble with the law and with family and repeating the same grade. Moreover, reported sexual assault as another dangerous consequence of underage drinking. This includes rape, which usually took place in the context of a date. The likelihood of sexual assault by male acquaintance increased when the offender, the victim or both used alcohol. Another result of adolescent drinking was high-risk sex, which involved behaviour such as having multiple sex partners and non-condom use, whereby some resulted in unplanned pregnancies and sexually transmitted diseases. However, boys were more likely to report offending behaviours than girls.

Young people are prone to risk of injury or violence related to alcohol use because they are more vulnerable to the effects of alcohol due to their stage of physical development and inexperience with drinking (Chikritzhs, Pascal & Jones, 2004). Moreover, the adverse social impact on family members, relatives and friends, people's drinking can also affect strangers, who can be victims of road traffic accidents, caused by a drunk driver or be assaulted by an intoxicated person. A report on one carnival season in Rio de Janeiro, Brazil, found that at least 16 800 people were reported hurt in fits of violence, street fights, car crashes and accidents from excessive drinking (Room, 2002). Intoxicated people commit many crimes where the victims are unknown to the perpetrators, including homicide, robbery, sexual assault and property crimes. Verbal threats from intoxicated people can also affect the well-being of others.

Morojele and Brook (2006) promulgated that, underage drinking impacts the criminal justice system, with evidence of associations between drinking at risky levels, committing crime or being a victim of crime. Some of the respondents reported committing crimes such as stealing money and getting in trouble with the law and families because of alcohol.

As also participants reported having repeated the same grade due to alcohol, it is evident that underage drinking may impair academic performance of learners over time. Having low academic aspirations and performing poorly at school have been found to be related to adolescents' use of alcohol, as have absenteeism and repeating a year at school (Flisher, Parry, Evans, Muller & Lombard, 2003).

The impact of alcohol consumption reaches deep into society. Alcohol consumption causes harm far beyond the physical and psychological health of the drinker. It causes harm to the well-being and health of others. Diseases and injuries, for instance have social implications, including medical costs, which are borne by government, negative effects on productivity, and financial and psychological burdens on families. An example of harm caused by others includes injuries from violence caused by an intoxicated assailant. The scope of harm stretches beyond the scope of examples (Laslett, Room, Ferris, Wilkinson, Livingston & Mugavin, 2011).

3.5. THEME 3: REMEDIAL SOLUTIONS TO MINIMISE UNDERAGE DRINKING

3.5.1. Subtheme 1: measures that were taken before to address the challenge of underage drinking in the community

“South African Police Service (SAPS) officers conducted an awareness campaign concerning substance abuse and underage drinking included. Social workers also conducted campaigns in schools several times regarding underage drinking. Love life as well did an awareness campaign on underage drinking and substance use and abuse in general.”

The research findings established that measures were taken before in the community in a form of awareness campaigns to educate the community about underage drinking and substance abuse in general. However, it is evident that the awareness campaigns concerning underage drinking have been effective in curbing the rampant drinking spree in Noblehoek because underage drinking.

With educators having the most realistic view of underage drinking, the communication between educators, parents and the community becomes an essential piece in the prevention and intervention of underage drinking (DeHaan & Bolievac, 2009).

3.5.2. Subtheme 2: strategies to curb the spate of underage drinking in the community

Participants suggested that it is imperative that every effort is made to curb underage drinking; while there are numerous factors that influence teenagers in relation to their

decision to commence drinking, those factors can be controlled by more awareness campaigns along with policy interventions. Overall, findings support the effectiveness of assortment of laws to reduce underage. In considering these measures, Miller, Levy, Spicer and Taylor (2006) suggest that, approaches which focus on regulating the access of young people to alcohol offer the greatest potential for minimising alcohol use and misuse by underage persons.

Some studies pointed out that, underage drinking is more likely to decrease when there are multiple policies in place (Wechsler, Lee, Nelson & Kuo, 2002; Nelson, Naimi, Brewer, & Wechsler, 2005), suggested that it may be the combination of policies or the number of policies that makes a difference. There is also preliminary evidence to suggest that some of these, including blood alcohol concentration (BAC) limits, laws prohibiting the use of fake identification, stronger purchase and possession laws are related to fewer alcohol-related car accidents or reductions in driving under the influence of alcohol (Chaloupka, Saffer & Grossman 1993; Wagenaar, O'Malley & LaFond, 2001; Cavazos-Rehg, Krauss, Spitznagel, Schootman, & Bierut, 2012).

3.6. CONCLUSION

This chapter provided the presentation and analysis of findings on the level of underage drinking, factors contributing to underage drinking, effects of underage drinking and strategies to minimize underage drinking in Noblehoek community. Qualitative data was presented, analysed and interpreted using themes, quotations and narrations. Moreover, it also comprises of discussions and literature, which supports the subject matter. The following chapter presents summary of major findings, conclusions and recommendations.

CHAPTER 4

SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

This chapter focuses on the summary of all the major findings gathered from the participants, it also includes conclusions drawn from the major findings as well as recommendations by the researcher drawn from major findings and conclusions. The purpose of this study was to explore factors that contribute to underage drinking, the effects thereof, and the strategies to reduce or prevent underage drinking in Noblehoek community through focus group discussions with teenagers in the community. In this chapter, the problem statement, the aim of the study, the objectives of the study, the research questions and research methodology are restated.

4.2. RESTATEMENT OF RESEARCH PROBLEM

Underage drinking is particularly a policy and a public health concern. Other than the direct health impact, drinking at younger ages increases the potential long-term costs to society. Underage drinking in South Africa occurs at significant levels and there has been strong growth in new alcohol products, including flavoured alcoholic beverages, which may have greater appeal to adolescents. Underage drinking reaches prevalence similar to adults for flavoured beverages in some income groups (Room, Babor & Rehm, 2005).

Research has established that underage drinking is correlated with high rate of violence, accidental death, arrests, school failure and teenage pregnancy (De Witte & Mitchell, 2012). On the same note, because underage drinking is illegal, alcohol consumption exposes adolescents to potential problems with the law, school and their families. Furthermore, because they are still growing, teenagers' nervous system may be susceptible to negative effects of alcohol. Moreover, underage drinking may preclude teenagers' participation in the normal childhood activities and interfere with healthy psychological and social development. In addition, underage drinking has been linked to other serious problems such as truancy, delinquent

activities, precocious sexual activity and future substance use and dependence among others (Huckle, Pledger & Casswell, 2006).

One of the most important public health and social issues facing South Africa is how to deal effectively and compassionately with underage, in making efforts to mitigate the problem of underage drinking, the government of South Africa through the National Liquor Act 59 of 2003 regulates the times when liquor may be traded. However, outlets such as supermarkets, bottle stores and taverns trade different times, and some of the unregulated outlets operate according to demand. In as much as the minimum legal drinking age is known to be 18 years and this information is displayed in retail shops and liquor stores, there are no proper measures to ensure that it is adhered. This makes alcohol easily and widely available and affordable to all races, gender and ages, despite of restrictions. The policies put in place to curb underage drinking, however, have proved to be futile since underage drinking is rampant. There is an urgent need to re-address these policies and strategies to combat underage drinking (Parry, 2005). The study, however, sought to fill the knowledge gap by focusing specifically on factors contributing towards underage drinking in Noblehoek community.

4.3. RESTATEMENT OF THE AIM AND OBJECTIVES OF THE STUDY

Aim

The aim of the study was to explore factors contributing towards underage drinking in Noblehoek community in Mopani District. The aim was achieved, as the study did explore factors contributing towards underage drinking in Noblehoek community through qualitative research.

Objectives

- To identify factors responsible for underage drinking in Noblehoek community.

This objective was achieved. The findings revealed factors that contribute to underage drinking in Noblehoek community based on the information obtained from participants.

- To examine the effects of underage drinking in Noblehoek community.

This objective was achieved. It was found that underage drinking has negative effects in the life of teenagers of Noblehoek community.

- To find out immediate remedial solutions to minimise underage drinking.

This objective was also achieved. The researcher made recommendations to minimise underage drinking, based on the major findings and conclusions.

4.4. RESTATEMENT OF RESEARCH METHODOLOGY

This study employed qualitative research methods, whereby an exploratory research design was utilised because the researcher had observed underage drinking in the context of Noblehoek and sought to understand more about it. Babbie and Mouton (2011) publicised that this design is important when the researcher seeks to examine a new interest or when the subject of the study is relatively new. Exploratory study is further conducted where there are few or no earlier studies to which references can be made for information. The sample was drawn from underage teenagers of Noblehoek community; the sample size consisted of 27 participants (16 males and 11 females) which represented the underage drinkers of Noblehoek. The participants were selected using snowball sampling. Lastly, data was collected through focus group discussions, whereby semi-structured interview guides were utilised.

4.5. MAJOR FINDINGS

- Majority of the participants had a mutual discernment that considered underage drinking as when a person who is below the age of 13 years drinks alcohol, and factors responsible for underage drinking as things that makes them to drink. It has become apparent that most of the teenagers in Noblehoek have a better understanding of the concept underage drinking as well as factors responsible for underage drinking. They are alert about underage drinking and yet do not comprehend it as a problem; they are overlooking its harms.

- Concerning factors responsible for underage drinking, majority of the participants reported various ways in which their families, peers and the media and other personal factors influence them to indulge in underage drinking. Understanding factors responsible for underage drinking is crucial in order to recommend remedial solutions to curb underage drinking.
- Majority of the participants had reported low level of underage drinking in Noblehoek; conversely, among those who drink, underage drinking is relatively high for males as compared to females. Likewise, the researcher was not able to obtain the targeted number of 30 participants but found 27 participants; moreover, of the number obtained, the majority of the underage teenagers who drink were males. Since underage drinking is low in the community, this indicates that the awareness campaigns that were conducted in the community concerning underage drinking were effective because nowadays most teenagers of Noblehoek seem to value and prioritize education than alcohol.
- This study has proved beyond any doubt that underage teenagers of Noblehoek are susceptible to varying effects of alcohol use. Majority of the teenagers have reported various ways in which alcohol has affected them, academically, socially and legally just to name a few. Underage drinking has led to poor academic performance, repeating same grades, school drop-outs, having unprotected or unplanned sex of which some resulted in unplanned pregnancies, having sex with multiple partners, engaging fights and getting arrested. This does not only affect the teenagers but also their families and the community at large.

Majority of the participants pointed out that the community has made efforts before to mitigate underage drinking through awareness campaigns conducted by various stakeholders such as Social workers, SAPS officers, and Love Life. Most if not all respondents alluded that they have been taught about underage drinking through awareness campaigns conducted on different occasions in schools and in the community by various stakeholders.

However, as much as the community was educated on several occasions about underage drinking and its harms, there are still defies that impinge the community's exertion to curb underage drinking. Majority of the participants have indicated that they are allowed to enter into taverns and buy alcohol regardless of their age.

4.6. IMPLICATIONS OF THE FINDINGS STUDY OF THE ON SOCIAL WORK POLICY AND SOCIAL WORK PRACTICE

This study provides several implications for social work policy and social work practice. Underage drinking is a compelling and critical problem for social work, because social workers encounter alcohol misuse in a broad range of practice settings. It directly or indirectly relates to every domain of well-being about which the profession is concerned: achieving basic needs for individuals and families health safety, social relationships, self-actualization, social institutions, social policy, and global relations. Underage drinking problems are truly bio-psychosocial in nature; this is the core tent of the social work profession (Cavanaugh & White, 2003).

For social work practice, findings of the study put forward that families, peers, media, curiosity and experimentation, stress coping mechanism, lack of recreational facilities, lack of parental supervision are influential factors for underage drinking. The implementation of school-based or community-based preventative programs is enormously needed to prevent teenagers from using alcohol. Moreover, given their numerous strength in working with individuals and families, social workers can effectively combine these personal and environmental factors to help teenagers and their families deal with underage drinking problems (Cavanaugh, kraft, Muck & Merrigan, 2011).

For instance, the programs should provide the teenagers with skill to deal with alcohol or substance-using friends such as how to refuse or avoid using alcohol when their peers offer them. Furthermore, social workers should collaborate with families, schools, churches and other non-governmental organisations (NGOs) to design programs or training sessions to increase and strengthen individual abstinence among teenagers. These programs need to make the teenagers recognize consequences of underage drinking and the importance of abstinence from alcohol.

Social workers should closely work with parent and their peers to encourage strong support, monitoring and disapproval towards underage drinking (Cavanaugh & White, 2003).

To help parents effectively fulfil their supportive role, social workers should provide them with skills to establish close relationships with the teenagers, that will assist them to identify alcohol or substance using behaviours among teenagers, and effectively deal with alcohol and other substance using behaviours. Findings of this study also suggest some implications for policy makers. Under social work perspective, using prevention and treatment methods for helping teenagers deal with alcohol is strongly encouraged to replace current law enforcement strategy because of humanity and effectiveness of these methods. These teenagers can change their problem behaviour with active support from social workers, schools, families and friends through implementation of combined programs for teenagers, (Cavanaugh, Kraft, Muck & Merrigan, 2011).

4.7. CONCLUSIONS

Adolescence is a one of the crucial stages of development and in during this stage, teenagers are prone to risk taking, which includes underage drinking. The teenagers of Noblehoek stated various grounds for indulging in alcohol. It is the researcher's robust outlook that alcohol laws and policies are not well studied and enforced, and as a result contributes to underage drinking in Noblehoek community, because minors are furnished with alcohol by retailers, peers and other adults. It is evident that they need they need support to refrain from such behaviour. From the findings, conclusion can be drawn that alcohol retailers in Noblehoek do not cogitate the minimum legal drinking age, as long as they made profit. Therefore, combating underage drinking need a collective approach through assortment of laws. It is therefore, the responsibility of teenagers, parents, social workers, educators, health professionals, the community at large and other stakeholders to join forces in combating underage drinking.

4.8. RECOMMENDATIONS

This study sought to explore factors contributing towards underage drinking among teenagers of Noblehoek community. It is the researcher's hope that the below

mentioned recommendations are implemented and will succour in combating underage drinking not only in Noblehoek community but also nationally.

- Support structures such as Teenagers Against Drug Abuse (TADA) should be introduced in schools, and teenagers should be encouraged to participate in such structures. The support structure should include victim empowerment programmes for those who are already involved in underage drinking and other drug abuse. The Departments of Education, Health and Social Development should be the primary actors in such support structures.
- Most if not all participants indicated that they are allowed in taverns to buy alcohol and in illegal alcohol retailers. It is evident that some of the retailers do not comply with the National Liquor Act no. 59 of 2003 that was implemented. It is therefore recommended that policy makers in South Africa strengthen their strategies to implement, evaluate and enforce polices to ensure compliance.
- Tavern owners, entrepreneurs, teenagers, parents and the communities need to be educated about the National Liquor Act no. 59 of 2003 and underage drinking because they can play a role in ensuring compliance and also be encouraged to report non-compliance.
- Parents should be encouraged to establish support groups, where they will share their experiences about their children's drinking and other drug abuse problems, and discuss ways to support their children in combating underage drinking.
- The South African Police Service (SAPS) should collaborate with the community through the traditional leaders and the community policing Forum by patrolling on the streets and in taverns to help combat underage drinking.

4.9. PROPOSED TOPICS FOR FUTURE RESEARCH

- The effects of liquor price on underage drinking.
- The influence of unlicensed liquor outlets on underage drinking in disadvantaged communities.
- Effectiveness of sanctions and law enforcement on underage drinking.

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APPENDIX A: PARTICIPATION IN STUDY CONSENT FORM

EXPLORING FACTORS CONTRIBUTING TOWARDS UNDERAGE DRINKING IN NOBLEHOEK COMMUNITY IN MOPANI DISTRICT IN LIMPOPO

THE CONSENT FORM

My contact number: 079 529 6993

Dear participant

My name is Monyipote Saghwati Nthabiseng Desiree. I am a master's student in Social Work at the University of Limpopo, Turfloop Campus. The research study on an exploration of contributory factors towards underage drinking in Noblehoek community in Mopani District in Limpopo is part of my masters' degree programme. As part of the study, I am expected to collect data from identified participants and that includes you. During the data collection, the researcher will make use of an interview schedule.

You are kindly invited to be a participant in this study. The session will take approximately one and half hours. You are kindly requested to read and sign the informed consent provided to you. The participation in this study is voluntary and anonymous.

Thanking you in anticipation.

Ms Monyipote Saghwati Nthabiseng Desiree

Masters Social Work Candidate

University of Limpopo, Turfloop Campus

Signature: _____

Date: _____

DECLARATION OF CONSENT

I, _____, hereby give permission to voluntarily participate in this research study with the following understanding:

Nature of the Research

- The Social Worker, Ms Monyipote Saghwati Nthabiseng Desiree, from University of Limpopo (Turfloop Campus) is conducting the research.
- The research forms part of the requirements for Ms Monyipote Saghwati Nthabiseng Desiree's master degree in Social Work.
- Information will be collected by means of interview schedules.

My rights as the participant:

- I cannot be forced to participate in this study.
- I have the right to withdraw from the study at any given time.
- I have the right to decline to answer any question(s) I am not comfortable with.
- I will remain anonymous and my name and identity will be kept from public knowledge.
- Any information I reveal during the process of this study shall remain confidential, shall only be used for the purposes of this research and for publication in Ms Monyipote Saghwati Nthabiseng Desiree's thesis, and relevant or appropriate publications.
- I grant permission for any information I reveal during the interview process, with the understanding that data collected will remain in possession of the interviewer, Ms Monyipote Saghwati Nthabiseng Desiree and her supervisor.

Signature of participant: _____ Date: _____

DECLARATION OF CONSENT FORM BY PARENT(S) ON BEHALF OF THE CHILD

I, _____ the parent of the participant, out of free will, hereby agree to that my/the child (ren) voluntarily participate in the study of an exploration of contributory factors towards underage drinking in Noblehoek community in Mopani District with the following understanding:

Nature of the research

The Social Work Researcher, Ms Monyipote Saghwati Nthabiseng Desiree, from the University of Limpopo, Turfloop Campus is conducting the research. The research form part of the requirements for Ms Monyipote Saghwati Nthabiseng Desiree master's degree programme. The information will be collected by means of focus group discussions.

Rights of my child as a participant

The child (ren) will not be forced to participate in this study. The child (ren) will have the right to withdraw from the study at any given time, have the right to decline to answer any question(s) if not comfortable with it. The child (ren) will remain anonymous as name(s) and identity will be kept from public knowledge, and any information revealed during the process of this study will remain confidential, as it will be used for the purposes of this research and for the publication in Ms Monyipote Saghwati Nthabiseng Desiree's thesis or appropriate publications. I grant permission for any information the child (ren) will reveal during the interview process, with the understanding that the data collected will remain in possession of the interviewer, Ms Monyipote Saghwati Nthabiseng Desiree and her Supervisor.

Signature: _____ Date: _____

APPENDIX B: INTERVIEW SCHEDULE

INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSIONS WITH TEENAGERS ENGAGING IN UNDERAGE DRINKING

PERSONAL INFORMATION

Gender

Age

Language

Role in the community

Period of stay in the community

THEMES FOR DISCUSSION

Identifying factors responsible for underage drinking in Noblehoek community

- According to you, what is the level of underage drinking in this community?
- In your own understanding, what do you think motivates underage drinking in this community?
- Mass media, peer influence and family backgrounds, do they have a contribution towards underage drinking in this community?
- With your experience as young people, do you think drinking alcohol at an underage is motivated by learning from others or there are other reasons?

Analysing the effects of underage drinking in Noblehoek community

- Based on your experience, has the issue of underage drinking ever brought any frustration to your day-to-day operations in school?
- Have you ever got in trouble with the law or with your families because of drinking at an underage?
- Can you share with me the things that you regret doing as a result of drinking alcohol?

Recommending immediate remedial solutions to minimise underage drinking

- What measures were taken before to address the challenge of underage drinking in this community?
- In your view, what do you think needs to be done to curb the spate of underage drinking in this community?