

KNOWLEDGE, ATTITUDES, AND PRACTICES REGARDING ALCOHOL USE AMONG EARLY ADOLESCENTS AT PRIMARY SCHOOLS IN JOHANNESBURG

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ABSTRACT

Alcohol use among early adolescents is a growing problem in South Africa (SA). To determine the knowledge, attitudes and practices regarding alcohol use among early adolescents at primary schools in Johannesburg, a cross-sectional study from September 2023 to November 2023 was conducted. A sum of 215 early adolescents (54.9% female, 44.7% male) aged between 9 and 15 completed self-administered, anonymised, paper questionnaires. The results revealed that 100% of the respondents knew that children should not consume alcohol, above 80% held a negative attitude towards underage drinking but 13.5% had already consumed alcohol. Notwithstanding, many of the adolescents noted inclusive school-based alcohol prevention interventions as an effective approach to curb underage drinking. Such a study is relevant for health promotion specialists and policy makers aiming to implement early interventions to address early alcohol consumption.

Keywords: Knowledge, attitudes, practices, alcohol, early adolescents

INTRODUCTION

The United Nations (UN) Sustainable Development Goals (SDG) 2015–2030 include target 3.5, which emphasises the need to increase efforts to prevent substance abuse, including excessive alcohol consumption (Room, Cook & Laslett, 2022). Adolescents are highly susceptible to alcohol abuse worldwide, but recent research indicates that adolescents who are enrolled in school in some Western and non-Western nations are consuming less alcohol (Smith, Lopez Sanchez, Pizzol,

Oh, Barnett, Schuch, Butler, McDermott, Ball, Chandola-Saklani, Shin & Koyanagi, 2024; Wen, 2024). However, early adolescent alcohol use in South Africa has become a problem, with 67% of adolescents between the ages of 11 and 18 reporting that they have drunk alcohol at least once in their lifetime (Bhana & Groenewald, 2019; Ntsako, 2019). Early or young adolescents are those who are between the ages of 10 and 14 according to the World Health Organization (WHO, 2023). Early adolescent alcohol use has been linked to a number of factors, including peer

pressure, easy access to alcohol, aspirational alcohol advertisements, and permissive parenting (Pedroni, Dujeu, Leb-acq, Desnouck, Holmberg & Castetbon, 2021; Sekhejane, Tirivanhu, Motala, Dabata, Chambale, Mcata, Mokhele, Weir-Smith, Ubisi, Tshitangano, Zama, Mkhongi & Ngandu, 2020; Sebopa, 2021; Staff & Maggs, 2020; Kaner, Islam & Lipperman-Kreda, 2022). Teenage pregnancy, delinquency, long-term alcohol dependence, drug abuse, stunted mental and physical development, sexually transmitted infections including death are just a few of the many negative effects of early alcohol (Bhana & Groenewald, 2019; Isaksson, Sjöblom, Stone, Stickley & Ruchkin, 2020).

Although there is a lack of study about the causes of early adolescent alcohol use (Skylstad, Babirye, Kiguli, Skar, Kühl, Nalugya, & Engebretsen, 2022a; Skylstad, Nalugya, Skar, Opesen, Ndeezi, Okello, Moland, Engebretsen & Tumwine, 2022b; Aware.org, 2019). Various studies have examined the causes of adolescent alcohol consumption among middle to late adolescents, noting that these young people's decision to consume alcohol is influenced by a variety of factors, including socialisation in different contexts, peer pressure, parental attitudes and behaviours toward alcohol, the family's socioeconomic status, ease of access to alcohol, constant alcohol advertising, and the school environment (Mmereki et al. 2022; Chauke et al., 2015; Maserumule, Skaal & Sithole, 2019; Berglund, Boson, Wennberg & Gerdner, 2022; Sekhejane et al., 2020). According to reports, adults in South Africa drink heavily (Ebrahim, 2022), and Chauke et al. (2015) found that adolescents who witnessed their parents drinking on a regular basis acknowledged that they also did so. Maliba (2019) revealed that parents do

not believe they are breaching South African law when they allow their minor children to drink alcohol in front of or with them. In addition, a lot of parents allow their adolescents to attend parties where alcohol is served, and binge drinking occurs (Duba, 2023). Parents see this behaviour as a kind of harm reduction because it allows them to keep an eye on their adolescents' alcohol consumption patterns and provide guidance.

Ramsoomar, Morojele, and Norris (2013), further elaborate that adolescents' decisions to drink alcohol are also influenced by their mothers' educational and socioeconomic status. Highly educated and socioeconomically accomplished mothers were less likely to have alcohol-consuming adolescents (Ramsoomar, Morojele & Norris, 2013). However, despite research showing that mothers in South Africa have higher levels of education than fathers (Manyathela, 2018), underage drinking is still a problem in many areas. This could be explained by the fact that many families in black and coloured communities are experiencing a decline in their socioeconomic status because of the nation's economic woes (Gumbi & Parakosov, 2024). The triple challenge, which is defined as an overlap of unemployment, inequality, and poverty, affects the nation (Gumede, 2022). About 13.2 million people in South Africa live in extreme poverty, with the poverty threshold being 2.15 US dollars per day, according to Cowling (2025). The poorest racial groups in South Africa are black and coloured people; Nqola (2021) reports that roughly 64% of black and 40% of coloured people in the country live in extreme poverty. It is in low-income black and coloured communities that the triple challenge/threat is a major contributing

factor to social ills like substance abuse and criminality (Gumede, 2022).

Early alcohol use is also encouraged by peer pressure (Chauke et al., 2015), which is the pressure to adopt attitudes and behaviours that are considered acceptable and popular among peers. Peer pressure among adolescents and the individual drinking habits of those young people are frequently related (Ivaniushina & Titkova, 2021). The fear-of-missing-out (FOMO) frequently results in social influence and social selection among adolescents whereby adolescents adjust their behaviour to fit the social norms of their friends, and they frequently choose to associate with peers who exhibit popular behaviour (Montgomery, Donnelly, Bhatnagar, Carlin, Kee & Hunter, 2020). According to Chauke et al. (2015), alcohol and other substances are accepted in South African society to such an extent that adolescents encourage one another to take drugs, make jokes about drinking, and wear T-shirts with alcohol slogans. This tolerance is attributed, in part, to the substances' easy accessibility. In addition, alcohol and other substances are frequently served at gatherings where adolescents celebrate finishing school, at so-called *pens-down* parties which leads to binge drinking (Duba, 2023; Oosthuizen, 2022).

A study conducted by Euromonitor on behalf of the South African alcohol industry revealed that the country's black market for alcohol is estimated to be worth more than R20 billion (Mashego, 2021). The black market thrives in many illegal establishments in black and coloured communities, such as taverns and shebeens, which are located in neighbourhoods, and close to schools, and permitting easy access to alcohol for minors (Sefularo, 2022). The Enyobeni tragedy that

happened in the Eastern Cape Province of South Africa whereby 21 adolescents were killed as result of alcohol poisoning, the youngest aged 13, took place in a low-income, predominately black community (Jubase & Ellis, 2022). Such a tragedy occurred despite the National Liquor Act 59 of 2003, outlining the regulatory measures for the safe sale and distribution of alcohol in the nation and stating the penalties for non-compliance, such as paying a fine of R100, 000 or a five-year prison sentence for selling alcohol to minors (Government Gazette, 2004; Semosa, 2022).

The Liquor Amendment Bill (Ntshidi, 2021; Head, 2020) was heavily pushed for after this tragedy by lobby groups like the Southern African Alcohol Policy Alliance (SAAPA). This bill aims to do the following: raise the legal drinking age in South Africa from 18 to 21 years old; increase the price of alcohol; increase taxes on alcoholic beverages; decrease the amount of alcohol sold by establishments without a liquor license; and decrease alcohol advertisements, especially on social media, where adolescents are heavily present (Nkanjeni, 2021). But the bill has not been put into effect yet, and there is more aggressive alcohol marketing going on, which encourages underage drinking.

Alcohol glamourisation in the media has also been found to be a contributing factor to adolescent alcohol consumption (Sebopa, 2021; Morojele, Lombard, Harker-Burnhams, Petersen-Williams, Nel & Parry, 2018). Mass media and social media has become so ingrained with alcohol advertisements that it is impossible to ignore their impact on the youth. These advertisements showcase the glamorous lives of young people who, after drinking, experience success, love, acceptance

from others, and wealth. According to a study by Morojele et al. (2018) for the International Alcohol Control in South Africa, adolescents who are exposed to alcohol advertisements through seven different media channels are more likely to drink than those who are exposed to fewer or no alcohol advertisements. According to a study conducted by the Soul City Institute of Social Justice, these characteristics entice adolescents to consume alcohol (Mokati, 2017). Moreover, improved alcoholic beverages contain sweeteners and favourable flavours (Spinelli, Cunningham, Prescott, Monteleone, Dinnella, Proserpio & White, 2024) which appeal to the youth. The South African government drafted the Control of Marketing of Alcoholic Beverages Bill in 2012 with the intention of restricting alcohol advertising, marketing, promotion, and sponsorship to points of sale to the public, especially minors. This bill was written prior to the proposal in the Liquor Amendment Bill, but it has not yet been put into effect (Bertscher, London & Orgill, 2018).

Although education regarding underage drinking can either increase or decrease adolescent alcohol consumption, schools are a great place to teach adolescents about the risks associated with underage drinking (Chauke et al. 2015; Mohale & Mokwena, 2020; Mokwena & Sindane, 2020). School-based alcohol prevention interventions have been implemented by non-governmental organisations (NGOs) and the government, in alignment with the National Drug Master Plan (NDMP) to raise awareness about the risks associated with adolescent alcohol consumption (Government of SA, 2020). The government school programs consist of co-curricular activities carried out through peer education programs and interventions

incorporated into the curriculum through the Life Orientation/Life Skills subject area (DBE, 2021). The South African National Council of Alcoholism and Drug Dependence (SANCA) conducts a range of discussions, displays, and educational initiatives to educate and prevent substance use (SANCA, 2023). Although there are school-based alcohol prevention programs in place to raise awareness of the risks associated with underage drinking, it appears that these programs are not very successful in stopping underage drinking.

The interventions that are in place do not seem to recognise the knowledge, attitudes and behaviours that adolescents have regarding alcohol consumption, and they miss the chance to collaborate with young people. More especially early adolescents, who have become susceptible to underage drinking. The Global North's adolescent healthcare system has successfully implemented the concepts of inclusion and collaboration (Meinhardt, Cushbert, Gibson, Fortune & Hetrick, 2022; Harris, Shaw, Lawson & Sherman, 2016; Stigler, Neusel & Perry, 2011). These same ideas form the foundation of the Ubuntu philosophy in South Africa, and academics have recognised the benefits of incorporating these ideas into basic education (Vandeyar & Mohale, 2022). But it does not seem like this application exists for this harmful issue of underage drinking. Additionally, adolescents in the twenty-first century are requesting more and more to be included in interventions that are aimed at them (Watt, 2018; Manganga, 2020), which offers a chance to understand and incorporate their expertise and experiences. Since adolescents will become parents, leaders, and members of the workforce in the future, it is imperative to listen to them and protect both their and society's

wellbeing. It is upon this premise that this study aims to determine the knowledge, attitudes and practices regarding alcohol use among early adolescents at primary schools in Johannesburg.

METHOD

Design and participants

A descriptive, cross-sectional study was conducted. The study population was early adolescents attending predominantly black and coloured primary schools in Johannesburg. Two-hundred and fifteen early adolescents were selected for this study using a random sampling technique. Random sampling involves randomly selecting a portion of participants from the population with the advantage of each member of the population having an equal opportunity of being selected (Pilcher & Cortazzi, 2023). The sampling criteria included black and coloured early adolescents, attending primary schools in Johannesburg. The mean age of the early adolescents was 11 to 12 years old in an age range of 9 to 15 years, and the sample was divided between 54.9% females and 44.7% males.

Data collection and procedures

Research conducted on minors, requires special permissions, to protect minors from any harm. For this study, ethical clearance was obtained for the study from the University of Johannesburg Faculty of Humanities research ethics committee (REC-01-241-2020). Permission was also obtained from the Gauteng Department of Education to conduct research at the three identified primary schools in Johannesburg. Following which, permission was requested from principals at the three primary schools who had permission from

the early adolescent learners' parents to conduct the study. They were made clear about the study objectives and the voluntary participation of the early adolescent learners. Prior to the questionnaires being conducted with the early adolescents, verbal assent was obtained, and the confidentiality of their responses was assured. The respondents were informed that their responses were anonymised and thus their personal identifiable information would be excluded. To ensure the validity of the questionnaire, a pilot test was conducted with the respondents to ensure that they understood the survey questions which were phrased in English. This was important because as black and coloured learners English is often their second or third language. The self-report questionnaires were administered by the researcher and a research assistant, who perused each questionnaire for completion. Following the completion of the questionnaires, the respondents were thanked for their cooperation.

Measurement tool

Self-administered anonymised, paper questionnaires consisting of questions about the knowledge, attitudes and practices of early adolescents about under-age drinking were conducted. A screening question in the beginning of the questionnaire was included to find out whether the early adolescents knew what alcohol is. The screening question excluded learners who did not know what alcohol is from completing the rest of the questionnaire. To ensure the reliability of the questionnaire, Cronbach's alpha was used, which measured a high internal consistency of 0.8 for the knowledge, attitude and practices questions regarding early adolescent alcohol use.

Data analysis

Data were analysed using IBM SPSS 29, a software that provided the researcher with reliable and visual representations of the data. The numerical data were analysed using central tendency and dispersion. Frequency tables and two-by-two contingency tables were used to analyse the categorical variables.

RESULTS

Demographic data

A sum of 218 early adolescents responded to the questionnaire. In the analysis, 215 (98.6%) completed the questionnaire and were included in the study but 3 (1.4%) were excluded because they did not know what alcohol is. Among the 215 adolescents, 118 (54.9%) were female while 96 (44.7%) were male (Table 1). A total of 181 (84.2%) were black African, 26 (12.1%) were coloured and the other adolescents were other races. The majority of the respondents, 118 (54.9%), were aged between 9 to 11 years old while 97 (45.1%) were aged 12 to 15 years old. The median age was 11 to 12 years, and this age group was in Grade 6. A sum of 78 (28.7%) early adolescents resides with both parents, with one parent being a non-biological.

Knowledge

The main conclusions regarding the causes and risks of underage drinking, along with the knowledge sources regarding these topics, are shown below in table two (a) and (b). The inquiries made included closed-ended inquiries that only accept 'yes' or 'no' responses and Likert-scale inquiries that range from 'not at all' to 'very much'. These results attempted

Table 1. Demographic characteristics

	Total (n = 215)	
	n	%
Gender		
Male	96	44.7
Female	118	54.9
Race		
Black African	181	84.2
Coloured	26	12.1
Indian	6	2.8
White South African	1	0.5
Age		
9	15	7.0
10	47	21.9
11	56	26.0
12	56	26.0
13	30	14.0
14	7	3.3
Older than 14	4	1.9
School Grade		
Grade 4	46	21.4
Grade 5	62	28.8
Grade 6	66	30.7
Grade 7	41	19.1
Family structure		
Father	6	1.3
Mother	55	11.5
Both parents	131	27.3
Siblings	141	29.4
Grandfather	33	6.9
Grandmother	15	3.1
Uncle	24	5.0
Aunt	33	6.9
Cousin/s	27	5.6
Friend/s	11	2.3

to address the initial study objective regarding the understanding of alcohol use among early adolescents. The kinds of inquiries among the questions were: a) understanding of whether kids should consume alcohol; b) the legal aspects c)

the effects of underage drinking, d) risks associated with underage drinking, and e) informational sources on the subject.

The information showed that adolescents possess high knowledge about the causes of underage drinking. Importantly, 100% of the adolescents agreed that children should not consume alcohol despite 57.7% lacking knowledge about the South African government's legal consequences of children consuming alcohol. Above 65% of the adolescents agreed that lack of knowledge about the dangers of alcohol increases their risk of consuming it. Above 60% of the adolescents noted cool

advertisements and the curiosity about the taste of alcoholic beverages as causes of underage drinking. Although over half of the adolescents disagreed that adolescents who are having issues at home could drink alcohol, 53.3% contrarily revealed that seeing parents consuming alcohol may encourage them to start consuming it. This may likely be because a mere 33% of adolescents learned about the causes and dangers of underage drinking from parents. Interestingly, above 50% of the adolescents disagreed that challenges experienced at school and peer-pressure caused underage drinking. Similarly, above 50% of

Table 2a. Responses for knowledge items

	% Yes	% No
Causes of underage drinking		
Know dangers of alcohol	67.9	32.1
See cool adverts	63.7	36.3
Curious about taste of alcohol	65.6	34.4
Problems are home	42.3	57.7
Problems at school	35.8	64.2
Pressure from friends	47.9	52.1
Parents/guardians drinking alcohol	53.3	46.7
Friends drinking alcohol	50.7	49.3
Stay close to a shebeen or tavern	39.1	60.9
Dangers of underage drinking		
Damaged brains	87.0	13.0
Damaged bodies	87.9	12.1
Problems at school	82.8	17.2
Problems at home	86.5	13.5
Use drugs	77.7	22.3
Become sexually active	78.6	21.4

Table 2b. Responses for knowledge items

	% Not at all	% A little bit	% Much	% Very much
Information sources				
Parents/guardians	44.7	15.8	6.5	33.0
Friends	57.2	15.8	10.7	16.3
School	42.3	11.2	10.7	35.8
SANCA	57.2	3.3	1.9	37.7

participants observed that observing their friends consuming alcohol could prompt them to do the same, and they do not learn anything about alcohol from friends. Like the lacking education of adolescents about alcohol by parents or guardians, a low 30% reported that they learn about these risks from school or visiting NGOs. The adolescents also acknowledged the effects of the external environment on underage drinking; 60.9% noted that residing near a shebeen or tavern may encourage adolescents to consume alcohol.

Concerning the dangers of underage drinking, the adolescents also possessed high knowledge. Above 75% of the adolescents, revealed that early alcohol consumptions can cause brain damage, bodily damage, promote drug usage and early sexual activity.

Attitudes

The main conclusions regarding the attitudes of early adolescents toward alcohol consumption are shown in table three (a) and (b) below. Closed-ended questions with 'yes' or 'no' responses were mixed in with Likert-scale inquiries concerning a) perceptions of underage drinking; b) appropriate ways to stop underage drinking; and c) opinions of school-based interventions for alcohol prevention.

According to the data, the adolescents held negative attitudes about underage drinking with above 80% of the respondents noting that they did not think drinking alcohol was 'cool', and they did not think their friends would like them if they consumed alcohol. This aligned with the knowledge data above, whereby half of the adolescents refuted that

Table 3a. Responses of attitude items

	% Yes	% No
Perceptions of underage drinking		
Drinking alcohol is cool	12.1	87.9
Likeability by friends when drinking alcohol	15.8	84.2
Alcohol conversations uncomfortable	65.1	34.9
Parents should not send children to buy alcohol	86.5	13.5
Shebeens and liquor stores proximity to schools	92.1	7.9

Table 3b. Responses of attitude items

	% Not at all	% A little bit	% Much	% Very much
Acceptable ways to stop underage drinking				
Educational programmes	20.5	9.3	12.6	57.7
Family programmes	20.9	11.2	10.7	57.2
School programmes	21.9	10.2	7.9	60.0
NGO programmes	19.5	13.0	12.1	55.3
Opinions of school-based alcohol prevention programmes				
Work with parents	20.9	13.0	10.2	55.8
Work with NGO	21.4	14.9	8.8	54.9
Use fun learning activities	26.5	13.0	9.3	51.2
Understandable language	21.4	13.0	11.6	54.0
Build confidence	25.1	8.8	7.4	58.6

friends and peer pressure are influencers of underage drinking. Perhaps as a result of the low education about the dangers and causes of underage drinking by parents and schools, 65.1% of adolescents considered it awkward to discuss alcohol. Yet, 86.5% believe that parents should not let their kids buy alcohol; and a high 92.1% think that shebeens and liquor stores should not be located near schools. More than half of the respondents agreed that educational TV shows (57.7%), family programmes (57.2%), NGO programmes (55.3%) and school programmes can prevent underage drinking. Importantly, the majority of respondents concurred that

school programs that engage parents (55.8%), work with a substance abuse focused NGO (54.9%), use enjoyable learning activities (51.2%), use language that is easy to understand (54.0%), and help students build confidence (58.6%) would probably reduce underage drinking.

Practices

The main conclusions about underage drinking behaviours among early adolescents are shown in table four (a), (b) and (c). The questions included Likert-scale inquiries as well as closed-ended inquiries with 'yes' and 'no' responses. with responses varying from 'unlikely' to 'very

Table 4a. Responses of practice items

	%Very unlikely	% Unlikely	% Likely	% Very Likely
Likelihood of alcohol practices before 18 years old				
Secretly drink alcohol	63.7	18.1	4.7	13.5
Accept a drink	77.2	12.1	1.9	8.8
Buy alcohol	85.1	6.0	3.3	5.6

Table 4b. Responses of practice items

	% Yes	% No
Practices about alcohol		
Bought alcohol for parents	17.7	82.3
Bought alcohol for friends	14.9	85.1
Been in a shebeen or tavern	28.4	71.6
Been in a liquor store	38.1	61.9
Attended a party where there was alcohol available	100	0

Table 4c. Responses of practice items

	% Not at all	% A little bit	% Much	% Very much
Methods to stop underage drinking				
Report underage drinking	20.0	11.6	8.8	59.5
Discuss underage drinking with parents	20.0	13.5	12.6	54.0
Discuss underage drinking with friends	26.5	16.3	13.0	44.2
Discuss underage drinking with teachers	26.0	12.1	14.4	47.4
Ask questions about	23.3	18.1	8.4	50.2
Share ideas	17.8	11.7	10.3	60.3

likely'. The information gathered relates to the respondents' a) propensity to consume alcohol prior to turning eighteen, b) underage drinking habits, and c) their methods to stop underage alcohol consumption.

The information shows that adolescents do practice underage drinking despite their high knowledge and negative attitude towards it. Thus while 13.5% of respondents said they would drink in secret, most respondents said they were extremely unlikely to buy alcohol for themselves (85.1%), accept a drink from someone (77.2%), or drink in secret (63.7%). While some respondents (17.7%) said they had purchased alcohol for their parents, most respondents (82.3%) said they had not. 85.1% of respondents said they had never purchased alcohol for friends, and 71.6% said they had never visited a shebeen or tavern. However, 61.9% had visited a liquor store, and 100% had gone to a party where adults could purchase alcohol. Despite their concerning results about alcohol consumption practices, the adolescents demonstrated their knowledge about the risks of underage drinking by revealing that they would report underage alcohol consumption by children to a trusted adult (59.5%), discuss underage drinking with parents (54.0%), ask questions about things they do not understand (50.2%), and discuss what should be done about underage drinking (60.3%). However, the adolescents seemed reluctant to discuss underage drinking with teachers (47.4%) and friends (44.2%).

DISCUSSION

Skylstad et al. (2022a) point out that research on or with early adolescents has

tended to be overlooked, which is problematic for addressing the growing problem of underage drinking in countries such as South Africa. Most studies look at alcohol use through the eyes of middle and older adolescents, young adults, or other stakeholders involved with adolescents (Skylstad et al., 2022a; Skylstad et al., 2022b; Aware.org, 2019). Although these studies have revealed that various intrapersonal, interpersonal, small-group, and mass media factors influence an adolescent's choice to consume alcohol (Mmereki et al., 2022; Chauke et al., 2015; Maserumule, Skaal, & Sithole, 2019; Berglund, Boson, Wennberg & Gerdner, 2022; Sekhejane et al., 2020), they do not assess the perspectives of early adolescents. This study revealed that there is a growing problem of underage drinking among black and coloured young people. These adolescents, regardless of age or gender, were well-versed in the causes and dangers of underage drinking despite the lacking education about this social ill in the home by parents or guardians and at school by teachers or NGOs. However, despite the high knowledge about the risks and causes of early alcohol use, 13.5% of the adolescents had consumed alcohol, indicating that there is a need for improved and relevant education about the risks of underage drinking to eradicate early consumption.

Many adolescents disagreed that there is a connection between alcohol consumption at home and underage drinking. Yet, studies by Mmereki et al. (2022); Chauke et al. (2015); Maserumule, Skaal, and Sithole (2019); Berglund, Boson, Wennberg and Gerdner (2022); Sekhejane et al. (2020); Ramsoomar et al. (2013), proved that parents' attitudes and behaviours about alcohol influence their

adolescents. Because younger minors rely more heavily on the guidance of parents or guardians than older adolescents, they are less susceptible to peer pressure and it is the perceived conduct of their role models, parents and guardians, that influences their thinking and behaviour (Weintraub, 2018; Weymouth & Buehler, 2018). Moreover, the drinking culture in South Africa, where all social events must include alcohol, and 'Phuza Thursdays', which has become widely accepted as a drinking weekday (Vivier, 2018; Sekhejane et al., 2020), has created less stigma about alcohol use in homes. Moreover, 65.6% of adolescents in the results revealed that curiosity about the taste of alcohol can encourage underage drinking, likely because of the constant display of alcohol advertisements on television, which glamorise alcohol and contribute to its normalization in the mind and at home. There is a scarcity of research on this topic, particularly given the prevalence of sweet-tasting, fruity alcoholic beverages on the market aimed at young people (Spinelli, 2024).

Furthermore, contrary to the literature, the findings show that more than half of the adolescents do not see domestic problems as a cause of underage drinking. This contrasts with research findings that South Africa is plagued by a culture of violence and crime rooted in substance abuse (Gumede, 2022). This is in addition to the triple challenge of poverty, unemployment, and inequality, all of which have a significant impact on the lives of South African citizens and youth, particularly those in low-income black and coloured communities (Gumede, 2022). These issues have a direct impact on the opportunities and consequences that young people face as they transition

from childhood to adulthood, particularly in terms of substance abuse - alcohol is frequently the first drug of choice for adolescents seeking to cope with negative emotions.

Likewise, more than 80% of adolescents held negative attitudes towards alcohol consumption, with more than half of the adolescents stating that seeing friends drink alcohol did not encourage them to drink. Agreeably, studies show that it is middle to late adolescents who are more likely to begin drinking alcohol due to peer pressure (Chauke et al., 2015; Ivaniushina & Titkova, 2021; Oosthuizen, 2022; Baron, 2018). Puberty peaks during middle adolescence, increasing feelings of rebellion and desire for new experiences (El Kazdoun, El-Ammari, Bouftini, El Fakir, & El Achhab, 2018). Adolescents begin practicing social selection at this stage of development to overcome the fear-of-missing-out (FOMO) and be socially accepted within peer circles. To fit in with these social circles, they are willing to participate in a variety of activities, including alcohol consumption. Chauke et al. (2015), Maserumule et al. (2019), and Mmereki et al. (2022) discovered that adolescents who consume alcohol are more likely to have friends who do the same.

Although adolescents are aware of the dangers of underage drinking and 86.5% agree that parents should not send their children to buy alcohol and alcohol outlets should not be near schools, most adolescents have been in social settings where alcohol was present for adults' consumption, and some had consumed alcohol. Most adolescents have not purchased alcohol for personal use. This could be because adolescents ask adults to buy alcohol for them. According to the literature, because they are minors,

adolescents frequently acquire alcohol by asking adults to buy it for them (Friese, Grube & Moore, 2013). This is especially true in South Africa, where illicit alcohol trading thrives, making it easy for adults and adolescents to buy and sell alcohol. The Enyobeni tragedy, in which 21 adolescents, the youngest of whom was 13, died from alcohol poisoning after purchasing alcoholic beverages from an illegal outlet, exemplifies the ease with which alcohol is available to early adolescents. The tragedy highlights parents' or guardians' permissive attitude toward underage drinking; adolescents frequently attend social events where there is binge drinking with their parents' knowledge (Duba, 2023).

According to the findings, schools and SANCA are sources of information on the causes and dangers of underage drinking through curriculum or extra-curricular activities. However, the fact that such education is ineffective in reducing underage drinking in South Africa raises concerns about the way school-based alcohol prevention interventions educate adolescents, and the current NDMP. The communication approach currently used in these interventions is top-down, excluding adolescents' ideas, suggestions, and experiences. The findings show that many adolescents prefer interventions that listen to their voices. Evidence-based research by Stiegler et al. (2011) and SAMHSA (2015) demonstrates that non-linear and inclusive communication approaches to school-based alcohol prevention interventions can reduce underage drinking. To effectively prevent underage drinking, 60% of adolescents preferred school-based alcohol prevention interventions, that collaborate with parents, NGOs such as SANCA, and the adolescents them-

selves. Although it is important to listen to the voices of the early adolescents as a vulnerable age-group, protecting their overall well-being is important, thus the inclusion and guidance of trusted adults is essential in such interventions. Agreeably, 59.5% of the adolescents in the data stated that they would report underage drinking to a trusted adult.

In practice, it is essential to cater to the nature of early adolescents as minors, thus the interventions should incorporate enjoyable learning activities and use language that is easy to understand. Building the confidence of adolescents by permitting them to share their knowledge, attitudes and practices may empower them to make better health decisions, as supported by 58.6% of adolescents in the results. This is important as more young people through movements developed and sustained by them, want their voices to be heard (Watt, 2018). Such interventions would improve the poor education about the causes and dangers of underage drinking in the home and school context, further reinforcing the importance of avoiding underage drinking. Moreover, commencing the intervention during early adolescence, can address the problems associated with peer-pressure during middle to late adolescence. The intervention can also increase knowledge about the legal consequences of underage drinking, including the Liquor Amendment Bill, this provides an effective opportunity to eradicate or reduce underage drinking.

Limitations

KAP surveys are not without limitations. Self-reported information from respondents can lead to bias, such as social desirability bias, where respondents provide answers, they believe are more socially

acceptable than accurate (Vandamme, 2009; Hartmann et al., 2023). Recall bias is the tendency of respondents to either choose not to disclose prior experiences or behaviours or to recall them incorrectly. In this study, some adolescents may have underreported their exposure to alcohol to appear favourable. To address this limitation, the researcher emphasised the importance of respondents being as honest as possible both before and during the survey.

Furthermore, a single cross-sectional survey is insufficient for assessing changes in knowledge, attitudes, and practices over time. Many KAP surveys are cross-sectional, meaning they collect data at one point in time (Vandamme, 2009; Hartmann et al., 2023). Accurate representation of the population may be difficult to obtain. Due to time and budget constraints, it was not possible to conduct KAP surveys in a larger number of black and coloured communities in Johannesburg in order to provide a more complete picture of the adolescents' knowledge, attitudes, and practices. However, the research prioritised researching in predominantly black and coloured, low-income communities.

KAP surveys typically use closed-ended, structured questionnaires, which can limit the depth of understanding possible because respondents can only choose from pre-determined answers. Unreliable data can result from poorly formulated, unclear, or misleading questions (Vandamme, 2009; Hartmann et al., 2023). Language barriers and cultural differences in how survey questions are understood and answered can reduce the effectiveness of KAP surveys in multicultural settings (Vandamme, 2009; Hartmann et al., 2023). Similarly, the sequence of

questions or the failure to pilot test the questionnaire with the intended audience may distort the results. In this study, a pilot test was conducted to mitigate these limitations, although it proved difficult to create a survey in age-appropriate language for early adolescents who speak English as a second or third language, the assistance of a research assistant and the researcher's ability to speak the African languages spoken in these communities, simplified the process.

CONCLUSION

The study illustrates that despite adolescents' high knowledge about the dangers and causes of alcohol use, they hold negative attitudes towards alcohol, a few have consumed it in early adolescent years. It is imperative to address this problem during the early adolescent years within contexts wherein the most influential and lasting socialisation occurs in the life of a child, within the home and in the school. Thus, a collaborative approach among key stakeholders within these contexts, including adolescents themselves, may be effective to address the problem of underage drinking by providing comprehensive and accurate education about the knowledge, attitudes and practices of underage drinking. More so, when such an approach embraces open and non-linear communication among the key stakeholders. Such a grassroots intervention can cooperate with the future NDMP and the Liquor Amendment Bill to curb underage drinking because it would provide the foundational education required to ensure the success of the law. Future studies can explore how this inclusive school-based alcohol prevention

intervention would work practically, especially since 55% of the adolescents in the study agreed that school programs that are inclusive may likely reduce underage drinking.

Declaration: Only respondents who consented were included in the study.

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