

Unravelling the Cognitive and Emotional Drivers of Alcohol Consumption among Adolescents in Namibian Secondary Schools.

Kadonsi Kaziya, Saima N Nakale

Africa Research University, Lusaka, Zambia

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ABSTRACT

Adolescent alcohol use has become an emerging psychosocial concern across Namibia, reflecting the interplay between cognitive vulnerabilities, emotional distress, and permissive socio-cultural environments. This study examined the psychological and emotional mechanisms driving alcohol consumption among secondary school learners, drawing on the integrated perspectives of social cognitive and ecological theories. Employing a sequential explanatory mixed-methods design, quantitative data were collected from 250 adolescents in five schools across the Ohangwena Region, followed by qualitative interviews with 41 educational professionals. Statistical analysis revealed that low self-efficacy and high perceived stress were significant predictors of alcohol use, jointly explaining 35% of the variance in consumption frequency. Qualitative narratives illuminated that adolescents often consume alcohol to regulate stress, achieve social inclusion, and express emerging adult identities within communities where drinking is culturally normalized. Peer encouragement, family modelling, and easy accessibility to informal alcohol markets further reinforced these behaviors. The findings suggest that adolescent drinking in Namibian secondary schools is less a product of moral deviance and more a cognitive-emotional adaptation to psychosocial strain and social conformity. Interventions must therefore transcend awareness campaigns and emphasize emotional literacy, stress-coping skills, and resilience-building within school and community contexts. By unravelling the cognitive and affective drivers of youth alcohol use, this study contributes a contextually grounded understanding that can inform culturally responsive prevention frameworks for adolescent well-being in sub-Saharan Africa.

Keywords: Adolescent alcohol use; Cognitive determinants; Emotional regulation; Self-efficacy; Stress and coping

INTRODUCTION

Adolescence marks a critical period of transition characterized by heightened cognitive, emotional, and social development. It is during this stage that young people experiment with autonomy, peer relationships, and identity formation while simultaneously navigating intense psychological pressures. Among the behavioral risks that accompany this developmental phase, alcohol consumption has emerged as a significant public health and educational concern across sub-Saharan Africa. The growing normalization of drinking among adolescents has drawn attention not only because of its association with poor academic performance and health risks but also because of its deeper psychological and emotional underpinnings (Ebrahim et al., 2024; Kabiru et al., 2010). Understanding these underlying mechanisms is vital for the formulation of prevention programs that are contextually sensitive and psychologically grounded.

Globally, adolescent alcohol use has been linked to deficits in emotional regulation, stress management, and cognitive control domains that are still maturing during adolescence (Steinberg, 2014). Research in developmental psychology highlights that young people are more susceptible to immediate emotional gratifications and social reinforcement than to long-term cognitive reasoning, making them particularly vulnerable to peer pressure and environmental cues (Livingston et al., 2021). In African contexts, this vulnerability is compounded by socio-economic stress, family instability, and limited access to psychosocial support systems. As a result, alcohol use among youth often functions as both a coping mechanism and a social

behavior that symbolizes belonging, maturity, and relief from anxiety (Mathibe et al., 2023; Pokothoane et al., 2025).

Namibia provides an especially relevant setting for exploring these dynamics. Despite the existence of the National Alcohol Policy (Republic of Namibia, 2018), adolescent alcohol consumption remains prevalent, particularly in rural and border regions such as Ohangwena. The easy availability of cheap liquor through informal trading networks, coupled with the social acceptance of alcohol in community gatherings, creates an environment in which drinking is not stigmatized but normalized. For many adolescents, alcohol use is woven into the fabric of social interaction and identity performance. It is a culturally embedded practice that intersects with psychological needs for stress relief, recognition, and social connectedness (Traditional Leaders' Perspectives, 2022). These social conditions blur the line between deviant behavior and cultural participation, demanding a deeper examination of the cognitive and emotional processes that sustain drinking habits among young people.

Theoretically, this study draws upon Bandura's (1997) Social Cognitive Theory and Bronfenbrenner's (1979) Social Ecological Model, both of which emphasize the interdependence between internal psychological states and external social environments. Bandura's framework posits that behavior is shaped by reciprocal interactions between cognition, emotion, and environment, where self-efficacy an individual's belief in their capacity to exercise control over behavior plays a central role. Adolescents with low self-efficacy are less likely to resist peer influence or cope with emotional strain adaptively, thereby increasing the likelihood of alcohol use as an avoidance or relief strategy. Bronfenbrenner's ecological model complements this by situating individual behavior within nested systems of influence—family, peers, school, and culture that interact dynamically to shape adolescent development. Within this dual framework, adolescent alcohol use can be conceptualized as the outcome of both cognitive-emotional vulnerability and contextual permissiveness.

Existing studies in sub-Saharan Africa support this integrated perspective. Kabiru et al. (2010) and Mathibe et al. (2023) found that self-efficacy deficits and exposure to peer models significantly predicted adolescent drinking behavior. Likewise, Ebrahim et al. (2024) and Pokothoane et al. (2025) reported that emotional distress and perceived stress were powerful psychological drivers of alcohol use among school-aged youth. However, the Namibian context remains understudied, particularly with respect to the cognitive and affective dimensions of drinking. Most available research has focused on prevalence patterns or socio-economic correlates, leaving a critical gap in understanding why adolescents drink from a psychological standpoint. Addressing this gap is not only essential for scientific inquiry but also for developing contextually grounded interventions that align with the realities of Namibian schools and communities.

In light of these considerations, this study seeks to unravel the cognitive and emotional drivers of alcohol consumption among adolescents in secondary schools in Ohangwena region, Namibia. It investigates how self-efficacy, stress, and emotional regulation influence drinking behavior and how these internal factors interact with social and cultural environments to sustain alcohol use. By adopting a mixed-methods approach, the study integrates statistical and narrative evidence to illuminate the interplay between thought, feeling, and context in adolescent alcohol behavior. In doing so, it contributes to a deeper, contextually nuanced understanding of youth drinking that transcends moralistic explanations and informs the design of culturally responsive, psychologically informed prevention strategies in Namibia and the broader Southern African region.

METHODOLOGY

This study adopted a sequential explanatory mixed-methods design to explore the cognitive and emotional determinants of adolescent alcohol use within Namibian secondary schools. The design allowed for the integration of quantitative precision and qualitative depth, ensuring that statistical trends were complemented by interpretive insights into the lived experiences of adolescents and educators. The quantitative phase identified the strength and direction of relationships among psychological variables self-efficacy, perceived stress, and frequency of alcohol consumption—while the qualitative phase illuminated the subjective meanings and emotional contexts that underpin these behaviors. This methodological combination, grounded in a pragmatist paradigm, was chosen to capture both the measurable and interpretive dimensions of adolescent drinking behavior in the Namibian context (Creswell & Plano Clark, 2018; Johnson & Onwuegbuzie, 2004).

The study was conducted in the Ohangwena Region of northern Namibia, a border area characterized by dense youth populations, rural-urban mobility, and the proliferation of informal alcohol markets. The region presents a unique confluence of socio-economic hardship, cross-border trade, and cultural tolerance toward alcohol use conditions that provide fertile ground for understanding the intersection between psychological vulnerabilities and environmental enablers of adolescent drinking. Participants were drawn from seventeen government secondary schools that reflected varied socio-geographic profiles. The target population comprised learners' aged 13 to 17 years and educational professionals (Life Skills teachers/ teacher counselors and school principals).

In the quantitative strand, a sample of 250 learners was selected using a stratified random sampling technique. Schools were first stratified by type (boarding or day) and location (rural or peri-urban) to ensure diversity of exposure and experience. Within each school, learners were randomly selected from class registers, following proportional representation. The sample size was determined using Cochran's (1977) formula for finite populations, assuming a 95% confidence level and a 5% margin of error. Data were collected using a self-administered questionnaire composed of validated psychological scales. Self-efficacy was measured using items adapted from the General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), while perceived stress was assessed through the Perceived Stress Scale (Cohen et al., 1983). Alcohol-use frequency and related behaviors were measured using a modified version of the Alcohol Use Disorders Identification Test (AUDIT) (Babor et al., 2001). Each instrument demonstrated satisfactory internal consistency, with Cronbach's alpha coefficients ranging between 0.80 and 0.86 in the current study.

The qualitative strand involved in-depth interviews with 41 educational professionals purposefully selected for their experience in learner welfare, discipline, and psychosocial support. Participants included 24 Life Skills /teacher counselors and 17 school principals. Interviews sought to explore perceptions of adolescent drinking, the emotional and cognitive factors underlying it, and the ways schools and communities respond to these patterns. Each interview lasted approximately 45 to 60 minutes and was conducted in English or Oshiwambo, depending on participant preference. Interviews were audio-recorded with consent and transcribed verbatim. Data saturation was reached when no new themes emerged (Guest et al., 2020).

Quantitative data were coded and analyzed using IBM SPSS Statistics version 27. Descriptive statistics summarized demographic and contextual characteristics, while inferential analysis tested the hypothesized relationships. Pearson's correlation examined associations between self-efficacy, stress, and alcohol-use frequency. Multiple regression analysis identified the predictive power of the psychological variables, controlling for age, gender, and school type. Diagnostic tests were performed to confirm normality, linearity, and absence of multicollinearity, ensuring the robustness of findings.

The qualitative data were analyzed thematically following the reflexive approach of Braun and Clarke (2021). Transcripts were carefully read, coded, and categorized into emerging themes that reflected emotional triggers, social pressures, and cognitive interpretations of alcohol use. Codes were then reviewed and refined through iterative comparison, and analytic memos were developed to trace conceptual linkages between psychological determinants and environmental conditions. Rigor was ensured through methodological triangulation, peer debriefing, and maintenance of a detailed audit trail linking data extracts to interpretive claims.

Integration of quantitative and qualitative findings occurred during interpretation. A joint analytic matrix was constructed to compare statistical outcomes with thematic patterns, allowing for convergence and complementarity (Fetters et al., 2013). For instance, quantitative associations between high stress and frequent drinking were illuminated by qualitative evidence describing alcohol as a coping tool for emotional distress and identity affirmation. This integrative process enabled a holistic explanation of adolescent drinking behavior that accounted for both cognitive-emotional mechanisms and contextual influences.

Ethical clearance was obtained from the University of Zambia Humanities and Social Sciences Research Ethics Committee and the Namibian Ministry of Education, Arts and Culture. Institutional permission was secured from school administrations, and written consent was obtained from adult participants. For learners under the age of 18, parental consent and learner assent were both required. Participation was voluntary, confidentiality was strictly observed, and all identifiers were anonymized in data presentation. The study

adhered to international ethical principles of respect, beneficence, and non-maleficence, ensuring that all interactions upheld participants' dignity and privacy.

RESULTS

The study revealed a multidimensional portrait of adolescent alcohol consumption in Namibian secondary schools one shaped by interrelated psychological, emotional, and socio-environmental forces. Quantitative analyses provided an overview of prevalence and predictive relationships, while qualitative insights illuminated the lived meanings and contextual drivers underlying the behavior.

Among the 250 adolescents who participated in the survey, 46 percent reported having consumed alcohol at least once in their lifetime, while 28 percent reported current or occasional use during the school term. Males exhibited slightly higher rates of drinking (49%) compared to females (42%), though the difference was not statistically significant. Peri-urban learners reported markedly higher alcohol use (38%) than their rural counterparts (19%), a pattern corroborated by qualitative evidence that linked availability and peer exposure to urban proximity. Over 60 percent of learners reported that alcohol was easily accessible in their communities, either through informal markets (shebeens) or family members who brewed or sold alcohol at home.

Psychological variables exhibited strong and consistent relationships with drinking behavior. Pearson's correlation coefficients indicated a significant negative association between self-efficacy and alcohol-use frequency ($r = -0.54$, $p < .01$), suggesting that adolescents with lower confidence in their ability to resist peer or emotional pressures were more likely to drink. Conversely, perceived stress showed a significant positive association with alcohol use ($r = 0.49$, $p < .01$), implying that adolescents who experienced higher levels of emotional tension and worry were more prone to drinking. Multiple regression analysis confirmed these findings: low self-efficacy ($\beta = -0.41$, $p < .001$) and high stress ($\beta = 0.36$, $p < .001$) jointly accounted for approximately 35 percent of the variance in alcohol-use frequency ($R^2 = 0.35$, $F(4, 245) = 33.41$, $p < .001$). These effects remained significant after controlling for demographic variables such as gender, age, and school location, underscoring the robustness of the psychological predictors.

The qualitative findings deepened the statistical picture by illustrating how emotional regulation, self-perception, and social belonging converge to shape adolescents' decisions to drink. Teachers and principals consistently described alcohol use as a mechanism for coping with stress arising from domestic conflict, poverty, academic failure, and peer ridicule. Learners often reported using alcohol to "forget about home problems" or to "feel free" among friends. These accounts reflected a self-medicating behavior pattern an attempt to reduce psychological distress through an accessible and socially tolerated means. Several educators emphasized that the lack of psychosocial support systems in schools exacerbated this trend: "When learners are struggling emotionally, there's nowhere for them to go," observed one Life Skills teacher. "They find comfort among peers who are also drinking—it becomes their therapy."

Beyond stress relief, alcohol consumption was strongly linked to identity performance and peer conformity. Adolescents, particularly boys, viewed drinking as a marker of maturity, confidence, and modernity. Participants described scenarios where refusing to drink was interpreted as immaturity or social weakness. One principal noted, "They think drinking makes them look grown and respected; even those who don't like the taste, they drink to fit in." This finding corresponded with quantitative evidence showing that learners reporting strong peer encouragement were twice as likely to consume alcohol frequently ($\chi^2 = 12.38$, $p < .01$). The combination of emotional need and social reinforcement created a powerful motivational structure where alcohol became both an escape and an emblem of belonging.

The qualitative narratives also revealed how family and community environments reinforce these patterns. Parents and elders were often observed consuming alcohol during social events, creating a tacit acceptance of drinking as part of everyday life. In some cases, adolescents were sent to purchase alcohol for adults, indirectly legitimizing the behavior. Community-level tolerance, economic dependency on alcohol trade, and weak enforcement of age restrictions further normalized underage drinking. A counsellor summarized this paradox succinctly: "We tell learners that drinking is wrong, but they see it happening everywhere. Our words don't

match their reality.” This structural permissiveness, coupled with cognitive vulnerability, positioned alcohol as both available and acceptable—lowering the psychological barrier to experimentation.

Integration of the quantitative and qualitative data revealed a coherent explanatory model: adolescents with low self-efficacy and high stress were more likely to internalize social norms that endorse drinking and to use alcohol as an emotional coping mechanism. In ecological terms, psychological fragility at the individual level interacted with permissive peer and community systems at the micro- and mesosystem levels, producing a sustained behavioral pattern. Those with higher self-efficacy and stronger emotional control, by contrast, demonstrated resistance to peer influence even in high-access environments, suggesting that internal psychological resources moderate the effects of external pressures.

In essence, the findings portray adolescent alcohol consumption in Namibia not as a simple act of defiance but as an adaptive response to psychosocial strain within permissive social ecologies. The convergence of quantitative and qualitative evidence underscores that the roots of adolescent drinking lie as much in cognition and emotion as in context and culture. Alcohol use becomes a language through which young people articulate distress, seek recognition, and negotiate belonging an insight that challenges conventional disciplinary and moralistic responses to youth drinking in African school settings.

DISCUSSION

The findings of this study provide a nuanced understanding of adolescent alcohol use in Namibian secondary schools by revealing how cognitive, emotional, and environmental forces intertwine to shape behavior. Rather than viewing adolescent drinking as a singular moral failure, the results point to an adaptive psychological response embedded within social and cultural ecologies that normalize and even valorize alcohol consumption. The evidence from this mixed-methods inquiry thus illuminates the internal mechanisms and external contexts through which Namibian adolescents make sense of, and engage in, alcohol use.

The quantitative data established two robust psychological predictors: low self-efficacy and high perceived stress. These findings are consistent with Bandura’s (1997) theory of self-efficacy, which posits that individuals’ beliefs in their ability to control behavior and emotions influence their capacity to resist negative influences. Adolescents who lack confidence in managing social pressure or coping with emotional distress are more susceptible to risky behavior. The negative correlation between self-efficacy and alcohol use observed in this study aligns with prior African research by Kabiru et al. (2010) and Mathibe et al. (2023), which demonstrated that lower levels of self-belief and self-regulation predict substance use. Similarly, the positive association between stress and alcohol use supports the stress-coping hypothesis (Cooper et al., 1992), suggesting that adolescents may resort to alcohol as a maladaptive strategy for emotional relief. In the absence of adequate psychosocial support, drinking becomes a symbolic form of emotional regulation accessible, socially reinforced, and instantly gratifying.

Qualitative evidence expanded these statistical patterns by showing how drinking functions as both coping and communication within adolescent social worlds. Learners often described alcohol as a way to forget problems or “feel free,” while teacher counsellors interpreted it as an expression of emotional exhaustion and unmet psychological needs. This reflects what Bronfenbrenner’s (1979) ecological systems theory predicts: that individual behavior is not formed in isolation but within nested layers of influence family, peers, school, and community. Within the micro- and mesosystems of Namibian adolescents, alcohol use acquires meaning as a shared social language through which distress, belonging, and identity are negotiated. The findings thus reinforce the notion that psychological vulnerability interacts with environmental permissiveness to sustain underage drinking.

An equally salient insight concerns the role of peer conformity and identity performance. The qualitative narratives suggested that adolescents perceive drinking as a sign of adulthood, courage, or modernity. This aligns with Erikson’s (1968) developmental theory, which situates adolescence as a stage of identity exploration and social validation. Drinking thus becomes a performative act that signals group inclusion and maturity. Peer networks in this study were described as both emotional refuges and arenas of pressure, where refusing to drink risked ridicule or exclusion. The data illustrate Ajzen’s (1991) Theory of Planned Behavior in

practice: attitudes toward drinking were ambivalent cognitively negative but emotionally reinforced—while subjective norms (peer approval) and perceived behavioral control (low self-efficacy) combined to predict consumption. In this way, alcohol use represents the behavioral intersection of cognition, emotion, and social expectation.

At a broader level, the findings reveal how structural and cultural conditions sustain psychological vulnerability. The pervasive accessibility of alcohol in informal markets, combined with economic dependence on shebeens and parental modeling, normalizes drinking at the community level. This normalization blurs moral boundaries and undermines formal education campaigns that present abstinence as the ideal. Consistent with the work of Ebrahim et al. (2024) and Freeman et al. (2022), this study demonstrates that in contexts of poverty and limited recreational opportunities, adolescents' engagement with alcohol is as much a response to constrained life options as it reflects personal choice. It is through such lenses that youth drinking in Namibia must be understood not as a rejection of social order but as an adaptation to environments that fail to meet emotional and developmental needs.

Taken together, these findings call for a reconceptualization of adolescent alcohol use as a cognitive-emotional adaptation to stress within permissive social ecologies. This perspective challenges conventional school and policy responses that rely primarily on moral appeals or disciplinary sanctions. Punitive approaches may suppress symptoms temporarily but rarely address the structural and psychological roots of behavior. What emerges from this study is a need for interventions that build psychological resilience particularly self-efficacy, emotional literacy, and stress-coping capacity while simultaneously reshaping social environments to reduce accessibility and peer normalization.

Schools can serve as primary sites for such transformation. Life Skills education and counselling programs, when restructured to include experiential learning, peer mentorship, and group therapy models, can help adolescents develop healthier coping mechanisms. Teachers, often the first point of contact for distressed learners, require continuous professional development in adolescent mental health and motivational interviewing to respond constructively to emotional distress. At the community level, collaborative engagement with traditional leaders, parents, and youth groups can rebuild social accountability systems that limit underage drinking and offer safe, meaningful alternatives for recreation and belonging.

The theoretical implications of this study extend beyond Namibia. By integrating social cognitive and ecological frameworks, the research contributes to a broader African discourse that reinterprets adolescent risk behavior as a dynamic interaction between mind, emotion, and context. In societies where poverty, limited psychosocial resources, and cultural permissiveness co-exist, interventions that ignore these systemic conditions are unlikely to succeed. The Namibian case thus illustrates a more general truth about adolescent behavior in low-resource settings: that youth are not merely passive victims of social influence but active agents negotiating identity, stress, and belonging through the cultural tools available to them including alcohol.

In sum, the findings suggest that adolescent alcohol use is best understood as an emotionally intelligent but maladaptive coping strategy a means of self-soothing and social alignment in environments of psychological strain and structural neglect. Effective prevention, therefore, must be human-centered, context-sensitive, and psychologically grounded. By embracing this integrative perspective, educators, policymakers, and mental-health practitioners can move toward interventions that empower rather than punish, educate rather than moralize, and ultimately foster environments where adolescents can develop agency and resilience without resorting to alcohol as a tool for survival or self-expression.

CONCLUSION

This study has illuminated the cognitive and emotional foundations of adolescent alcohol use within Namibian secondary schools, revealing that young people's engagement with alcohol is deeply rooted in their psychological experiences and socio-cultural environments. Far from being a purely behavioral problem, adolescent drinking emerged as a dynamic response to emotional distress, social conformity, and identity negotiation within communities where alcohol consumption is normalized. The integration of quantitative and qualitative findings demonstrated that low self-efficacy and high perceived stress are the most salient

cognitive-emotional predictors of drinking, while peer encouragement, parental modeling, and community permissiveness provide the environmental scaffolding that sustains the behavior.

Through the combined application of Bandura's Social Cognitive Theory and Bronfenbrenner's Ecological Systems Model, the study provides a framework for understanding adolescent alcohol use as both an internal psychological process and a socially situated act. The findings emphasize that adolescents drink not merely because alcohol is available, but because it offers a means of coping, belonging, and self-expression in the face of stress, uncertainty, and limited psychosocial support. This understanding reframes adolescent drinking from a disciplinary concern to a developmental and emotional health issue that demands empathetic, evidence-based interventions.

To effectively address adolescent alcohol consumption, prevention programs must move beyond awareness campaigns and punitive measures toward psychologically informed and contextually grounded approaches. Schools should integrate emotional literacy, self-efficacy training, and peer mentoring into Life Skills and guidance curricula, while equipping teachers with basic competencies in adolescent mental health support. At the community level, partnerships between educators, parents, and traditional authorities are vital to curbing informal alcohol availability and reshaping cultural norms that implicitly endorse underage drinking. Such strategies should be anchored in local realities, recognizing that sustainable change must come through culturally resonant forms of education and engagement rather than external moral imposition.

In broader theoretical terms, the study contributes to the emerging African scholarship on adolescent psychology by highlighting how cognition, emotion, and environment co-construct behavioral outcomes. It underscores the need for interventions that nurture resilience, foster self-regulation, and promote positive identity formation. Future research could extend this work through longitudinal designs that trace developmental trajectories of alcohol use, as well as intervention studies assessing the impact of school-based psychosocial programs.

Ultimately, reducing adolescent alcohol consumption in Namibia will depend on creating ecosystems of emotional safety, social inclusion, and opportunity — environments where young people can experience belonging, competence, and agency without resorting to alcohol as a substitute for well-being. By unraveling the cognitive and emotional drivers of adolescent drinking, this study offers not only a theoretical contribution but also a practical pathway toward more compassionate, contextually relevant, and psychologically sustainable prevention strategies for Namibia and the wider sub-Saharan region.

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