



The influence of health concerns, perceived price, restricted availability and subjective norms as de-marketing instruments on consumers' intention not to purchase alcohol in Botswana.

A research report submitted to the Faculty of Commerce, Law and Management, University of the Witwatersrand, in partial fulfilment of the requirements for the degree of Master of Management in Strategic Marketing

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Johannesburg, April 2016

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ABSTRACT

The study hypothesized a relationship between the dependent variable, consumers' intention not to purchase, with four independent constructs, namely, health concerns, perceived price, restricted availability and subjective norms, as de-marketing indicators.

The study targeted just over two hundred consumers, aged eighteen and above, who had consumed alcohol in the last seven days, in the greater Gaborone area. The respondents were chosen using random simple sampling and quota sampling. Because of this and the fact that the greater Gaborone area makes up about fifty percent of alcohol sales, the results of the quantitative study are reasonably representative.

The data was collected using structured questionnaire. The hypotheses and models were tested, and structural equation modelling performed, using SPSS and AMOS software.

The study aims to address the gap of body of knowledge on alcohol policy in Botswana and other developing countries. The undertaken literature review revealed that it is only the developed countries that have implemented and evaluated their policies. The developing countries recently followed suit because their economic growth has increased consumers' buying power and appetite for aspirational brands. The liquor industry's advertising, promotion and sponsorships grew consumption significantly, along with socio-economic costs, such as absenteeism, alcohol abuse, car accidents, alcohol-related diseases, and the spread of HIV.

Botswana's alcohol policy has been in effect since 2011, under the Ministry of Health. Among others, legislature was revised, government imposed a tax, liquor trading days and hours amended, health-related alcohol public campaigns rolled out, and the legal blood alcohol level lowered.

The study has found that the four independent constructs all influence consumer's intention not to purchase. The biggest opportunity revealed is the effect of subjective norms, which should be exploited going forward. It is hoped by the researcher that this study, not only adds to the body of knowledge, but stimulates more research on the same.

DECLARATION

I, Mmabatho T. Dibe, declare that this research report is my own work except as indicated in the references and acknowledgements. It is submitted in partial fulfilment of the requirements for the degree of Master of Management in Strategic Marketing in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination in this or any other University.

Mmabatho T. Dibe

Signed at.....

On the.....day of.....20.....

ACKNOWLEDGEMENTS

I would like to thank all those who have contributed in the completion of this research, towards completion of my degree:

Professor Richard Chinomona, my supervisor, who not only supervised, but guided and supported me through completion of the thesis, despite his other commitments. I would not have accomplished completion if it weren't for him

Mr Neale Penman, whose tutoring and guidance led me to a comprehensive 'panel-proof' proposal

Professor Kambidima Wotela, it all started with you, albeit uncomfortably.

Professor Russell Abratt, thanks for the humorous 'Panel 101' stories

Mr Edgar Ramaema, always there for a word of encouragement

WBS library staff, for the support in finding journals and books I needed.

All Botswana public service and parastatal employees who were so willing to assist with information

Matshidiso Mokokwe and Wits Junction for the comfortable, convenient accommodation

MMSM 2014 classmates, who managed somehow to blend fun and hard work well.

Respondents who freely gave their valuable time to share their experiences with me, your contributions are much appreciated.

Friends and family, for their understanding and support throughout.

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CHAPTER 1. OVERVIEW OF THE STUDY

1.1 Introduction

The research report consists of various chapters. This first chapter covers the purpose, context, as well as the problem statement which the research intends to address. The significance of the study to various stakeholders, definition of terms, delimitations and assumptions are also covered in this chapter.

Chapter Two covers literature review of existing body of knowledge, pertaining to global and regional perspective, as well as Botswana as the country of study. The theoretical framework pertaining to the study is discussed in this chapter, after which the constructs are introduced, followed by the conceptual research model comprising the independent and dependent constructs. The chapter ends with the research hypotheses.

Research methodology is discussed in Chapter Three. The discussion includes the philosophy/paradigm of the research, research design, as well as details of the population, sample and sampling methods used. Also discussed is the construct measurement instruments and the data collection approach and governing ethics.

Comprehensive outline and analysis of the results, together with the testing tools, models and hypotheses in covered in Chapter Four

The last chapter, Chapter Five, discusses conclusions, as well as policy implications for various stakeholders deduced from the results. It concludes with recommendations and limitations of the study, to guide the way forward.

1.2 Purpose of the study

The purpose of this research is to investigate the alcohol policy of Botswana, as implemented through de-marketing.

1.3 Context of the study

The Republic of Botswana (Botswana) is a country in Southern Africa, with a population of two million (World Bank, 2014). Life expectancy rate is forty-seven (Statistics Botswana, 2014) which has been affected by the 18.5 per cent prevalence of HIV/AIDS in the country (Botswana AIDS Impact Survey, 2013). Testimony to government's priority for health and education, the two focus areas account for 12.81 per cent and 22.98 percent of recurrent government budget (Ministry of Finance and Development Planning Budget Speech, 2013; p.14).

Christianity is the most prevailing belief system in Botswana, making up over sixty per cent of the population, while most of the tribes in the country practice the Setswana culture (Botswana Tourism, 2014).

Southern African Development Community (2014) states that Botswana is one of the politically stable states in Africa as a whole. It attained independence from Britain in 1966 and has enjoyed multi-party democracy since. English, as one of the two official languages, is a legacy of the colonial British rule, while Setswana is the second official language, spoken by natives. It is bordered by four neighboring countries: South Africa to the South, Namibia on the west, and Zambia and Zimbabwe in the North; the same neighboring countries who are also members of Southern African Development Community, together with Botswana, where the headquarters is housed. Also, Botswana is a member of Southern African Customs Union with South Africa, Swaziland Lesotho and Namibia. Regionally, Botswana is a member of the African Union. Internationally Botswana is a member of the Commonwealth and the United Nations.

The political environment has served as a conducive environment for economic growth through investment by many multi-national corporations. The country's Gross Domestic Product for the years 2013 and 2014 were \$14.79 billion and \$15.8 billion respectively, due to the steady growth of 5.79 per cent (World Bank, 2014; 2015). The main source of revenue is diamonds, making up thirty per cent of Gross Domestic Product and fifty per cent of government revenue (Debswana, 2012).

Botswana generally performs better than the Sub-Saharan region in terms of inflation: in 2014 the year-on-year inflation was at 4 - 6 per cent, as compared to the average for the region for the same period, which was 7.8 per cent (Ministry of Finance and Development Planning Budget Speech, 2013; p.2; Statistics Botswana, 2014). According to Bank of Botswana (2014; 2015), the Botswana Pula

(BWP) has been on a downward spiral, in relation to the US\$. In 2014, it was equivalent to 0.1139 USD, translating to 8.8 Pula for 1 US Dollar, but recently it is 0.0947 USD, translating to 10.55 Pula. However, it remained steady against the South African Rand (ZAR) throughout 2014, and recently made a gain to R1.31.

Unemployment is estimated at twenty per cent (Botswana AIDS Impact Survey, 2013). The government is the second largest employer at 26.9 per cent, while the Private sector is the main employer, employing 48.4 per cent of the population.

While the latest figures show a downward trend of inflation from 4.6 percent in 2014, to 3.1 per cent thus far in 2015, Botswana have not seen much of an increase in salaries in the last six years (Bank of Botswana, 2014; Statistics Botswana, 2015). The private sector pretty much follows government's example when it comes to salary increments and government made the last significant salary adjustment of fifteen percent in 2008 after the salary review done in 2003 (Directorate on Public Service Management, 2003; 2008). Since then, public servants have only had inflation-adjusted salary increments of three percent in 2012, four percent in 2014 and six per cent in 2015 (Directorate on Public Service Management, 2012; 2014;2015).

Consumption of alcohol or alcoholic beverages is an integral part of society; from enjoyment as part of a meal in certain cultures, to ceremonies such as weddings and other forms of celebration. Alongside culture, consumption of alcohol has evolved with society over the years. The country has experienced development and industrialization, growth in income, and adoption of western, modern lifestyles, over traditional ones; therefore industrially produced beverages, particularly lager beer, are gradually gaining ground against indigenous beverages, on the basis of prestige, promotion and other advantages, although they are typically more costly (World Health Organization, 2002). The current opaque beer price is BWP 7.00 per liter while clear beer ranges from BWP 9.75 - BWP 11.00 per 330ml can, depending on the brand type (Statistics Botswana, 2014).

The commercial production is accompanied by advertising and promotion, which position the beverages as an aspirational choice. In Botswana, among the producers and distributors of liquor are Kgalagadi Breweries Limited (clear and opaque beer, ciders), Diageo-Namibia Breweries (beer, ciders and wines), Distell (ciders, wines, spirits), Benju (wine) and Global Holdings Botswana distributes wines and spirits (Botswana Alcohol Industry Association, 2014).

1.4 Problem statement

There has been over half a decade's worth of de-marketing initiatives in Botswana, as well as other developing countries, but the bulk of the studies on alcohol policies are done in developed countries, which necessitates this study.

The developed countries include Northern Europe, United States, Australia and New Zealand (World Health Organization, 2002).

As noted by Anderson, Chisholm, & Fuhr (2009), although the effectiveness of alcohol policy has been assessed in low-income countries, the bulk of the assessments and published work has been done in high-income societies.

1.4.1 Main problem

There is limited study and body of knowledge on alcohol policy in Botswana and other developing countries.

1.4.2 Sub-problem 1

Botswana has had a progressive alcohol policy, but challenges with its implementation should be identified and addressed.

1.4.3 Sub-problem 2

Although Botswana has had an alcohol policy for well over a decade, there hasn't been any monitoring and evaluation, to inform its impact.

1.5 Significance of the study

The study will benefit several stakeholders:

- It will benefit academia by adding to the existing body of knowledge, particularly as it has been established that there is a gap in the studies of alcohol policy in Botswana and other developing countries.

- It will guide the Botswana government and policy makers, as to the effectiveness of different tools, and therefore which ones to stop, continue or start incorporating into the strategies going forward.
- It will assist marketing practitioners make informed decisions when conceptualising and developing beverage brand strategies, to facilitate sustainable performance.

1.6 Delimitations of the study

The study will only be conducted in Botswana and not any other country and as such the findings will only be pertaining to Botswana. The study will be conducted in the greater Gaborone area. The area comprises the capital city, Gaborone, and urban villages within a forty-kilometre radius.

The scope of the study will include only commercially brewed and traded alcoholic beverages such as opaque beer, clear beer, wines, ciders and spirits. It will exclude home-brewed beverages or any alcoholic products in any other form.

1.7 Definition of terms

1. Policy: a set of rules and laws used to regulate consumption, interaction, application and management of something of interest to a group of people.
2. De-marketing: is the very opposite of marketing, using the 4P's of marketing to discourage purchase a product or service.
3. Stakeholders: entities with a direct or indirect input and output relationship with a course.
4. NGOs (Non-Governmental Organisations): non-profit, non-profit organisations that are concerned with social development agenda.
5. Industrialisation: evolution from subsistent, low volume of production of goods to power-enabled high volume production for commercial purposes.
6. Opaque beer: beer made from sorghum, which does not get filtered or distilled, leaving it with live cultures
7. Clear beer: beer made from malt or any other carbohydrate, to provide sugars to be fermented by yeast, usually referred to as lager or pilsener. It is filtered to remove the grains from the inputs, leaving it clear (transparent).

8. Channel: a route-to-market that is available to a producer or distributor to offer their product at, for the targeted consumer to access it e.g. wholesale, supermarket, bar and bottle-store.
9. Aspirational: the one to aspire to belonging to or consuming, due to its perceived superiority
10. Total per capita consumption: average consumption of alcohol per person in the population
11. Rehabilitation: a multi-faceted approach of therapies to prevent relapse after one undergoes treatment or detoxification, in order to relate better with society.
12. Liquor: alcoholic beverage, particularly spirits

1.8 Assumptions

- Although Botswana may benchmark with other countries, there is still need to make its own assessment
- There will be a measurable observation to qualify the assessment
- The time frame since the implementation of the policy will be adequate to make a determination/assessment
- The identified respondents will be cooperative and honest

Although the only consumers who will participate in the study will only be greater Gaborone residents, because Gaborone has the greatest buying power and contributes a very high portion of the alcohol volume consumed, the results of the study will be adequate to be inferred from and inform whether to reject the null hypotheses.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The following literature review will start by giving a global perspective on alcohol policies, and then highlight efforts to de-market alcohol in Botswana, then proceed to reviewing the theoretical framework and the variables in the research model.

2.2 Global Perspectives on Alcohol

Alcohol policy has been defined as a set of measures put in place to regulate and control consumer behavior in relation to alcohol consumption, to minimize its social harm (Anderson, Chisholm, & Fuhr, 2009).

Globally, although governments benefit from tax revenue from alcohol, the social and economic harm caused by its consumption far outweighs the benefit. In the USA in 2010, alcohol was considered the third leading cause of deaths, accounting for about 79,000 deaths. It was also observed to cause other social and health problems such as underage drinking, road accidents, suicide, and loss of productivity (Elder, Lawrence, Ferguson, Naimi, Brewer, Chattopadhyay, Toomey, & Fielding, 2010).

The sentiments are echoed by World Health Organisation (2009b) in the global health risk report, where it states that alcohol use is the first risk factor in middle-income countries and the third in the rest of the world, contributing to four percent of global deaths.

Hence the growing interest globally to control and manage consumer behaviour regarding alcohol consumption (Crawford, 1987). Alcohol Policy may be implemented by de-marketing, which is defined by Peattie & Peattie (2009) as the use of marketing tools to change social behaviour towards one that is favourable to the well-being of an individual or society as a whole.

According to research conducted by Toben, Nelson, Xuan, Babor, Brewer, Chaloupka, Gruenewald, Holder, Klitzner, Mosher, Ramirez, Reynolds, Toomey, Churchill, & Naimi (2013) price restrictions were the highest-rated policies, followed by those that limited physical availability of alcohol, for both youth and general population, with restrictions on physical availability rated as more effective for the

youth than adults, while Campbell, Hahn, Elder, Brewer, Chattopadhyay, Fielding, Naimi, Toomey, Lawrence, & Middleton (2009) recommended reducing the density of alcohol outlets.

Schelleman-Offermans, Knibbe, Kuntsche, & Casswell (2012) in Netherlands, point to strict enforcement, supported by penalties for retailers and community involvement in enforcing the interventions, as having a positive impact on reducing drunkenness among the youth. Anderson, Chisholm, & Fuhr (2009) reiterate education and information campaigns, enhanced law enforcement and surveillance, media advocacy and community organization and coalition as key factors.

It is important to note some of the factors that compromise effectiveness, such as unemployment (Latif, 2014) and the consumers switching to cheaper alternatives, which may not necessarily reduce consumption.

Effectiveness does not necessarily correlate with popularity with the public. In USA and Canada, the public favours the initiatives that impose the least on the general public but targets offenders (Latimer, Harwood, Newcomb, & Wagenaar, 2003). The same was true in France in 1954 and the UK in the early 1980s (Crawford, 1987).

Schelleman-Offermans et al. (2012) recommend that the alcohol policy allows for dialogue with the public and non-governmental organizations, to give them the opportunity to influence decisions that affect their lives.

2.3 Alcohol Policy in Sub-Saharan Africa

Africa presents a worthwhile investment for any product or service because since 2013, Africa is experiencing simultaneous increase in buying power and desire for consumer goods, due to the continent's high resource-facilitated economic growth rate, the emergence of the middle class and the rather large population base (WITS Marketing, 2014). The alcohol industry, like any other, sees it as a long-term investment. However, they also see the growing anti-alcohol sentiments. The developing world has not yet developed comprehensive alcohol policies, or if they have, enforcement may be poor, thereby impeding the monitoring and evaluation of the implementation (Obot, 2012).

According to Pitso & Obot (2011), one of the alcohol-related social ills shared by African countries is the link between irresponsible alcohol consumption and spread of HIV. This has been confirmed by studies from Botswana, Zimbabwe, Tanzania, Zambia, Central African Republic and Kenya. This, along with other social ills, has served as a catalyst for policies to reduce its consumption.

In 2014, in Kenya, the National AIDS Control Council and the National AIDS and STI Control Program estimated an adult prevalence rate of 6.2 per cent. While the prevalence is a public concern, so is the increasing alcohol consumption, linked to risky sexual behavior (Muturi, 2014).

Babor, Robaina, & Jernigan (2015) inform that in response to growing anti-alcohol sentiment, the alcohol industry is resorting to less above-the-line marketing, but intense funding of social aspect organisations and development of partnerships with civil society. While these may present them as altruistic, they are also accompanied by new packaging for existing brands and development of new products to cater for younger segments. Increasing their scope of corporate social responsibility gives them a means to make their products available, not so much physically and economically, but psychologically and socially.

In that sort of environment, any de-marketing efforts will be drowned and less effective (Spath, Greenberg, & Turrisi, 2008; Wakefield, Loken, & Hornik, 2010; Schelleman-Offermans et al., 2012).

Bakke & Endal (2010) inform that in some instances, the industry goes further by forming partnerships with governments to draft the alcohol policies. While this may seem proactive, it has been subjected to intense criticism from civil society, which has observed that the industry does not have public health at heart, but commercial motives.

Among other concerns is that consultation is facilitated by individuals directly or indirectly associated with the industry, with no feedback on discussions, disagreements or reports, but just the draft policy. In some consultations, the industry makes up almost fifty per cent of the representatives, with civil society making up less than a fifth, with little influence or input in the draft, if any at all. The draft policies downplay public health problems, focus on health benefits that go along with individual responsible drinking, emphasize industry self-regulation and highlight economic benefits and other positive attributes of drinking.

The initiative was taken in by Malawi, Uganda and Botswana and Lesotho. Lesotho adopted the policy in 2007. Malawi, Uganda, Swaziland, Zambia and Ghana's policies were nearing completion five years ago. Botswana turned down the industry-facilitated draft policy in 2008 and started drafting its own (Ministry of Health, 2014).

Ferreira-Borges, Endal, Babor, Dias, Kachiwiya, & Zakeyu (2014) go on to say in Malawi, a year after the draft was completed, there was an outcry from civil society. An NGO, by the name of *Drug Fight Malawi*, stood up to not only criticise the draft, but suggest that an alternative process be led by a specific ministry. Among others, the draft policy recommended some initiatives which had not proven successful in the past, were not evidence-based, or sounded great on paper but would be difficult for government to implement because of lack of financial, infrastructural or human resource. The National Alcohol Taskforce Committee was formed. It facilitated a more inclusive consultative process, including collaboration with international organisations and conduct of research. After consultations over six years, the policy was approved by Ministry of Health in 2013; as of 2014 it was awaiting final approval by parliament and cabinet.

Besides civil society and government doubting the industry's initiative, there has been objective research informing of components of an effective national policy. Babor, Caetano, & Casswell, (2010) recommend a combination of the following as best practice: minimum drinking age; sole ownership of retail sales by government; imposing alcohol taxes; restrictions on hours and days of trading and outlet density; lowering allowed blood alcohol concentration limits; and administrative and enforcement initiatives such as sobriety checkpoints and rewards or punishments for exemplary and non-compliant drivers, respectively.

Parry (2010) shares that South Africa's journey has been slightly different. It is the one country whose alcohol policy development has been rapid. Between 1994 and 2009, the policy was developed by a consortium of four ministries/departments, each responsible for a task. The tasks include counter-advertising, managed by Health; retail sales regulation, managed by Trade and Industry and Economic Affairs; while Taxation is governed by Finance and alcohol packaging is overseen by Agriculture.

By 2003, different levels of taxation were proposed for different types of alcohol. A year later in 2004, the National Liquor Bill was enacted, which was mainly to address residential outlets. 2007 saw the Amendments to Liquor Products Act of 1989 gazetted, after which the Ministry of Health insisted warning labels be written on the packaging of alcoholic beverages.

However, implementation varied across provinces, due to political and commercial interests of stakeholders. As such, the policy has not taken off and keeps going back and forth for consultation

with different stakeholders, including the general public. He, therefore, recommends that multi-stakeholder consultation be done by an objective party, so that the policy does not become a "product of competing interests, values and ideologies," resulting in delayed implementation (p.1345).

2.4 Alcohol Policy in Botswana

Botswana, like most developing countries, has experienced an increase in alcohol consumption. The increase in alcohol consumption in developing countries is attributed to economic and social development, as well as increases in consumers' purchasing power, complemented by increases in the marketing of branded alcoholic beverages (Anderson, Chisholm, & Fuhr, 2009).

The National Alcohol Policy for Botswana (2011) acknowledges that Botswana has observed the growth of social ills associated with alcohol consumption. "Percentage of current drinkers in Botswana is about one-fifth of the adult population." Among the ills is underage drinking. "In 1988, a Youth Survey conducted among secondary (High) school students revealed that 24.3 per cent were taking alcoholic beverages."(p. 4).

This is corroborated by "Of 507 students who responded to the question on current use of alcohol, 53.6 per cent reported that they have had at least one alcoholic beverage in the past 30 days" (Botswana Youth Risk Behavioral Surveillance Survey, 2010; p. 29).

The National Alcohol Policy for Botswana (2011) further states that general alcohol abuse, gender-based violence, health ailments, the spread of HIV/AIDS, absenteeism and traffic accidents all associated with alcohol, are a concern. Although drunken driving is not the most significant cause of road accidents, per Appendix A, it is still worth a mention, as one of the causes, with the trend fluctuating from year to year. The social ills were further facilitated by the proliferation of non-regulated informal residential outlets (shebeens) from which trading and sale of (opaque) liquor was conducted. It was only clear (lager) beer that was sold in commercial zones.

However, it has also been noted, that alcohol production contributes to the economy through employment, revenue generated from restaurants, bars, bottle stores and other outlets, and most significantly, contribution to government coffers through tax revenue, as per Table 1 below, showing tax revenue collected from the sale of alcohol between 2004 and 2009.

Table 1: Tax revenue collected from sale of alcohol by Botswana government from 2004 to 2009 (Botswana Unified Revenue Service, 2014)

Year	Tax Revenue (BWP)
2004	1 299 137 711
2005	1 437 982 673
2006	1 551 530 495
2007	1 982 464 369
2008	2 708 458 920
2009	2 617 397 791

Ministry of Health (2014), which is the custodian of the alcohol policy, informs that historically, opaque beer (made from sorghum) was not included under the Trade and Liquor Act and as such could be traded in residential (as opposed to designated commercial areas) areas, and was thus categorized as informal. Regulation of the trading hours was under Bye-Law. The domestically-brewed opaque beer was of very small quantity; the significant volume was brewed commercially, primarily by Botswana Breweries Limited. Trading of clear beer (beer, lager), ciders, wines and spirits, on the other hand was explicitly regulated by the Trade and Liquor Act. The beer was sold in commercial outlets such as restaurants, bottle stores, bars and clubs. Therefore, the government collected tax on the sale of both types of beer; the only difference was the distribution and retail channel.

The legal age of drinking in Botswana is, and has always been eighteen years. In light of increase in per capita consumption and growing social ills associated with alcohol, from 2002, Botswana started dialogue about initiatives to de-market alcohol, to better regulate and control its consumption.

The de-marketing initiatives include:

Banning of sponsorships by alcohol brands and partial ban on alcohol advertising (2002); amendment of liquor trading hours/days (2008), per Table 2 below; the broadcasting of public anti-alcohol messages through different media (per Appendix B); the development of the National Alcohol Policy for Botswana (2010); imposition of the forty per cent alcohol levy (2010); passing of Traditional (opaque) Beer Regulations (2012), which de-legalized the sales of opaque beer in residential areas; the amendment to the Traffic Act, which increased fines as well as reduce the allowed breath alcohol concentration from 0.35 to 0.22 (2013); the increase of the alcohol levy to forty-five percent (2013); and the last revision of the alcohol levy to fifty-five percent in December 2014.

Money from the alcohol levy is used by the Ministry of Youth, Sport and Culture to fund youth empowerment, development and recreational programmes. Ministry of Health, also a beneficiary, uses the funds to support NGOs that work with social programmes, alcohol-related (rehabilitation and public education) or otherwise (Pitso & Obot, 2011; Ministry of Health, 2014).

Table 2: showing revised vs. (old) liquor trading days and hours per type of outlet, as well as those that have remained the same (Ministry of Health, 2014).

License	Days	Hours
Bar Liquor, Liquor Depot, Club Liquor	Monday - Thursday	1400 - 2200 (0900-2300)
	Friday - Saturday	1200 - 2300 (0900-2300)
	Sunday and Public Holiday	1500 - 2200 (1100 - 2300)
Bottle Store Liquor	Monday - Saturday	1000 - 1900
Discotheque / Nightclub	Monday - Thursday (Sunday - Friday)	1900 - 0000
	Friday - Saturday (Saturday)	1900 - 0200 (1900 - 0300)
	Sunday and Public Holiday	1500 - 2200
Wholesale Liquore, Distributor Liquor	Monday - Saturday	0800 - 1700

2.5 Theoretical Framework

Kerlinger (1979) describes a theory as “a set of interrelated constructs (variables), definitions, and propositions that presents a systematic review of phenomena by specifying relations among variables, with the purpose of explaining natural phenomena.” (p. 64)

According to Creswell (2014), the research relies on the precedence of viewing the theory as a scientific explanation for what the research expects to find. Theories tend to emanate from the post-positivist philosophical worldview. This worldview is also referred to as scientific method, post-positivism, or positivist. The view holds a philosophy that certain causes determine certain outcomes or results. The view reduces the cause-and-effect ideas into a set to test, to explain an objective truth that exists in the real world.

Bryman (2012) adds that as far as ontology, referring to social entities, is concerned, quantitative research ascribes, to objectivism, an ontological position that claims that social theories are as they are, and as much as we participate in them, they shape us more than we shape them and constrain us and the best we can do is study and understand them.

Although the view tests an objective view, it however acknowledges that absolute truth is an achievable, but rather, quantitative research uses data, evidence and rational considerations to test a theory, not to establish whether it is true, but rather, whether the research results have failed to reject the hypothesis.

It is suitable for the research conducted, to test an objective theory of economic theory of consumer behaviour, through the relationship between the independent variable of price and the two dependent variables of demand and substitution.

2.5.1 The economic theory of consumer behaviour

The theory of consumer behaviour states that when all the other variables remain the same, consumers' reaction to an increase in price of a product is to demand less of it. The theory further stipulates that although the price is the primary demand factor, the degree to which other substitutes are available, and the disposable income are demand shifters, and, therefore, affects demand (Van Rensburg, McConnell, & Brue, 2011). These demand shifters culminate to the degree to which a particular change in the price of the alcohol affects change in demand, referred to as price elasticity of demand. Hence

Elder et al. (2010)'s expectation that the price increase due to tax policy will be proportional to its magnitude, subject to demand elasticity among different population groups.

Van Rensburg, McConnell, & Brue (2011) concur on this fundamental economic theory of the consumer theory as the foundation of consumer behaviour, as stated by Walters (1978) who acknowledges that although consumer behaviour has since incorporated psychological and sociological aspects; the theory is the foundation of consumer behaviour, which remains true to date.

Thaler (1980) also built on the theory by further explaining that the economic theory of consumer behaviour is a combination of positive and normative theories of economics. Positive theories refer to facts about how things are and the cause-and-effect relationships while normative theories refer to prescriptions and value judgements of how things ought to be (Van Rensburg, McConnell, & Brue, 2011). Hence Thaler's assertion that while the theory describes how consumers make purchasing decisions to maximise utility by choosing the best combination of goods among many options, given limited resources, it also hypothesised to also describe they actually do choose (1980).

2.5.2 Theory of reasoned action and theory of planned behaviour

Linked to the economic theory of consumer is the theory of reasoned action, which is based on relationships between attitude and behaviour, by linking subjective norms, attitudes, behavioural intentions and behaviour in a causal sequence. Hence the use of a research model derived from the theory of reasoned action (Fishbein & Ajzen 1975; Ajzen & Fishbein 1980). The theory assumes control over behaviour and choices made. The theory hypothesises that behaviour results from behavioural intention, while the intention is a product of a combination of people's attitudes towards the behaviour and the same people's perceptions of the social pressure imposed on them to perform the same. The attitude on the other hand arises from people's beliefs about behavioural outcomes and their evaluation of the same.

Ajzen (1985) further added the theory of planned behaviour to the theory of reasoned action, to extend the scope of the actions, to cover those that people do not have complete control over.

In combination, while the de-marketing of alcohol should induce intention not to purchase, by increasing the price, or substituting for cheaper products, while the relationship between the perceived

price and the intention not to purchase has been established from past research, the research intends to test it in Botswana, and because other de-marketing efforts include restricted availability, subjective norms and the communicated health concerns associated with irresponsible drinking, test the correlation between intention not to purchase and the other two, per the same research model below.

Since the theory of reasoned action assumed control over one's behaviour, the research study intends to test, within the de-marketing environment, which intends to influence consumer demand, to what degree the consumers' choice to purchase alcohol or not is within their control. As a rational model of human behaviour, it hypothesises that the behaviour to/not purchase can be predicted by intentions. Intentions, on the other hand, are predicted by attitudes, and the social pressure and control the consumer perceives to have upon themselves regarding their decision and behaviour (Shepherd, Magnusson, & Sjoden, 2005). Since the core goal of de-marketing is to lower demand, by increasing the price, limiting availability and perpetually shaping consumers' attitudes and attitudes of those around them, about alcohol consumption, it remains to be tested to what degree de-marketing is effective or not, based on the theory.

2.6 Variables (Constructs)

2.6.1 De-marketing

Kotler & Levy (1971) laid the foundation for definition of de-marketing when they informed that of the three kinds of de-marketing identified by general de-marketing is the one whose objective is to reduce demand through advertising and public campaigns.

De-marketing is an initiative to reduce utility and discourage purchase (Gerstner, Hess, & Chu, 1993). Although it may seem to be in direct contrast to marketing, later Sullivan (2008) points out that de-marketing is a fundamental aspect of segmentation in a marketing strategy. While it is important to determine who to invest in with marketing messages, it is equally important to determine who not to invest in, to get the desired results and best utilise limited budget resources. This was after Gordon (2006) prescribed that businesses focus on building profitable long-term relationships with customers who matter most, and not be afraid to de-market or even terminate the unprofitable ones.

Peattie & Peattie (2009) define de-marketing as a subset of social marketing, which uses marketing tools to change social behaviour towards one that is favourable to the well-being of an individual or society as a whole. In the same year, Shiu, Hassan, & Walsh (2009) highlighted that de-marketing uses the fundamental 4P's of marketing: it focuses on attributes or effects of the product as deterrence; price is inflated through taxation; promotion is done through campaign messages educating about the dangers of consuming the product, while places focuses on restricting availability of the product in certain places or times or places where it can be consumed, all towards discouraging consumption. It has also been defined as a set of measures put in place to regulate and control consumer behavior in relation to alcohol consumption, to minimize its social harm (Anderson, Chisholm, & Fuhr, 2009).

Medway, Warnaby, & Dharni (2010) highlight two distinct motives in de-marketing: one where access to a finite resources or facilities is restricted or made very expensive, due to its inability to sustainably cope with growing demand, such as health care or tourism, and the other focuses on changing consumer behaviour, through promotional campaign, to reduce the demand for the product; examples of which are tobacco and alcohol. Hence, Roets, Bevan-Dye, & Viljoen (2013) referring to it as efforts to dissuade what is considered unhealthy consumption behaviours.

Globally, although governments benefit from tax revenue from alcohol, the social and economic harm caused by its consumption far outweighs the benefit. In the USA in 2010, alcohol was considered the third leading cause of deaths, accounting for about 79,000 deaths. It was also observed to cause other social and health problems such as underage drinking, road accidents, suicide, and loss of productivity (Elder et al., 2010).

Hence the growing global interest, in the last two decades, in controlling and managing consumer behaviour regarding alcohol consumption (Crawford, 1987).

Campbell et al. (2009) recommended reducing the density of alcohol outlets. From the research they conducted, Toben et al. (2013) added that price restrictions were the highest-rated policies, followed by those that limited physical availability of alcohol, for both youth and generational population, with restrictions on physical availability rated as more effective for the youth than adults.

Anderson, Chisholm, & Fuhr (2009) recommended a combination of education and information campaigns, enhanced law enforcement and surveillance, media advocacy and community organization

and coalition as key to effectiveness. Schelleman-Offermans et al. (2012) observed the same in Netherlands, where strict enforcement, supported by penalties for retailers and community involvement in enforcing the interventions, as having a positive impact on reducing drunkenness among the youth.

It is important to note some of the factors that compromise effectiveness, such as unemployment (Latif, 2014) and the consumers switching to cheaper alternatives, which may not necessarily reduce consumption.

Effectiveness does not necessarily correlate with popularity with the public. In USA and Canada, the public favours the initiatives that impose the least on the general public but targets offenders (Latimer et al., 2003). The same was true in France in 1954 and the UK in the early 1980s (Crawford, 1987).

Schelleman-Offermans et al. (2012) recommend the alcohol policy allow for dialogue with the public and non-governmental organizations, to influence decisions that affect their lives.

2.6.2 Health Concerns

A broad definition of health is not merely the absence of disease, but rather but rather as well-being as defined by the World Health Organisation (Saylor, 2004). Health concerns are anything that acknowledges the threat to it. Kraft & Goodell (1993) state that health concerns comprise paying attention to nutrition, incorporating physical fitness into one's life, effective management of stress and being sensitive to health hazards in one's environment.

Health, as defined by Carlson (2003), is having capacity to live life, adding onto Breslow (1999) who earlier observed it as being one with life, deriving joy from its movements and social connections. Pender, Murdaugh, & Parsons (2002) further recognised ability to take care of oneself, living a life guided by goals and purposes, and maintaining integrity in different environments.

It is also important to note the eastern medicine traditions whose ideology of health centres around energy and balance. Maintenance of health is achieved through the continuous harmonious flow of energy and maintaining a balance between opposing forces (Anderson, 2003; McKenna, 2003).

It is critical to have health concerns regarding alcohol consumption due to escalating health costs, contributed to by alcohol consumption. In the USA in 2010, it was considered the third leading cause

of deaths, accounting for about 79,000 deaths. It was also observed to cause other social and health problems such as underage drinking, road accidents, suicide, and loss of productivity (Elder et al., 2010). In England, between 2006 and 2007, the estimated costs of the alcohol-related illnesses amounted to an estimate of \$US 4.2 billion (Purshouse, Meier, Brennan, Taylor, & Rafia, 2010).

Adolescents are vulnerable because adolescence is when experimentation and exploration of anything new, including alcohol, reaches its peak. While the consumption itself may not be the primary concern, it may be the onset of problematic consumption, characterised by disruption to their academic, social and professional life. Some adolescents go on to develop alcohol dependency or abuse, further compromising their ability to fulfil certain roles at school, family and work (Reboussin, Song, Shrestha, Lohman, & Wolfson, 2006). In the long term, alcohol dependence contributes to the lack of participation or non-participation altogether in important life activities; their life tends to revolve around acquiring, consuming and recovering from the effects of consuming alcohol.

In USA, it was the alarming alcohol-related traffic deaths among the youth between 1970s and 1980s, which led to government reducing the minimum drinking age to twenty-one, which successfully reduced the traffic deaths, saving 18,000 lives (O'Malley & Wagenaar, 1991).

Anderson, Chisholm, & Fuhr (2009) say that the health concerns are not just at the consumer level, but also at national and global level, in the form of costs incurred to treat alcohol-related problems. They further add that, globally, 4.6 per cent of premature-death and associated ill health are attributed to alcohol, with the developing countries carrying a greater burden, per liter consumed. Long-term consumption induces dependence, leading to alcoholism and is dangerous when consumed during pregnancy leads to deformations and low birth-weight on the fetus. They further point out the positive correlation between a country's prevalence of alcohol-related harm and the degree of consumption.

In Europe, Schelleman-Offermans et al. (2012) acknowledge alcohol as a major cause of morbidity and mortality among the youth. The sum of indirect and direct costs of excessive consumption of alcohol, in 1998 was estimated at \$184.6 billion (Campbell et al., 2009).

Kraft & Goodell (1993) identify those people who do not have an appreciation for health concerns as higher health risks and prospective audience for health promotion intervention programs.

The education campaigns typically emphasize legal-age drinking, responsible drinking and the dangers alcohol poses to one's health; heavy drinking over a long period of time is associated with an increased risk of various conditions including high blood pressure, liver cirrhosis, some cardiovascular diseases, and different types of cancer such as cancer of the mouth, pharynx and oesophagus (Anderson, Cremona, Paton, Turner, & Wallace, 1993).

Wakefield, Loken, & Hornik (2010) and Schelleman-Offermans et al. (2012) add that the campaigns repeatedly disseminate well-crafted messages focused on ideal behaviour, to large audiences repeatedly, over time. However the messages do not always have desired results due to various factors including the cluttered media environment, competition with product advertising, the campaign not being long enough to have the desired effect or the messages being lost because they are not tailored well to the target audience and while the change desired clear, requiring resources the target audience doesn't have.

While the message may be directed to an individual, it could also reach the individual indirectly, by being consumed by other around the individual, who generating discussion, or shaping their subjective norms, which they then subject the individual to or influencing public policy to create more constraints to the enjoyment to the unhealthy habit, thereby influencing the desired behavioural change.

Spoth, Greenberg, & Turrisi (2008) however, share their regret that with the exception of campaigns that focused on drunk driving, there has not been much success. The potential impact has been compromised by drinking being such an integral part of socially acceptable behaviour and competing advertising by alcohol producers. Alcohol addiction is also a constraint. It is also worth mentioning that the campaign has a greater chance of success if the desired behaviour is once-off and not habitual, like alcohol. The campaigns should also be run alongside multiple other interventions, for maximum reach.

The sentiments are reiterated by Anderson, Chisholm, & Fuhr (2009), who believe that coalition of education and information campaigns; enhanced law enforcement and surveillance; media advocacy and community organization; are key factors in de-marketing alcohol.

Although the education campaigns are not the most effective initiative, in USA and Canada, they have been favoured for decades by the public because it imposes the least on the general public but targets offenders. Among others, they list education through campaigns, warning labels on packaging to facilitate prevention, accompanied by treatment where required; banning of advertising that makes alcohol appealing to teenagers, be it in the form of cartoons, or sports teams on television or billboards, accompanied by heightened penalties for offenders (Latimer et al., 2003).

2.6.3 Perceived price

Zeithaml (1988) informs that Perceived Price is defined from the consumers' point of view as what the consumer gives up to obtain a product or service. Perceived price is not the actual item price, but rather a consumer's perception of it. It could range from cheap or expensive, depending on the relative amount to the money to be given up versus the overall money available, comparison to what they used to pay, the ease of access to obtaining the product or service or even the opportunity cost of foregoing the next available item.

De-marketing by increasing the price of a commodity raises not only the actual price but also the perceived price when the consumer considers the excessive implicit and explicit costs. The perceived price may be explained by both statistical and cognitive processes (Antonides, 2008). With the restricted availability of alcohol and the location of opaque beer outlets only in commercial areas, consumers now do not have outlets available in residential areas, within close proximity, so one has to consider the extra cost of travelling to buy the alcohol.

The cognitive processes entail a combination of the memory of past prices paid, price experience across different transactions, and reference prices that are used as a benchmark of attractiveness. The consumer, therefore, compares the market price with their internal reference price, mostly influenced by the disparity between it and the most recent paid price (Janiszewski & Lichtenstein, 1999). It therefore means that as the price of alcohol continues to rise, consumers not only notice the price increase but also how perceptibly higher it is compared to the last price they paid, thereby giving an even higher perceived price.

Anderson, Chisholm, & Fuhr (2009) state that imposing a tax on alcoholic beverages, to increase the price, is premised on reducing consumer demand by increasing the cost relative to substitutes or other

goods and services to spend their money on. This happens in both high income and low-income countries.

Furthermore, because price demand for alcohol is inelastic, the percentage change in demand will be smaller than the percentage change in price, but the change still constitutes the desired consumer behaviour and the increase in tax revenue in government will go towards enabling government to have more resources in managing alcohol consumption.

Elder et al. (2010) confirm that studies on imposition of tax in USA, Canada, Europe and the Pacific Region attest to its success. Seventy-six per cent of the studies reported negative elasticity, implying a higher price associated with reduced consumption and related harms. The related harms studies were incidence of car crashes, which highlighted that the higher price was more effective, decreased mortality due to cirrhosis and cancer, as well as decreased violence, alcohol dependence and incidents of spread of sexually transmitted diseases.

The studies explicitly imply that tax policy is very effective in countries where five per cent or more of the population are heavy drinkers, where a ten per cent increase in alcohol prices would be expected to result in, at the most, a ten per cent decrease in alcohol consumption (p.226).

Purshouse et al. (2010; p.1362) on the other hand, estimate that in the UK, a ten per cent general price increase would reduce consumption by 4.4 per cent and alcohol-related harm by deaths by Pounds 3.5billion over ten years after policy implementation.

The effectiveness of the tax policy took into consideration the other alcohol beverages that consumers could substitute with. The overall consumption was reduced. The effectiveness also took into consideration the adverse impact of the loss of sales, cost associated with passing legislation, and the administration and enforcement of the policy as compared to the costs saved by prevention (Elder et al., 2010).

However, while reference price may be an aggregate of past prices paid, Kalyanaram & Winer (1995), earlier cautioned that the perceptions of price increase depend on the length of increase intervals and may be inaccurate due to memory loss. Consumers do not always accurately remember the price(s)

they paid the last time. They also tend to be sensitive to prices that are higher than their reference prices than those that are lower, which means they could perceive the price higher than it is.

Consumers should also be cognisant of the change in pack sizes. As manufacturers battle with escalating input costs, they often slightly reduce pack sizes and keep same pricing, giving the impression that the price has not changed, only noticeable to the consumer who notices the few millilitres or grams taken away. On a related note, the reduction in pack size could be accompanied by the price increase, making the perceived price even more. The option that manufacturers have is to swap raw materials for cheaper ones, changing the taste of the finished goods slightly, for the same price.

It is also worth noting that perceived price is subject to inflation. As a beverage, alcohol is included in the consumer price index (CPI); therefore when its market price increases, it increases the CPI. Ironically, the perceptively high price of alcohol will make it look even more expensive and pose a huge opportunity cost if it were to be bought in place of other goods in the CPI, which may have also increased in price because of the alcohol market price!

As a summary, Anderson, Chisholm, & Fuhr (2009) state that in response to the increase in price, consumers substitute to cheaper substitutes within their category of choice, so it is imperative that imposition of tax takes that into consideration. They further caution that governments beware that the increase in price will make much cheaper options of illicit alcohol more attractive and therefore must make provision for that. All in all their view is that the price increase is effective as it not only changes the behaviour of current consumers, but also delays early adolescent initiation and progression in drinking.

2.6.4 Restricted availability

Giesbrecht & Greenfield (2003) break restricted availability down into four categories. Economic, achieved by factors influencing price; demographic, achieved by legal age; geographical, achieved by outlet type and density; and temporal, accomplished by regulating days and hours of trade. Geographical and temporal together restrict availability physically.

Shiu, Hassan, & Walsh (2009) state that de-marketing uses the fundamental 4Ps of marketing; the fourth P, *place*, focuses on restricting availability of the product in certain places or times where it can be consumed, all towards discouraging consumption.

Different interventions of restricting availability are available as options, ranging from individualistic ones focusing on the problem drinker to industry specific ones (Latimer et al., 2003).

Restricted availability could be achieved by reducing the density of the outlets by imposing new regulations, to close some down or disallow new ones or simply changing the hours during which liquor trading can be conducted. This has been found to be very effective in curbing underage drinking and in clustered communities (Campbell et al., 2009).

According to research conducted by Toben et al. (2013), where they selected a number of policies and interventions and subjected to a rating by panel of experts, based on evidence, policies that limited physical availability of alcohol, for both youth and generational population, with restrictions on physical availability rated second to best, as more effective for the youth than adults.

Moore & Rhodes (2004), however, caution that the same effective policies, such as reduction of alcohol availability, are perceived to impact on private matters such as consumer choice, market freedom and lifestyle. The public would also like the policy solutions often emphasise the moral management of the self, such as legal age, drinking in moderation, drinking responsibly, etc.

2.6.5 Subjective norms

Ajzen & Fishbein (1980) define subjective norms as behaviour resulting from behavioural intention. Intention itself is hypothesised to be a product of people's attitudes towards performing a particular behaviour and their perceptions of the social pressure imposed on them to perform it.

Subjective norms are as much about doing what is approved of by people whose opinion you value and as they are about the need to comply with the norms. They are fundamental to the theory of reasoned action.

Since the choice to purchase or not is derived, among others, by the opinions of whom the consumer values and the consumer's wish to comply with their wishes, de-marketing not only influences the

individual but also those around them. Therefore, public campaigns reach the consumer directly and indirectly.

Lee & Green (1991) add that subjective norms play a more significant role in a society that values collectivism, where the collective, is valued over the individual. They further add that the greater one perceives inequality, the higher the power held between them and the sender of the prescription, the greater the influence and the willingness to substitute one's opinion with that of the higher individual.

Subjective norms have also been found to be more influential amongst people of the same demographics due to the ease of communication and the common interests (Price & Feick, 1984; Brown & Reingen, 1987), once again highlighting the importance of peers and community.

Subjective norms expressed as opinions about a retailer or service provider would influence one's intentional behaviour to purchase the product and service. In an experiment carried out by De Canniere, De Pelsmacker, & Geuens (2009), they administered a questionnaire regarding behavioural intention to a sample of customers of a chain apparel retailer, who were sampled according to amount spent, frequency of visits and items purchased. The questionnaire was then followed by observation of their purchases (behaviour) over a period of six summer months.

The survey was part of the research between the Relationship Quality Model (RQ) and the Theory of planner behaviour model (TPB) both as models that study antecedents to purchase behaviour. They observed that their usage so far is different in that the focus of RQ has usually been newly introduced behaviour, whereas TPB has usually been repeat buying behaviour.

Subjective norms, as one of the antecedents of TPB, in the study, included statements such as

“My family/ Friends who influence my behaviour considers it a good idea if I purchase apparel at least once at the retailer during the upcoming summer season

Friends / Family members who influence my behaviour will purchase apparel at least once at the retailer during the upcoming summer season

My friends/family members who influence my behaviour approve that I purchase apparel at least once at the retailer during the upcoming season" (p.86)

Although they were not found to be the most influential to intentional behaviour, they still contributed.

Subjective norms are part of our culture, which shapes the way we relate to others, what is acceptable and what is not. It is important to note that human beings are subject to reference groups, to which we belong. The reference groups could be formal or informal, ranging from family, clubs, to friends, who shape our sense of belonging, principles, values and norms (Cant, Brink, & Brijball, 2002).

Bansal & Voyer (2000) and Tejavibulya & Eiamkanchanalai (2011) agree with the theory of reasoned action, through looking at the influence of the opinion leader on the purchase decision of the opinion seeker, being the most influential in some markets. They recognise that consumers seek word of mouth recommendations from informal and personal sources, as they are most trusted and unbiased, rather than organizational or formal sources such as advertising campaigns, due to the potential monetary gain. The greater the risk, the closer the ties between the sender and receiver of recommendation, the greater the expertise of the sender, the more sought after and the more relied upon, the greater the influence.

While alcohol policy is seen as an intervention, it is important to note some of the factors that compromise its effectiveness. Unemployment has been found by studies in USA and Canada, to lead to high consumption of alcohol, due to idle leisure time, coping with stress and uncertainty of the predicament (Latif, 2014). So, it is important for policymakers to note this as a macroeconomic factor, in the holistic approach of managing alcohol consumption.

Rice, Carr-Hill, Dixon, & Sutton (1998) caution that while initiatives should target individuals, individuals conform to the culture and lifestyles of their network and households, so policies should acknowledge that one's consumer behaviour is influenced by others and in turn, the same individual influences them. The use of peers and opinion leaders can be effective in influencing the desired conduct.

In addition, while there is a drive to discourage underage drinking, it should be noted that it is not just the ineffectiveness of education campaigns or the advertising by commercial brewers, but also the fact that alcohol plays such a big role in the social lives of students. Those students who choose to drink infrequently responsibly or not at all have to deal with tension and feeling left out of some social interactions, so policymakers should factor this into design of anti-alcohol policy targeted at the youth (Piacentini & Banister, 2009).

2.6.6 Intention (not) to purchase

Inkon (2013) defines purchase intention as the consumers' will to purchase. As a connection between buying behaviour and attitude, it helps in understanding the behaviour of consumers. The intention not to, is the unwillingness.

Two decades earlier, Dodds, Monroe, & Grewal (1991) believed that perceived value is more appealing to consumers than quality, and as such, has a closer relationship with intention to purchase.

Building on the theory of reasoned action, by Fishbein & Ajzen (1975), Zhan & He (2012) reiterate that how an individual intends to behave is dependent upon their attitude towards the behaviour and the subjective norms associated with it. Sangyoung & Sungyoung (1999) had also appreciated the same theory and added that people intend to behave in ways that return desired outcomes and gains them approval of others important to them. Therefore, the intended behaviour can be predicted if the attitude and subjective norms are known.

Meanwhile, building on the theory of planned behaviour, the three components, subjective norms, attitude toward behaviour, and perception that an individual has control over their behaviour, collectively form behavioural intention (Ajzen, 2002; Phau, Teah, & Lee, 2009)

They suggest that while attitudes determine purchase intention, purchase intention is also influenced by purchase behaviour. A decade before that, Sangyoung & Sungyoung (1999) had theorised that while there is the relationship between the three, purchase intention is a more reliable predictor of the buying behaviour. They further hypothesised that when deciding whether to purchase a product, the consumer receives more direct due to the fact that attitudes determine purchase intention, which in turn determines purchase behaviour, it is the attitude towards behaviour, not towards the product, that is a more reliable predictor.

With the growing trend of online shopping, Bai, Law, & Wen (2008) point out that customer satisfaction with the retailer, as well as the website quality, in terms of ease of navigation and reliability of information, influence intention to purchase.

2.7 Conceptual Research Model

The research model will be conceptualised, as a derivative of the literature review above, comprising theoretical and empirical literature. Hypothesized relationships between research variables (constructs) will be developed thereafter. In the research model, restricted availability, health concerns/responsible drinking campaigns, perceived price and subjective norms will be predictors (independent variables) and consumers' intention not to purchase will be the outcome (dependent variable). Figure 1 below illustrates the proposed conceptual model.

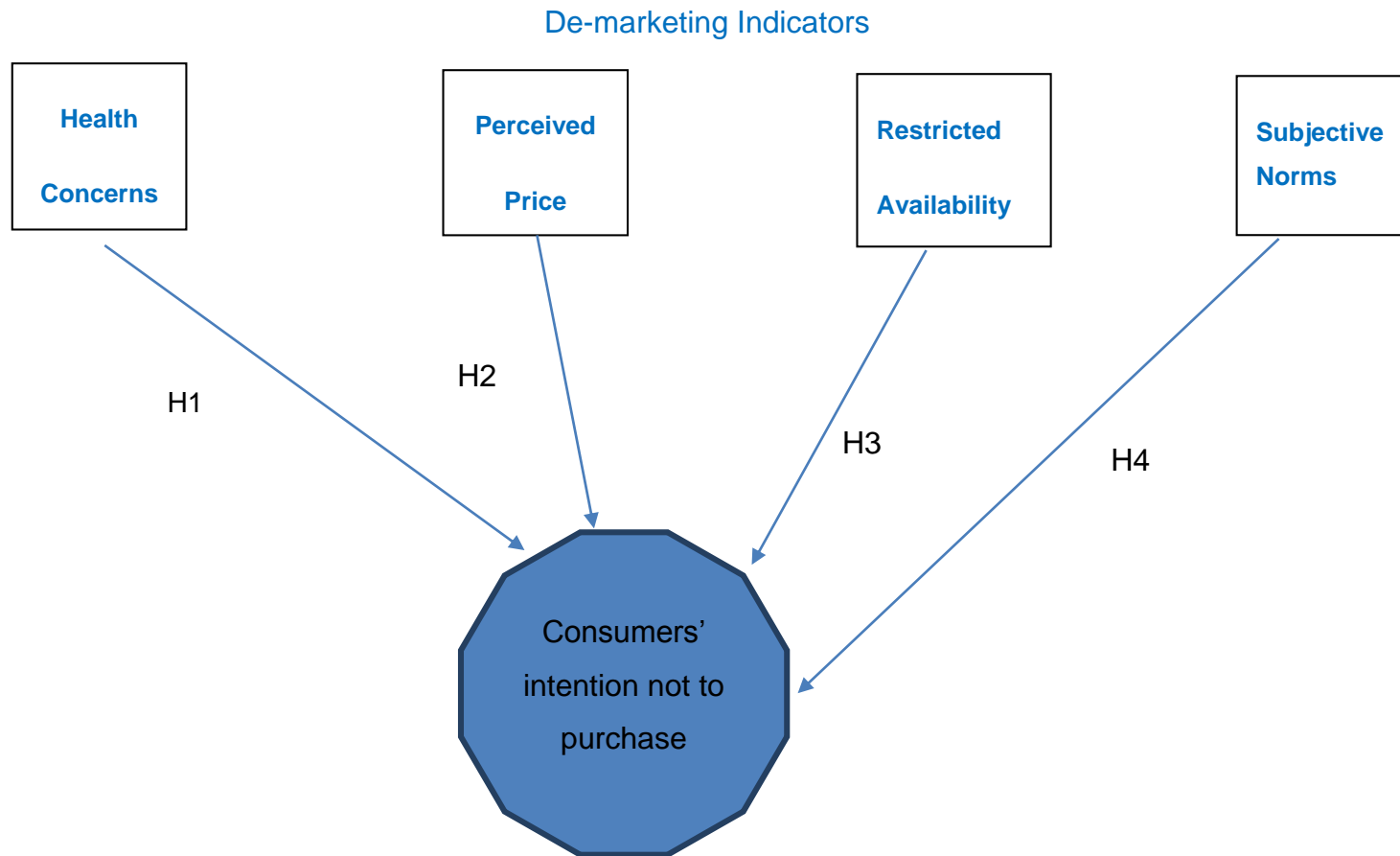


Figure 1 showing the conceptual research model (Adapted from Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980).

2.8 Hypotheses

The following hypotheses are formulated based on the above conceptual model. The statement explains the hypotheses development between variables of the study.

2.8.1 Health concerns and Consumers' intention not to purchase

Counter-advertising, is how Stewart (1997) referred to de-marketing. In relation to health concerns, he defines it as an intervention that communicates information about the harmful effects of a product or the industry as a whole, to reduce its appeal for purchase.

The various forms include warning labels on the packaging, and raising awareness about the alcohol products and the industry (Giesbrecht, Conley, Denniston, Gliksman, Holder, Pederson, Room, & Shain, 1990; Greenfield & Zimmerman, 1993).

Kaskutas (1995) informs that the warning label legislation was passed in the US in 1989, motivated by health concerns. The warning labels, whose credibility is attained by referring to the Surgeon General as the source, caution about birth defects in the child, if the expectant mother drinks while pregnant and health problems associated with alcohol consumption in general. Besides the warning labels on the packaging, some states further require point-of-sale materials in the outlet, echoing the same message.

Anderson et al. (1993) also mention public education campaigns, which typically emphasize legal-age drinking, responsible drinking and the dangers alcohol poses to one's health. Jahnke (2001) adds that to address the health concerns, health promotion, in the form of the public campaigns can be rolled out to communicate the health concern. The initiative helps people change their lifestyle towards their best health. It targets those who are healthy and would like to maintain it and prevent any concerns, those who are at risk, to be more vigilant and those who are affected and need to seek assistance, to alleviate the health concern.

While the impact of the messages varies from research to research, there has been some indication of the consumers' willingness to change their purchasing patterns, due to the penetration of the messages, particularly amongst the heavy drinkers (Giesbrecht & Greenfield, 2003). The suggestion

put forward is to enhance the impact by combining with community-based interventions, to leverage on community influence and subjective norms.

Brazil is amongst the four largest beer markets in the world (Carlini-Cotrim, 1999; Vaissman, 2004). The country has acknowledged alcohol consumption as an important national health issue. Just under seventy per cent of the population have indulged in alcohol at some point in their lives, with just over ten per cent being dependent on the substance (Brazilian Centre for Drug Abuse Education - Centro Brasileiro de Informaçõessobre Drogas Psicotrópicas, CEBRID, 2001).

Social costs, including absenteeism, consultation at health centres, show that alcohol-dependence related illnesses accounted for an average of ninety per cent of the in-patients, for a decade, between 1988 and 1999 (Noto, Moura, Nappo, Galduróz, & Carlini, 2002).

Vaissman (2004) relays how the government used health concerns/responsible drinking public campaign messages to win the battle with alcohol. In 2003, the Ministry of Health in Brazil worked with the media to promote responsible drinking. The messages were especially targeted at the young people. The same year, an NGO (non-governmental organisation) followed up the campaign with a similar one, centred round the carnival. The campaign encouraged using free public transport after drinking, rather than driving. This resulted in a thirty five per cent increase in public transport usage between 2003 and 2004.

Therefore, inferring from the literature and the empirical evidence above-mentioned, the study hypothesizes that:

H1 ⇒ there is a positive relationship between de-marketing of alcohol, through health concerns/responsible drinking public campaigns and the consumers' intention not to purchase alcohol.

2.8.2 Perceived price and consumers' intention not to purchase

Alcoholic beverages are subject to the laws of supply and demand; rising prices generally lead to falling consumption and vice versa (Giesbrecht & Greenfield, 2003). Testimony to how far alcohol research dates back, studies of natural experiments have shown that increases or decreases in price are likely to be associated with decreases or increases, respectively, in per capita consumption and

drinking-related problems (Bruun, Edwards, Lumio, M'akel'a, Pan, Popham, Room, Schmidt, Skog, Sulkunen, & Osterberg, 1975).

In the USA, time-series analysis has shown that as alcohol excise taxes increased, deaths resulting from cirrhosis and car crashes decreased by a larger percentage than per capita consumption, emphasizing heavy drinkers' price sensitivity (Cook & Tauchen, 1982).

Grossman, Chaloupka, Saffer, & Laixuthai (1994) and Giesbrecht & Greenfield (2003) have observed that in general, heavy drinkers are considered to be perhaps more price sensitive, especially the youth. They are more responsive to price change because, given the same income, they will be able to purchase fewer beverages that they would like. The youth tends to prefer cheaper brands due to disposable income constraints. They also tend to prefer beer where economic studies have shown lower elasticity for this product as a function of price change.

Elder et al. (2010) assure that imposing a tax on alcohol to increase the price has been found to be effective in USA, Canada, Europe and the Western Pacific Region. While the increase in price had varying decreased consumption across different groups, it applies generally and more importantly, it is the targeted consumers who consume greater quantities who are the most sensitive to price increase, thereby making the intervention even more effective.

However, the effect of the price increase can be countered by cross-border trade to access the alcohol cheaper (Giesbrecht & Greenfield, 2003). It is also worth noting that in lower-income households, where the heavy drinker persists with the same pattern of consumption, a greater proportion of the family funds will be diverted to alcohol consumption, reducing income available for other important things in the family, which could lead to some welfare problems (Cook & Moore, 1994).

Korea ranks in the top twenty among almost two hundred countries in total per capita consumption (World Health Organisation, 2014). However, Seo, Chun, Newell, & Yun (2015) have observed that because the alcohol industry is a significant source of revenue, the government's policy has primarily focused on industrialization and protecting it, probably at the expense of public health.

They further inform that upon realising the attention needed in reducing alcohol consumption, the government embarked on soliciting public opinion on various initiatives that could be put in place, to

achieve the goal. The suggestion of a price increase was not popular, as a general initiative, but only if its burden could be carried by drinkers and benefit society in the form of reduction of other taxes and funds for rehabilitation and treatment for alcohol-related ills. Per Grossman, Coate, & Arluck (1987), who have been privy to the development of the issue over the last twenty years, Koreans expect the drinkers, especially the heavy drinking ones and the youth, to feel and carry the impact the most, but Seo et al. (2015) caution that for the initiative to be effective, there must be an adequate pricing policy in place, regulation of access to alcohol and enforcement of the laws.

With that in mind, imposing tax on alcohol is considered the initiative with the best return on investment and more effective as it brings about the desired change in consumer behavior at the least cost of implementation (Anderson, Chisholm, & Fuhr, 2009).

Therefore, inferring from the literature and the empirical evidence above-mentioned, the study hypothesizes that:

H2 ⇒ there is a positive relationship between the de-marketing of alcohol through perceived price and the consumers' intention not to purchase alcohol.

2.8.3 Restricted availability and Consumers' intention not to purchase

Availability refers to access and the opportunity to an entity, that one can voluntarily choose to/not interact with. Restriction strives to reduce the availability, by limiting access by imposing a filtering criterion, rationing or time zoning, to discourage consumption and interaction with it (Schelleman-Offermans et al., 2012).

A high number of outlets per area (high density), breeds intense competition among retailers, who resort to incentives, which ultimately add up to higher consumption. High density also makes enforcement difficult as the (often limited) human resources have to address a large number of outlets (Giesbrecht & Greenfield, 2003). Van Oers & Garretsen (1993) support this, based on a study they conducted, showing a correlation between outlet density and percentage of alcohol users.

Changes in the hours of sale affect the consumers' ability to purchase alcohol by changing its availability; the change in availability may alter consumers' purchasing habits such as schedule and volume (Lewis, Paine-Andrews, Fawcett, Francisco, Richter, Copple, & Copple, 1996).

Rehman, Larsson, & Andreasson (2005), share that in Sweden, in 2000, an initiative called "the beer campaign" was undertaken in Norrmalm and Katarina-Sofia. The initiative, which included parents,

police and retailers, aimed to restrict the availability of alcohol to the youth. The initiative was motivated by information acquired from research by STAD (Stockholm Prevents Alcohol and Drug Problems) Project, which showed that just below ninety percent of grade nine students could buy medium strength beer with ease. The youth participated by visiting chosen retailers, to test if they would sell them alcohol, upon which the retailer would be penalized. The success of the initiative was evident in the initial increase, followed by a decrease of sales, between 1998 and 2000, supported by training, advocacy, monitoring and law enforcement, throughout.

Meanwhile, Lewis et al. (1996) had earlier observed one study conducted at the University of Kansas indicating that restriction of alcohol to the youth using a similar intervention saw the sales drop significantly.

Evidence from several scientific reviews supported the conclusion that restricting alcohol trading hours is an effective strategy for reducing its consumption (Smith, 1988; Grover & Bozzo, 1999; Stockwell & Gruenewald, 2004; Popova, Giesbrecht, Bekmuradov, & Patra, 2009). It has also been supported by several international bodies, in various parts of the world, who recommend alcohol trading hours and/or days (World Health Organisation, 2009a; Babor, Caetano, & Casswell, 2010).

A similar recommendation was made by the Western Australian Alcohol Plan, to consider the days and hours of sale, to enable regulation of availability of alcohol (Middleton, Hahn, Kuzara, Elder, Brewer, Chattopadhyay, Fielding, Naimi, Toomey, & Lawrence, 2010).

In the last three decades, various countries have succeeded in reducing alcohol consumption by changing alcohol availability by changing days and hours of sale. In 2005, Switzerland changed trade hours and banned sales in selected channels in the canton of Switzerland, and saw a significant decrease in consumption along with related hospitalisation between 2002 and 2007 (Gruenewald, Johnson, & Treno, 2002; Weitzman, Folkman, Folkman, & Wechsler, 2003; Trollid, 2005; Scribner, Mason, Theall, Simonsen, Schneider, Towvim, & DeJong, 2008; Wicki & Gmel, 2011).

Sweden conducted an experiment to gauge the effect of increasing trade days and experienced a rise in alcohol sales (Norström & Skog, 2005).

Ireland's Department of Health and Children's Strategic Task Force on Alcohol also attest to the effectiveness of amending trade days and hours (Ireland Department of Health and Children, 2004; Middleton et al., 2010).

The city of Diadema, in the state of São Paulo, in Brazil also had success with a similar initiative, after implementation in 2002, as concluded by the Pacific Institute for Research and Evaluation (Pacific Institute for Research and Evaluation (PIRE), 2004; Gorgulho & Da Ros, 2006).

This is reiterated by findings from forty-four studies on alcohol outlet density and fifteen on days and hours of sale, based on literature between beginning of 2000 and end of 2008 in USA, Canada, Brazil, Mexico, Australia, New Zealand, Iceland, United Kingdom, Iceland, Norway, Sweden and Switzerland, where the findings were of varying degrees, between countries, age groups and psychographics, but had some common themes, such as reduction in total consumption and frequency of consumption (Popova et al., 2009).

It is worth noting that restricting the availability of alcohol is not only effective but is also popular across countries because it is predominantly borne by drinkers, without infringing too much on the rights of the general population. Its popularity grows with the progression of age groups but diminishes as consumption grows. Although in some instances the general population protests against the stringent policies, they have been found to go back and support government, when they see the effects of the relaxed policy (Nordlund, 2007; Osterberg, 2007; Casswell, Meier, Mackintosh, Brown, Hastings, Thamarangsi, Chaiyasong, Chun, Huckle, Wall, & You, 2012; Callinan, Room, Livingston, 2014; Seo et al., 2015).

Therefore, inferring from the literature and the empirical evidence above-mentioned, the study hypothesizes that:

H3 ⇒ there is a positive relationship between the de-marketing of alcohol through restricted availability and the consumers' intention not to purchase alcohol.

2.8.4 Subjective norms and Consumers' intention not to purchase

In addition to restricted availability, perceived price and health concerns/responsible drinking public campaigns, culture, in the form of un/acceptable contexts and subjective norms, also influences consumers' intention to purchase and consume alcohol (Greenfield & Room, 1997). Jary & Jary (1991) had earlier defined norms as rules of behavior, which standardize what is acceptable and is not, socially. MacAndrew & Edgerton (1969) and Room & Roizen (1973) previously concurred that alcohol consumption even at its extremes, stays within boundaries defined by the situation and society.

Greenfield & Room (1997), elaborate that the volume that one intends to purchase and consume is influenced among others, by one's personal choice and subjective norms considered acceptable for the particular situation. The subjective norms are a sum of gender, age, effect and general trends, which evolve over time. The evolution is evident in the national household surveys conducted at five-year intervals, between 1979 and 1990, on a sample of 9051 respondents comprising Blacks and Hispanics. The results show that drunken driving was always frowned upon for both males and females, and as such, friends influence friends not to do it. As such, while it may be more acceptable for men to drink at a bar, it is not acceptable for them to drive home drunk.

Politis, Basbas & Papaioannou (2013) concur on that drinking and driving is considered non-compliant with subjective norms. Greenfield & Room (1997) continue to say that, rather than get drunk and go home, it is advised that they drink in the comforts of their home if they intend to drink large volumes, rather than at a bar. The 1980s saw a substantial change in acceptance of either mothers or fathers to be consuming alcohol while in the company of their small children. It became more acceptable for women to be seen drinking socially by the 1990's. Since subjective norms are about doing what will get one approval from society, they also influence the uptake of health concerns/responsible drinking public campaign messages; if one's society heeds the messages and incorporates into their subjective norms, the odd individual will comply to fit in with the others.

On the contrary, Ham & Hope (2003) have observed that in college, which is a society for most youth for four years, subjective norms includes behaviour constituting self-discovery; experimentation; fun; rebellion; coping with academic, financial and psychosocial challenges; making new friends with as many friends as possible. Hence not only is it accepted that intention to purchase and consume alcohol is part of the college experience, but it is also celebrated. What also facilitates this is the clustering in the college society, which you do not find in their peers who are not in college, hence their higher intention to purchase and consume alcohol. Liourta & Empelen (2008) state that while most students may be aware of the dangers of alcohol and may even have intention not to purchase and indulge, some of them fail to live up to this because it is very easy to disengage from the intention because it is the norm to purchase and indulge.

Chan, Wu, & Hung (2010) share that in college, one gets more social approval if they are seen to be able to engage in reckless behaviour after indulging in alcohol, which only further motivates their intention to purchase. They not only get approval but also feel because they can handle themselves, they are exempted from the potential vulnerability. A study conducted in Macao, China showed that

it is the repudiation of the belief of being unique in their ability to control themselves in the situation, which will discourage intention to purchase.

LaBrie, Kennedy, Mirza, & Lac (2011) can attest to the success of using the influence of subjective norms. They conducted research at a university on the west coast of United States. They observed a strong correlation between students' intention to engage in alcohol activities with attitudes of their significant others. They, therefore, recommend using interventions targeted at relationships with significant others. The same sentiments have been echoed by other sources who have seen subjective-norm interventions bringing about positive change in college society (Walters, 2000; Walters, Bennett, & Miller, 2000; Neighbors, Larimer, & Lewis, 2004).

Therefore, inferring from the literature and the empirical evidence above-mentioned, the study hypothesizes that:

H4 ⇒ there is a positive relationship between subjective norms of alcohol consumption and the consumers' intention not to purchase.

2.9 Conclusion of Literature Review

The aim of this chapter was to discuss and elaborate on the research model at the core of this study. The model not only showed the hypothesized relationships but showed the development of the hypotheses, supported by the empirical literature.

The literature review reveals that there is indeed a need to manage alcohol consumption. It also shows that while there may be different approaches, some are more effective than others. It is also noted that what works in one country may not necessarily work as well in another, due to the other variables.

However well-crafted the initiatives maybe, it is worth noting that short-term success is not sustainable as the desired change behaviour is not episodic but habitual and requires support and resources. Cullwick (1975) cautions that the challenge of general de-marketing should not be taken lightly as it entails managing social change, which includes change in social behaviour and values.

Also, worth noting is that all stakeholders must have a collective goal of de-marketing alcohol, for the initiatives to be effective.

Once more, the hypotheses are as follows:

H1 ⇒ there is a positive relationship between de-marketing of alcohol, through health concerns/responsible drinking public campaigns and the consumers' intention not to purchase alcohol

H2 ⇒ there is a positive relationship between the de-marketing of alcohol through perceived price and the consumers' intention not to purchase alcohol.

H3 ⇒ there is a positive relationship between the de-marketing of alcohol through restricted availability and the consumers' intention not to purchase alcohol.

H4 ⇒ there is a positive relationship between subjective norms of alcohol consumption and the consumers' intention not to purchase.

It remains to be seen which de-marketing construct(s) is/are effective in influencing the consumers' intention not to purchase in the research study to be conducted.

CHAPTER 3: RESEARCH METHODOLOGY

The purpose of this chapter is to discuss the research methodology employed in the study. Methodology refers to the process of research (Creswell, 2009). Frankfort-Nachmias & Nachmias (1997) earlier defined it as a system of procedures and protocols that a researcher should follow as the basis for the research, which also serves as a source for the conclusions and evaluations made, based on the knowledge acquired.

Research methodology is broken down into the research philosophy (paradigm) to be deployed, along with the explanation and its assumptions. Following that is the research design entailing who the stakeholders that will participate in the research are, their role and the method used to sample them. The research instruments used to collect the data from the respondents is elaborated upon, alongside the procedure of how the data will actually be collected. Finally, the section covers how the collected data will be analysed and interpreted.

3.1 Research philosophy/paradigm

This research uses quantitative research strategy to determine to what degree the consumer behaviour in relation to alcohol consumption and the implemented alcohol policy complies with the theory of consumer behaviour.

Quantitative research tests theories, by examining relationship(s) among variables, to answer and explain the research questions (Creswell, 2014).

Fundamentally, philosophy is a “thinking activity” intended to augment our ability to understand the world and ourselves (DiBartolo, 1998; p.354). Deleuze & Guattari (2009; p.2) and Antila (2013; p.43) describe it as the school that encompasses creation of concepts, all building upon the much earlier Kerlinger (1979) who describes it as a theory, “a set of interrelated constructs (variables), definitions, and propositions that presents a systematic review of phenomena by specifying relations among variables, with the purpose of explaining natural phenomena.” (p. 64).

According to Creswell (2014), the current research study relies on the precedence of viewing the theory as a scientific explanation for what the research expects to find. Theories tend to emanate from the post-positivist philosophical worldview. This world view is also referred to as scientific method, post-positivism, or positivist. The view holds a philosophy that certain causes determine certain outcomes or results. The view reduces the cause-and-effect ideas into a set to test, to explain an objective truth that exists in the real world. Webb (1989) had earlier observed

that the goal of quantitative or positivist research is to test hypotheses by applying objective measures to predict and control what is being tested.

Bryman (2012) adds that as far as ontology is concerned, quantitative research ascribes to objectivism, an ontological position that claims that social theories are as they are, and as much as we participate in them, they shape us more than we shape them and constrain us, the best we can do is study and understand them.

Although the view tests an objective view, it however acknowledges that absolute truth is not achievable, but rather, quantitative research uses data, evidence and rational considerations to test a theory, not to establish whether it is true, but rather, whether the research results have failed to reject the hypothesis.

It is suitable for the research conducted, to test an objective theory of economic theory of consumer behaviour, through the relationship between the independent variable of price and the two dependent variables of demand and substitution.

3.2 Research Design

Malhotra & Birks (2007) refer to research design as a framework for carrying out a marketing research project. An ideal research design acts as a foundation for the entire study and explicitly defines the type of information, techniques, instruments, sampling process and data analysis approach, will be used to answer the research questions.

Research design is broken down into:

- determination of design type (descriptive, exploratory, causal)
- the type of data required research design entailing who the stakeholders that will participate in the research are
- the method used to sample participants
- the research instruments used to collect the data
- how the data will be collected.
- how the collected data will be analysed and interpreted.

- limitations of the research including its scope and, the extent of validity and reliability or lack thereof.

There are three different types of approaches to research, namely quantitative, qualitative and a combination of the two, mixed methods.

Quantitative research is a research approach that is objective, formal, systematic process in which numerical data is used to quantify or measure phenomena and produces findings. It describes, tests, and examines cause and effect relationships (Burns & Grove, 1987).

Cormack (1991) explains that whereas quantitative methodologies test theory deductively from existing knowledge, through developing hypothesized relationships and proposed outcomes for subject of study, qualitative researchers are guided by certain ideas perspectives or hunches regarding the subject to be investigated. The aim of qualitative research is to describe certain aspects of a phenomenon, with a view to explaining the subject of study.

Polit & Hungler (1995) inform that a quantitative approach uses a structured process and organized procedure and methods to gather information under conditions controlled by the research. This, together, with statistical analysis gives the research a significant degree of objectivity and highlights objectivity through statistical analysis. Therefore, a quantitative approach is appropriate and is adopted for the study.

According to Creswell (2014), quantitative research tends to use survey research and experimental research. Survey research involves a quantitative (numeric) analysis of behavioural trends from cross-sectional or longitudinal studies using questionnaires and structured interviews for data collection.

This current research study will deploy a cross-sectional survey, using questionnaires, given the type of respondents and data that is to be collected.

The cross-sectional research will allow the research to access a sample of consumers, from whom to get insights to be studied, in support of the hypotheses. It will be standard and as such will provide ease of analysis. The standardization will also facilitate a quick turn-around time for the envisaged sample size.

3.3 Population and Sample

3.3.1 Population

Neuman (2011) points out that population may also be referred to as universe. It constitutes the unit being sampled in terms of geography, time and temporal boundaries.

The population for the research comprises stakeholders such as government (Statistics Botswana, Ministry of Health, Botswana Police Service); commercial alcohol brewers and distributors (all members of Botswana Alcohol Industry Association); alcohol retailers (restaurants, bars, bottle stores and night clubs); NGOs involved in alcohol-related programs; international bodies such as World Health Organisation and World Bank; and all *Batswana* (Botswana nationals).

3.3.2 Target population

Neuman (2011) defines target population as the specific pool of cases to be studied by the research. Creswell (2012) recommends identifying it, and stating its size.

The target population will constitute:

- a. Residents of the greater Gaborone area.

Gaborone, the capital city of Botswana, has a population of 231, 592, while the greater Gaborone area, including urban villages within a forty kilometre radius, has a population of 484, 648, (Statistics Botswana, 2014). The villages include Mochudi in the Kgatleng district, Ramotswa and Tlokweng in the South East district, Manyana in the Southern District and Mankodi, Thamaga, Mogoditshane, Kopong, Kumakwane, Metsimotlhabe, Mmopane and Gabane, in the Kweneng district, per Appendix A1 and A2 (Department of Surveys and Mapping, 2014). The buying power of the greater Gaborone area is estimated at fifty per cent of nationwide alcohol (Kgalagadi Breweries Limited, 2014) consumption of all types of alcohol beverages.

Therefore, although the sample will not cover the whole country, it will cover the area with the consumers contributing the greatest proportion to alcohol consumption.

3.3.3 Sample and sampling method

3.3.3.1 Sample

A sample is a smaller set of cases within the target population, within the same environment, selected for study for the research (Neuman, 2011).

Santy & Kneale (1998) explain that the research sample is usually a selection of subjects from an overall population group that has been clearly defined. The aim of any sampling method is to draw a representative sample from the population in order to generalize the results back to the rest of the population.

The sample chosen will comply with Babbie & Mouton (2003)'s definition of a sample, as a set of people who meet set criteria for a study and about whom the research wants to draw conclusion (s), as follows:

a. consumers within the greater Gaborone area who have consumed alcoholic beverages in the last seven days

To ensure that we question regular consumers, who are most likely to be impacted by the alcohol policy because as Elder et al. (2010) have observed, while the increase in price had varying decreased consumption across different groups, it applies generally and more importantly, it is the targeted consumers who consumer greater quantities who are the most sensitive to price increase, thereby making the intervention even more effective.

b. consumers of legal drinking age

To comply with the law of Botswana, only those who are eighteen and older at the time of the study will be allowed to respond.

c. women and men

Equal opportunity to participate will be given to men and women, to enhance the representation of the study.

3.3.3.2 Sampling method

The sampling method determines the level of estimation/confidence whether the findings may be generalised to the population or not. According to Santy & Kneale (1998), the purpose of any sampling method is to extract a sample from the population in order to generalize the results back to the population. There is a variety of sampling frameworks, the most rigorous of which is random sampling, which ensures that every member of the population has an equal opportunity to be chosen for the study.

In the process of selecting a sample, Tansey (2007) cautions that “when the goal of a study is to generalize from a sample to the wider group from which the sample is drawn, some form of probability sampling is essential for the robustness of such generalizations” (p.768). Through probability sampling, the rules of selection ensure that the researcher will be able to estimate the relationship of the sample to the population of subjects from which it was drawn.

Random sampling may be in two forms: simple random sampling, where the respondents are chosen in random order, or stratified random sampling, where the researcher ensures that certain categories are represented in the sample. Bryman (2012) further identifies systematic sampling and cluster sampling, as other forms of random sampling.

Tansey (2007) states that non-probability sampling gives the researcher control but limits the study's estimate to generalise on findings. Random sampling, however, does not equate to a disorganised or ill-considered selection of the sample, but rather to a selection of the sample according to a set of rules that ensures each unit of the population has a known probability of being selected, particularly in instances where the researcher ensures that certain categories of respondents are included in the sample.

The types of non-probability sampling include convenience sampling, where the researcher chooses whichever respondent is readily available, with no set criteria; quota sampling, which entails choosing respondents per set criteria; purposive random sampling, where the researcher is guided by their knowledge of the sample to be studied, and snowball/chain referral sampling, which is applied when the population to be studied is not readily visible at first, where the researcher interacts with one identified respondent at a time, after which they are required to refer a potential respondent per the required characteristics (Bryman, 2012).

This research primarily used probability sampling, in the form of simple random sampling, to be able to infer to the larger population. It entails approaching any possible respondents in the targeted area. All consumers in the sample frame had an equal chance of being chosen to be respondents. Some respondents were found at shopping malls, others were in their respective homes, in the streets or tertiary institutions. Quota sampling was the secondary sampling method used. Although it is a form of non-probability sampling, it was essential, to meet the criteria set, per the sample required for the study, as per Section 3.3.3.1.

Therefore, the findings may not be completely representative of the whole country, but will give an indication of alcohol consumption trends in the area with has the highest contribution to consumption, in response to de-marketing efforts. The following also point to the representativeness of the findings:

- Given the national literacy rate of just under ninety per cent (Statistics Botswana, 2014), and the fact that the education campaigns are in both Setswana and English, the bulk of the nations should have seen and understood the messages in the health concerns/responsible drinking campaigns.
- Given the homogeneity of the nation, the sample in the greater Gaborone area, which includes urban and rural population, should represent other segments not covered by the scope of the research.
- The implementation and enforcement of the national alcohol policy are the same nationwide, so the greater Gaborone area is exposed to the same as the rest of the country.

3.3.4 Sample size

The target number of completed questionnaires is two hundred (200); hundred (100) administered in Gaborone and the other hundred (100) split per population contribution in the surrounding villages.

The equation used to calculate the sample size assumed 0.85 as a probability of success, and a ninety five per cent confidence, allowing a maximum of five per cent error, given the three types of data to be used.

The equation used was as follows:

$$n = p (1-p) (Z/E)^2$$

where n is sample size, Z is the standard normal value corresponding to the desired level of confidence, E is the maximum allowable error

$$n = (0.85) (1- 0.85) (1.96/0.05)^2$$

The sample size calculated is 199, rounded off to 200.

3.4 Constructs Measurement Instruments

In response to Fagarasanu & Kumar (2002), who rightfully state that in a research study, it is the constructs being measured, which determine the research instrument to be used, the research instruments will be a set of questions in a fully structured questionnaire. In this research, the independent variables, also known as constructs, being measured, are health concerns/responsible drinking/anti-alcohol public campaign messages, perceived price, restricted availability and subjective norms; the dependent variable is the consumers' intention not to purchase alcohol. Also, per Lethbridge, Sim, & Singer (2005) observation, questionnaires can be administered quickly and easily.

The questionnaire, per Appendix F, is adapted from Sparks & Shepherd (1992), and Kraft, Rice, Sutton, & Roysamb (2005). It has been adapted from measuring the consumers' willingness to purchase organic food and counterfeit product, as influenced by various constructs. The questions are on a 7-point Likert scale, ranging from "strongly disagree" to "strongly agree," covering aspects of the constructs. It has been amended to make the most of the existing templates, but tailor-made to the subject matter.

It was key to adapt the questionnaire from existing ones that have been peer reviewed, and also pay attention to the wording, format, and ordering of questions, to ensure validity of the results (Lethbridge, Sim, & Singer, 2005).

It is not translated; the interviewer will do translation per respondent as needed. This is because most people use English and Setswana interchangeably and may understand some concepts better in either language on the same questionnaire!

The questionnaire has six (6) sections, measuring various components of the different constructs, to test the hypotheses put forward in the study. Section A captures general information of the respondent, including gender, age, ethnicity and source of income. Section B covers *Subjective norms*. *Behavioural intentions* are measured by Section C. The construct of *Health concerns* is on Section D. Finally, *Perceived price* and *Restricted availability* are measured by Section E and F respectively, as illustrated in Appendix F.

The questionnaire is in English (Appendix F), but the cover letters, are in English and Setswana, so that the respondents could read them for themselves in the preferred language (Appendix D1, D2 and D3). The letters are amendments of the letter by (Moser & Kalton, 1971; p.305). While a cover letter from Wits Business School (Appendix D1) served to give the potential respondents assurance of the legitimacy of the research, the additional cover letter from the researcher gave the researcher local context and facilitate better communication and response.

The consent form for the questionnaire also has a Setswana and an English version (Appendix E1 and E2) for the same reason. It is a duplicate of one from the Wits Business School.

The questionnaire is not translated as the interviewer did translations per respondent as needed. The reason for this is that most people use English and Setswana interchangeably and may understand some concepts in either language on the same questionnaire! The translation of the consent form and the cover letter from English to Setswana were done by the researcher, subjected to review by a professional translator. It was critical that each respondent understand them in both languages, to ensure understanding for what they were consenting to.

3.5 Procedure for data collection

Lethbridge, Sim, & Singer (2005) inform there are three factors to consider in selecting a technique:

- the degree of access required to the participants,
- volume of data generated and,
- the type of research questions that need to be asked.

The degree of access correlates to the flexibility that the researcher and the participants have, and the reliability of the data. They also need to be aware that size of data and design of the technique will have a direct impact on the resources such as analysis technique, time and expertise required. The techniques range from focus groups to interviews, observation and questionnaires.

As recommended by Tourangeau & Smith (1996), the administration of the questionnaire directly impacts on clarity, consistency and the response rate. As such, all the questionnaires are conducted and administered by one researcher. The interviewer conducted the questionnaires face-to-face, to guard against non-response.

The interviewer conducted the questionnaires with consumers in their respective households and public places, but not alcohol trading outlets, in each respective town or village, to ensure that she covers all the different areas targeted.

The researcher briefed the potential respondent with cover letters and went on to seek consent before proceeding with conducting the questionnaire. The cover letters are in English and Setswana, so that the respondents can read them for themselves in the preferred language.

The consent form for the questionnaire also has a Setswana and an English version for the same reason.

All the questionnaires were conducted and administered by one researcher. The interviewer conducted the questionnaires face-to-face, to guard against non- response.

3.6 Ethics

The interviewer introduced herself honestly. She did not promise the potential respondents any promises that won't be kept. The interviewer assured the respondents that the information they provide would not be used for anything else except for the research, and complied. The interviewer treated respondents equally and did not do for any respondent what they were not willing to others. It was also imperative that the interviewer interview only individuals who can prove they are eighteen years of age or older, at the time of the interview.

The research acknowledges and appreciates the importance of participation by various respondents and per the recommendation of Social Research Association (2003), even if research subjects do not perceive danger to themselves of data disclosure, the onus rests with the researcher to maintain confidentiality as much as possible to protect the interests of the subjects.

The researcher conducted the research with integrity and did not fabricate any research data. The interviewer introduced themselves with a letter, before conducting the interview, per Appendix D1, D2 and D3. In the event that the potential respondent had agreed to participate and satisfied the criteria set, they were asked to sign the consent form, per Appendix E1 and E2, before proceeding with the questionnaire.

CHAPTER 4: DATA ANALYSIS AND RESULTS

The purpose of this chapter is to present not only the results of the study, but also the processes and procedures followed to analyse it. The results obtained from the analysis link to the hypotheses and the objectives of the study, as spelt out in Chapter Two.

As per Trochim's (2000) statement, more often than not, data analysis in social research involves the following stages:

- data preparation,
- data description,
- testing hypotheses and models
- and structural equation modelling,

in that particular order. Therefore, the chapter will follow the same order.

4.1 Data Preparation

The data collected from questionnaires is coded using Excel and then transferred to Statistical Packages for the Social Sciences (SPSS) for analysis. According to Landau & Everitt (2004), SPSS is a bouquet of programmes, used to manipulate, examine and display data. It can execute a wide range of both univariate and multivariate procedures.

Given that the research instruments are adapted from existing questionnaires, confirmatory factor analysis is conducted, to check validity and reliability of the measurement instrument, for the relevant study.

Model fit and Path modelling is also conducted to test the hypothesis.

4.2 Descriptive Statistics

As Table 3 below shows, the purpose of descriptive statistics is to outline the attributes of the sample, from the data collected. The data coding is done in Excel and analysis includes use of SPSS, to facilitate descriptive statistics analysis, regression analysis and multivariate analysis of the variables, as explained by Hair, Black, Babin, & Anderson (2010).

4.2.1 Respondent profile

The profile of the respondents who participated in the research is presented in Table 3 below

Table 3: Sample demographic profile

Gender	Frequency	Percentage	Age	Frequency	Percentage
Male	180	80.4 %	18-24	78	34.8 %
Female	44	19.6 %	25-34	95	42.9 %
Total	224	100 %	35-39	25	11.2 %
			40-44	9	4.0 %
			45-49	8	3.6 %
			Above 49	8	3.6 %
			Total	224	100 %
Ethnic group	Frequency	Percentage	Income source	Frequency	Percentage
Motswana - black	212	94.6 %	Entrepreneur	35	15.63 %
Motswana - Indian	0	0 %	Employed	96	42.9 %
Motswana - White	0	0%	Family	17	7.6
Other nationalities	12	0%	Other	76	33.9%
Total	224	100 %	Total	224	100%

The charts below show graphical representations of the demographic data:

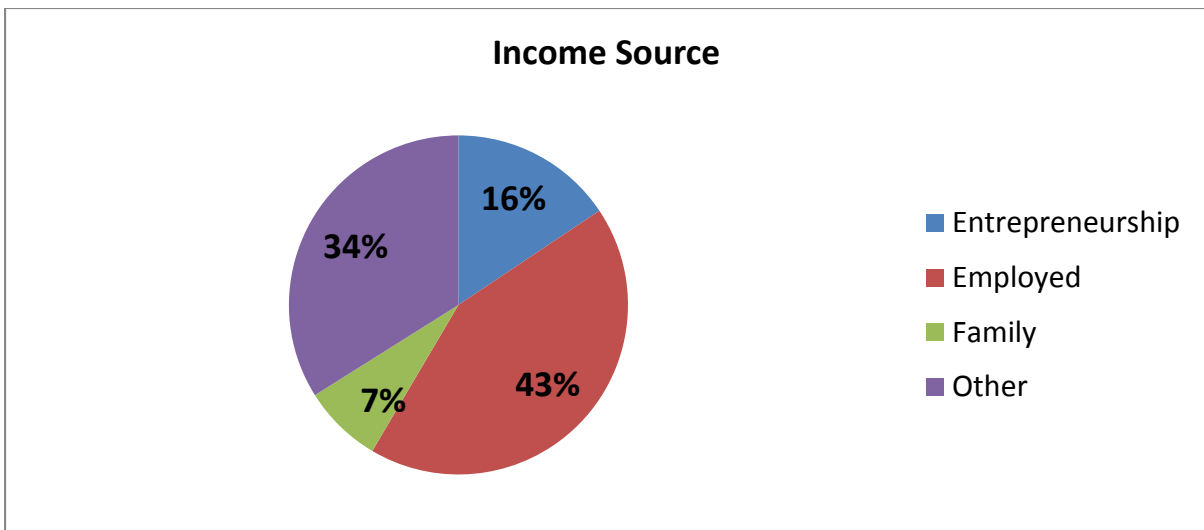
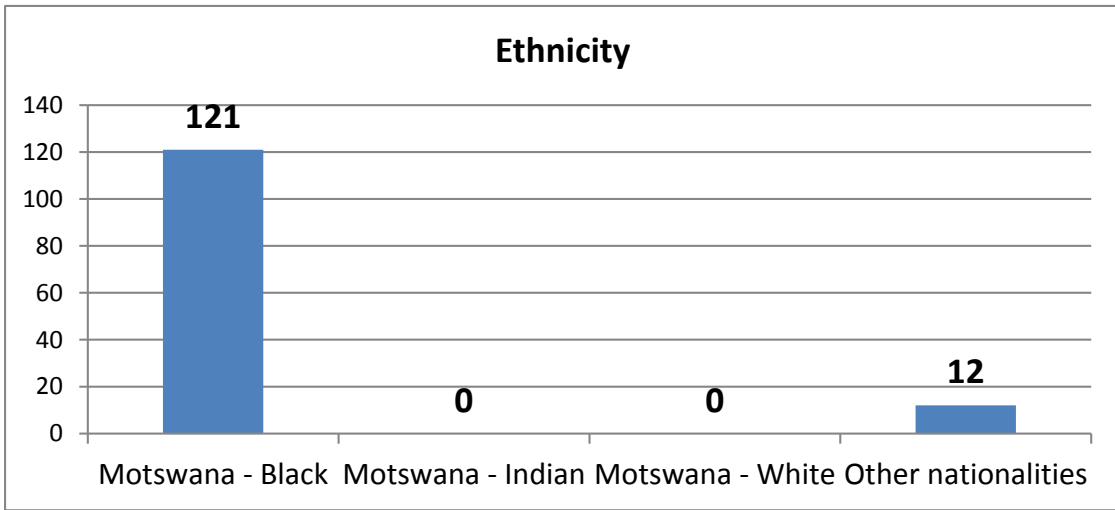
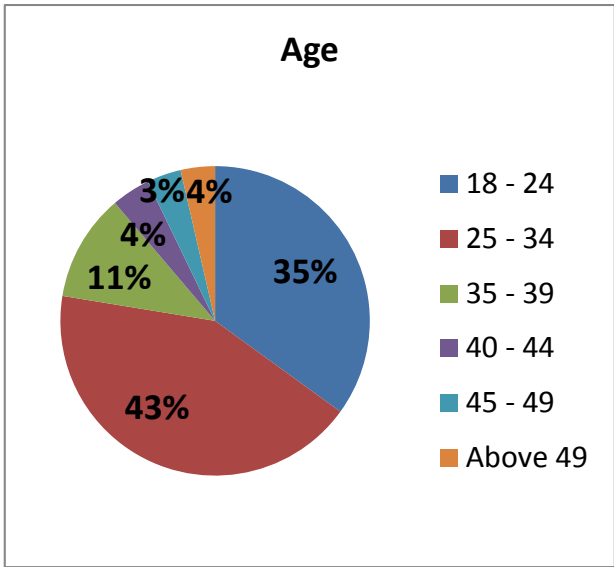
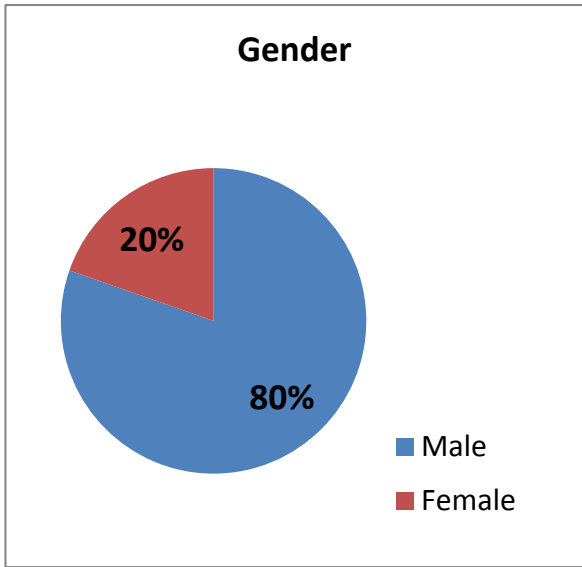


Figure 2 showing sample demographic data

The majority of respondents who took part in the research were male, who constitute 80.4 per cent of the respondents. The ages of respondents were more widely spread from eighteen years to over forty nine years. Approximately 42.9 per cent of respondents were aged twenty five – thirty four; followed by 34.8 per cent aged eighteen – twenty four and 11.2 per cent aged thirty five – thirty nine. The majority of the sample ranged from twenty five – thirty four years and the remaining 11.2 per cent were summative in the age groups forty-four, forty five – forty nine and above forty nine. Overall, Motswana – black respondents accounted for 94.6 per cent of the total sample as two hundred and twelve out of two hundred and twenty four of the respondents indicated this was their ethnic group. Empirical results will, therefore, be highly reflective of the Motswana - black ethnic group. In terms of sources of income, 43.8 per cent of the sample respondents indicated their income source comes from being employed, compared to 33.9 per cent who depend on other means of income. Out of a sample of two hundred and twenty four, thirty five depended on entrepreneurship as a source of income, which constitutes almost sixteen per cent of the sample. Only seven percent of the sample depends on family for income. Empirical results of the study may be reflective of respondents who depend on income from their employment or other sources.

4.2.2 Likert scale responses

The constructs were subjected to a 7-point Likert scale. The Likert scale responses pertaining to subjective norms showed a majority of respondents strongly disagreeing and disagreeing about *Subjective Norms* pertaining to alcohol consumption. This is shown by the high percentage responses under "strongly disagree" and "disagree" for an item under subjective norms ranging between 17 percent and 42.4 percent of total responses for this construct.

The opposite is apparent in the case of responses to items about *Perceived Price*. The majority of responses agreed or strongly agreed with items concerning perceived price of alcoholic beverages. The strongly agreed responses ranged from 13.4 per cent to 63.4 per cent of the responses for this construct.

Responses about *Health Concerns* associated with alcoholic consumption shows that the participants generally agreed and strongly agreed with items in this construct. Items HC2, HC3 and HC5 saw in each item more than thirty five per cent of the sample strongly agreed with the item, and more than twenty five percent in each item (HC1, HC2, HC3 and HC5) agreed.

In terms of *Restricted Availability*, more than twenty six per cent of responses to each item for items RA1 and RA2 agreed about the restricted availability of alcoholic beverages, and more than thirty three per cent strongly agreed. However, approximately 20.1 per cent disagreed with item RA1.

Behavioural Intentions pertaining to consumption of alcoholic beverages also ranges widely from strongly disagree to strongly agree. A large proportion of the sample strongly agreed with the behavioural intention described by item BI1, as indicated by the 28.1 per cent of responses. However, 39.7 per cent of responses strongly disagreed with behaviour intention described by item BI2, while 21.9 per cent of responses showed that that sample tended to agree with the behaviour intention described by item BI3.

The responses on the Likert scale are shown in Table 4 on the next page.

Following Table 4, the distribution of the responses, per construct, are illustrated from Figure 3 to Figure 21.

Table 4: Likert scale responses as a percentage of the sample

Construct		Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree	Total
Subjective norms	SN1	-	0.0%	0.0%	13.4%	77.2%	5.8%	3.6%	100.0%
	SN2	-	0.4%	0.4%	15.6%	75.9%	4.9%	2.7%	100.0%
	SN3	-	0.4%	0.4%	30.4%	49.1%	12.9%	7.1%	100.0%
	SN4	-	0.0%	0.0%	33.5%	50.0%	8.9%	7.6%	100.0%
Behavioural intention	BI1	-	0.4%	0.4%	31.3%	19.6%	20.1%	28.1%	100.0%
	BI2	0.4%	43.3%	-	43.3%	27.7%	16.1%	12.5%	100.0%
	BI3	-	0.4%	0.9%	28.6%	27.2%	23.2%	19.6%	100.0%
Health concerns	HC1	-	-	0.4%	10.3%	22.3%	37.9%	29.0%	100.0%
	HC2	-	-	-	6.3%	14.7%	35.7%	43.3%	100.0%
	HC3	-	-	0.9%	7.6%	15.6%	30.4%	45.5%	100.0%
	HC4	2.2%	2.2%	2.7%	26.8%	29.9%	17.0%	19.2%	100.0%
	HC5	-	-	0.4%	13.8%	23.7%	26.3%	35.7%	100.0%
Perceived price	PP1	0.4%	-	-	8.9%	25.9%	24.1%	40.6%	100.0%
	PP2	-	0.4%	0.9%	15.2%	38.4%	24.1%	21.0%	100.0%
	PP3	-	-	0.9%	13.4%	37.5%	25.0%	23.2%	100.0%
	PP4	11.6%	10.7%	5.8%	8.5%	9.4%	24.6%	29.5%	100.0%
Restricted availability	RA1	-	0.4%	0.4%	10.7%	19.2%	35.7%	33.5%	100.0%
	RA2	0.4%	0.9%	1.8%	12.5%	17.9%	28.1%	38.4%	100.0%
	RA3	-	1.81%	4.5%	24.6%	34.4%	19.6%	15.2%	100.0%

4.2.2.1 Subjective norms

The following four bar charts show distributions pertaining to subjective norms about consuming alcohol. In the distribution below, responses tended to be in agreement with the item. From a sample of two hundred and twenty four responses, one hundred and seventy three somewhat agreed that important people to them thought that they should consume alcohol. This constituted 77.2 per cent of the sample responses. Thirty responses were neutral, while thirteen and eight agreed and strongly disagreed, respectively, that most people important to the respondents thought they should consume alcohol.

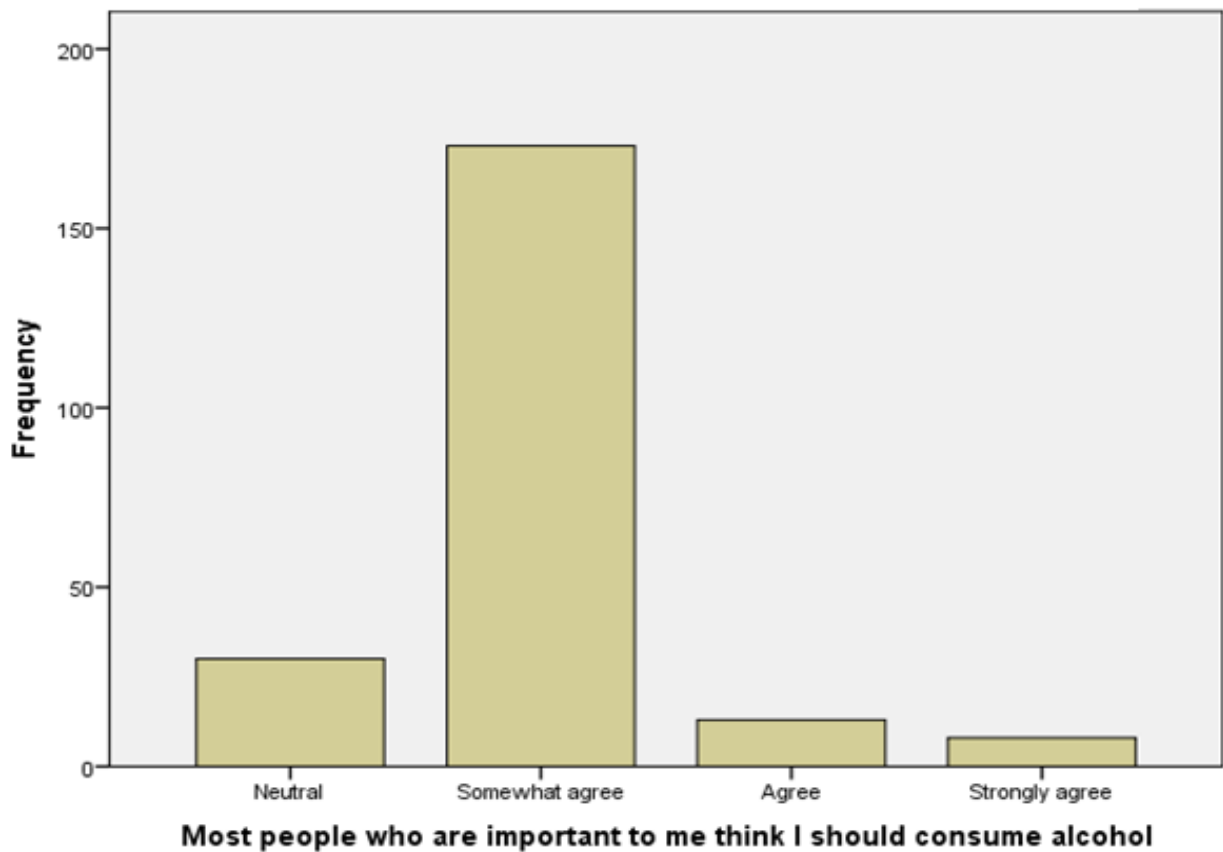


Figure 3 showing distribution of response to the statement: Most people who are important to me think I should consume alcohol

The bar chart below shows the distribution of responses to the item “Most people who are important to them think I should continue consuming alcohol.” Responses tended to agree with the statement, with 75.9 per cent of the sample somewhat agreeing. Out of two hundred and twenty four responses in the sample, thirty five felt neutral about important people thinking they should continue to consume alcohol; 0.4 per cent disagreed and somewhat disagreed, while 4.9 per cent and 2.7 per cent agreed and strongly agreed with the statement.

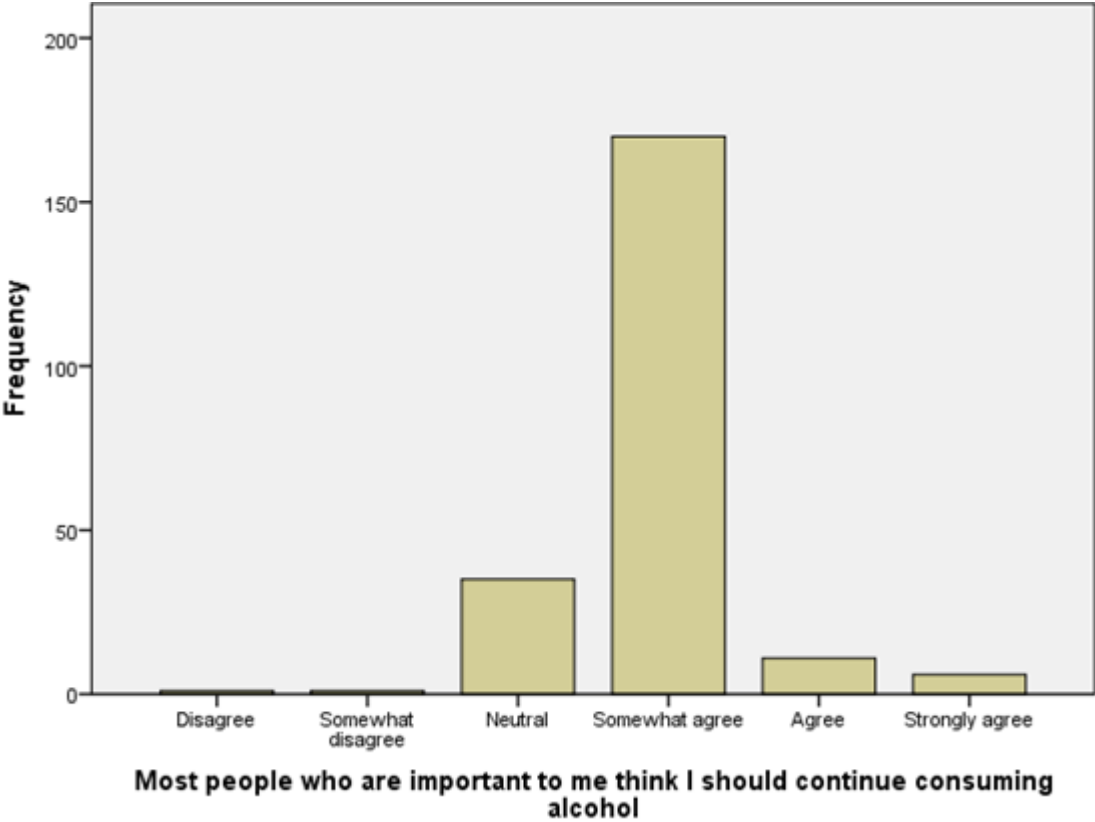


Figure 4 showing distribution of response to the statement: Most people who are important to me think I should continue consuming alcohol

The distribution below shows widely spread responses to considering purchasing alcohol. The distribution is generally skewed towards agreement with the item statement. Although the majority of responses somewhat agreed, given by 49.1 per cent of the sample, 30.4 per cent felt neutral. Twenty nine and sixteen respondents agreed and strongly agreed respectively, and only one out of the sample somewhat disagreed.

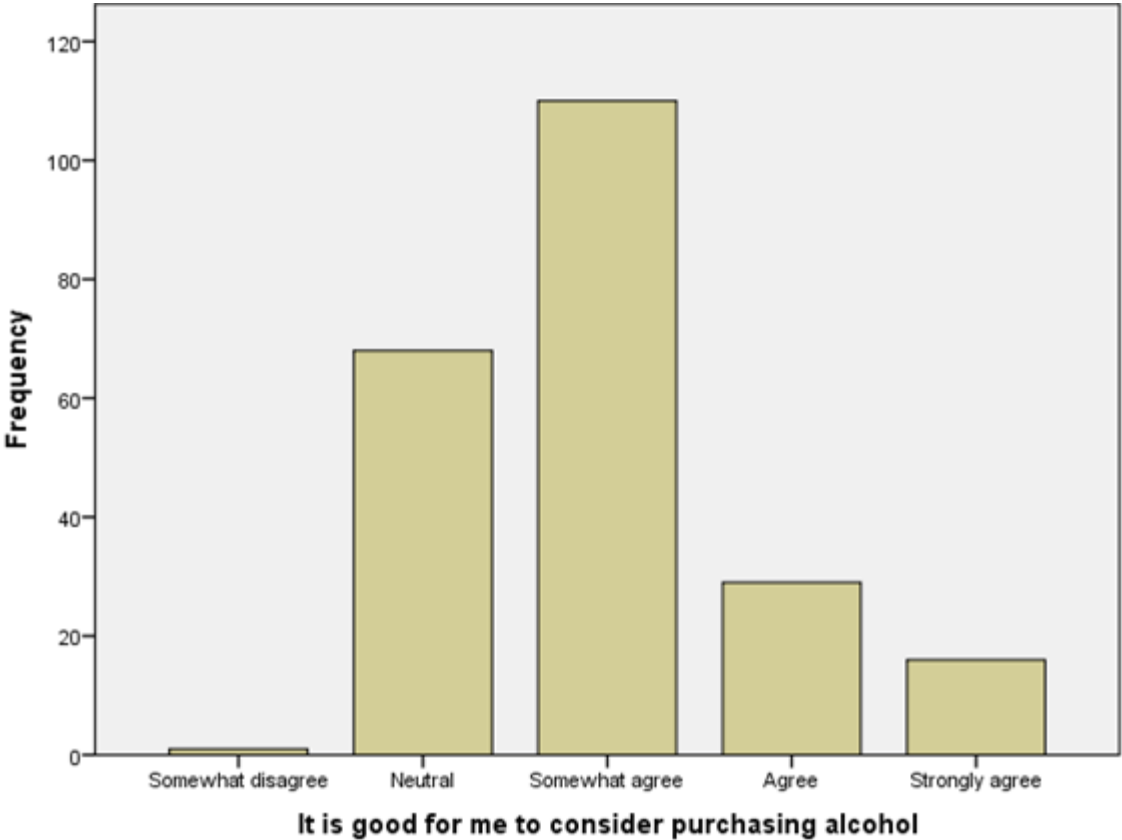


Figure 5 showing distribution of response to the statement: It is good for me to consider purchasing alcohol

The bar chart below shows the rightly skewed distribution for responses to family wanting sample respondents to have alcohol purchasing plans. Half of the sample somewhat agreed, and 33.5 per cent felt neutral about this. Less than ten percent of the sample responses strongly agreed, given that twenty out of two hundred and twenty four indicated this, while seventeen strongly agreed. This may allude to the influence of family on alcohol consumption.

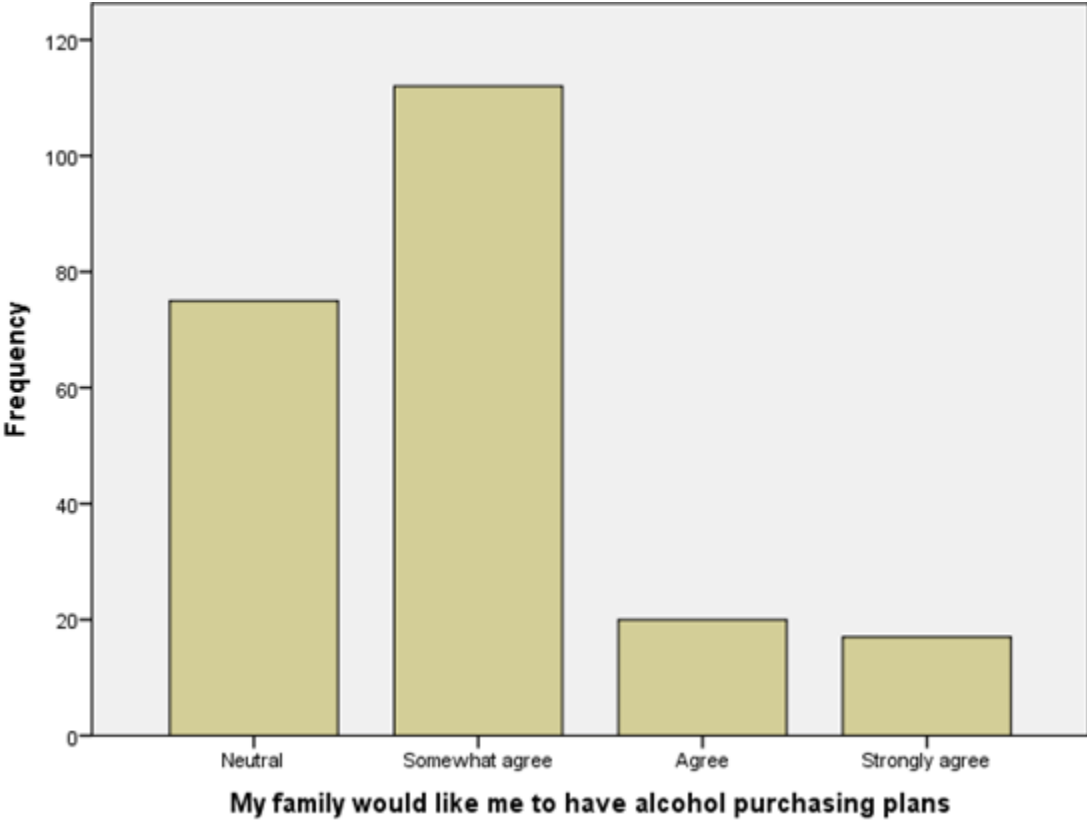


Figure 6 showing distribution of response to the statement: My family would like me to have alcohol purchasing plans

4.2.2.2 Behavioural intentions

The distribution below shows sample responses to the first question on behavioural intentions: consuming alcohol in the following week. Responses varied between neutral responses and agreed responses. The largest proportion of responses was neutral, which accounted for 31.1 per cent of the sample responses. This is followed by strongly agreed responses, which accounted for 28.1 per cent of the sample responses. The proportion of somewhat agreed and agreed responses was very close, given forty four and forty five responses respectively. Very few responses disagreed or somewhat disagreed, as indicated by a frequency of one each.

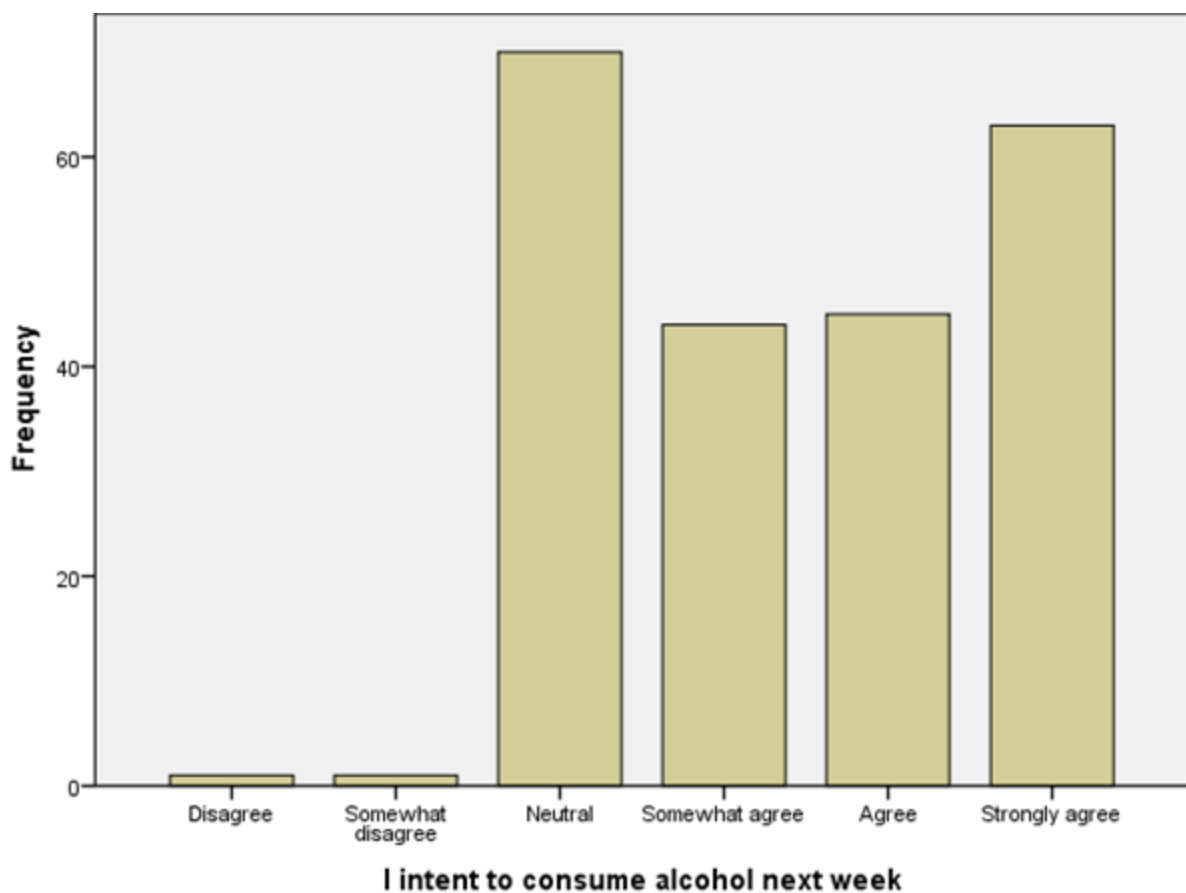


Figure 7 showing distribution of response to the statement: I intend to consume alcohol next week

The bar chart below shows the rightly skewed distribution of sample responses to consuming alcohol the following day, the highest frequency being ninety seven for neutral responses. This accounted for 43.3 per cent of the sample responses. Agreeing responses tended to decrease from sixty two, to thirty six, to twenty eight, for responses that somewhat agreed, agreed and strongly agreed respectively. Only one respondent strongly disagreed for this item.

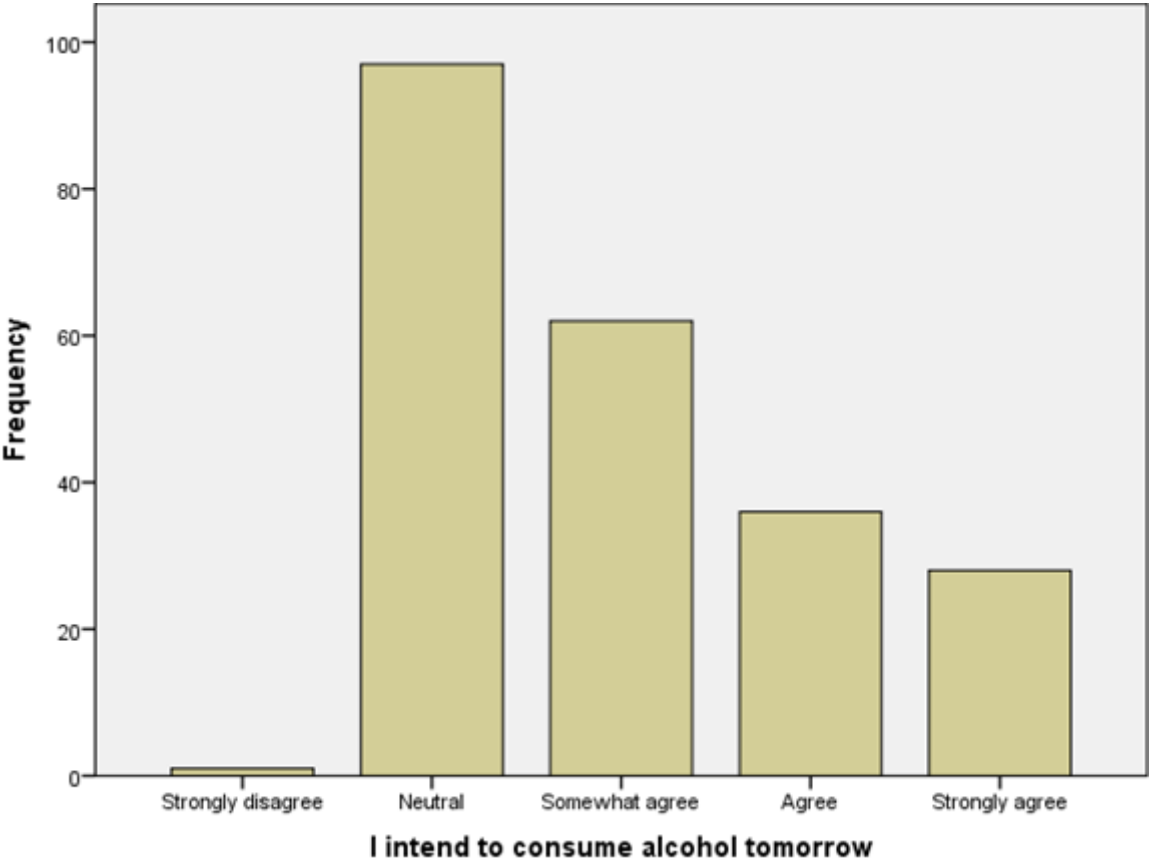


Figure 8 showing distribution of response to the statement: I intend to consume alcohol tomorrow

The bar chart below shows the distribution of sample response to consuming alcohol in the future. More than eighty per cent of the responses tended to agree with the statement, with 27.2 per cent somewhat agreeing, 23.2 per cent agreeing and 19.6 per cent strongly agreeing. Out of a sample of two hundred and twenty four, sixty four felt neutral about this, while one and two respondents disagreed and somewhat disagreed for this item.

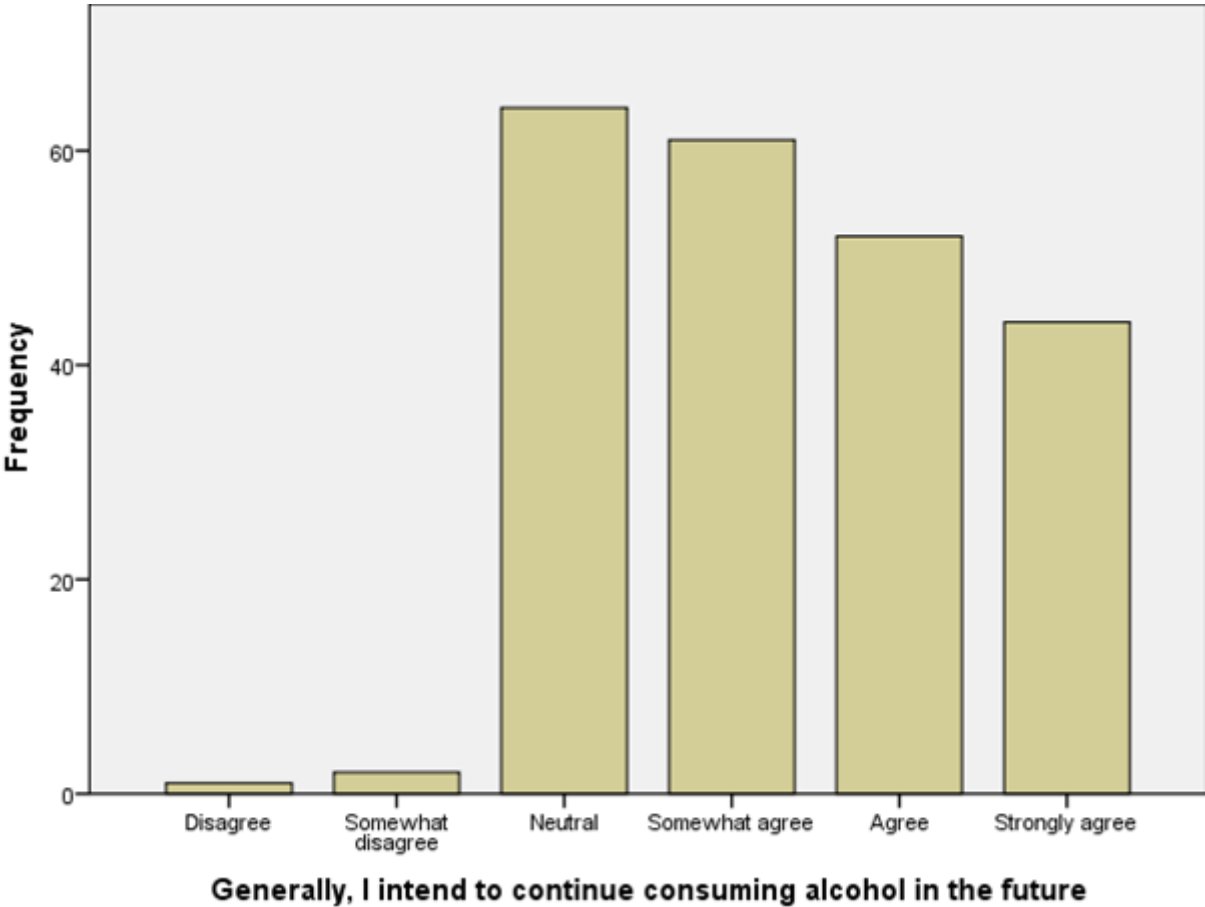


Figure 9 showing distribution of response to the statement: Generally, I intend to consume alcohol in future

4.2.2.3 Health concerns

The distribution illustrated in the bar chart below relates to sample responses to considering themselves health conscious consumers. The distribution is skewed to the left, with agreed responses having the highest frequency of eighty five. This accounts for 37.9 per cent of the sample responses. This is followed by twenty nine per cent accounted for by strongly agreed responses, and 22.3 per cent somewhat agreed responses. Neutral responses accounted for just over ten per cent of the sample, given by a frequency of twenty three, and 0.4 per cent who somewhat disagreed.

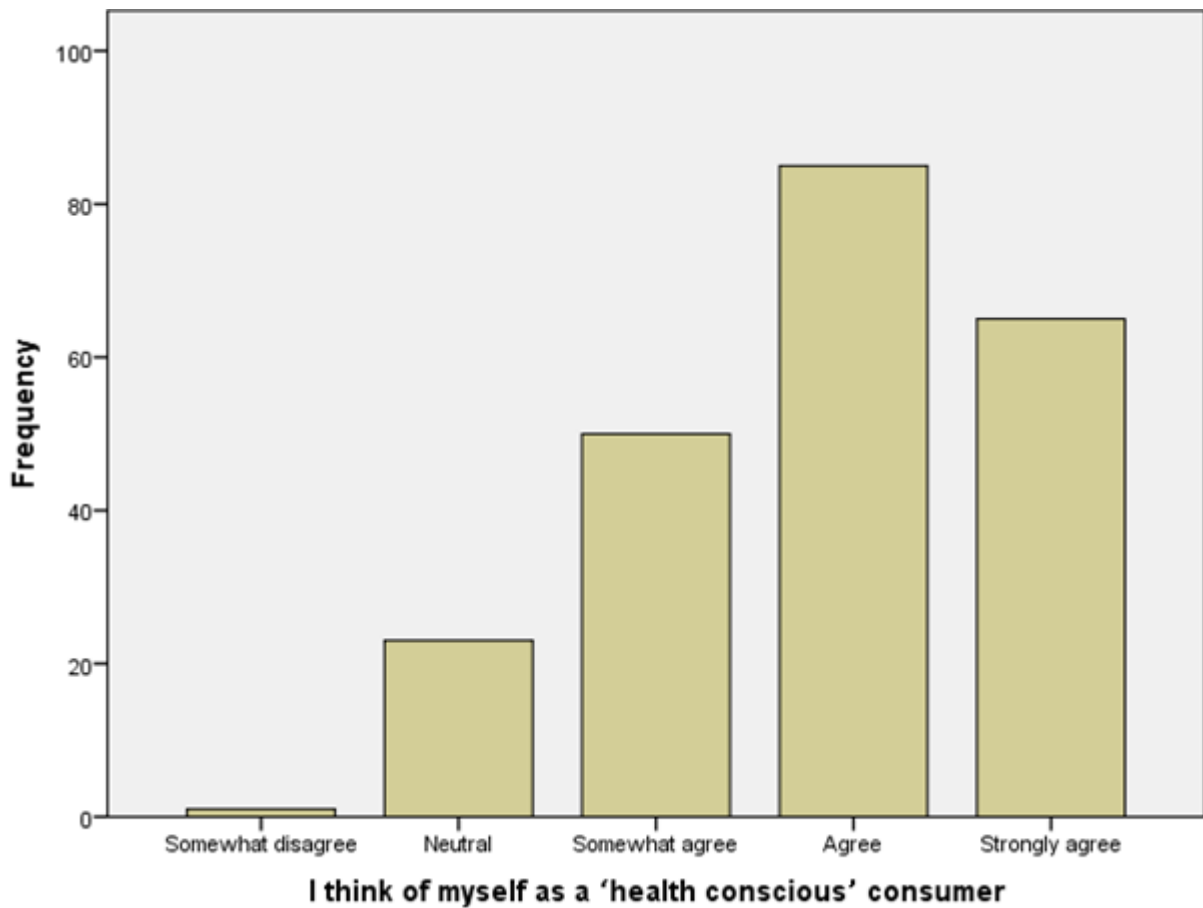


Figure 10 showing distribution of response to the statement: I think of myself as a health conscious consumer

The leftward skewed distribution in the bar chart below depicts responses to concerns about responsible drinking. More than ninety per cent of the sample responses tended to be in agreement with the statement. Responses that strongly agreed were the highest at ninety seven, accounting for 43.3 per cent of the responses, followed by agreed responses with eighty. Out of the sample of two hundred and twenty four, thirty three somewhat agreed, while fourteen were neutral.

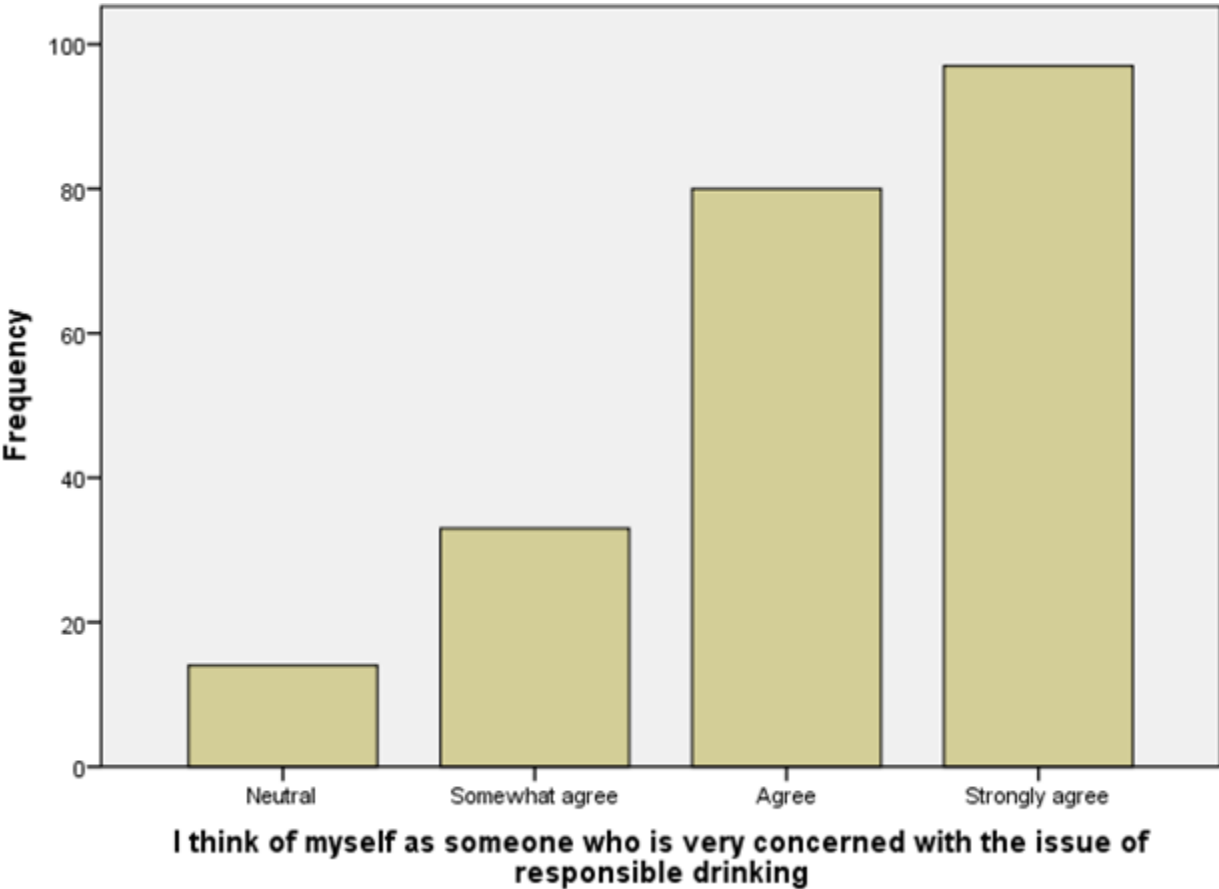


Figure 11 showing distribution of response to the statement: I think of myself as someone who is very concerned with the issue of responsible drinking

In the distribution below, responses about being responsible alcohol consumers are skewed to the left, tending towards agreeing about being responsible alcohol consumers, with strongly agreed responses being the highest at one hundred and two (45.5 per cent). From the sample, sixty eight responses agreed and thirty five somewhat agreed. However, seventeen felt neutral about this, accounting for 7.6 per cent of the sample responses, and two somewhat disagreed about considering themselves responsible with respect to alcohol consumption.

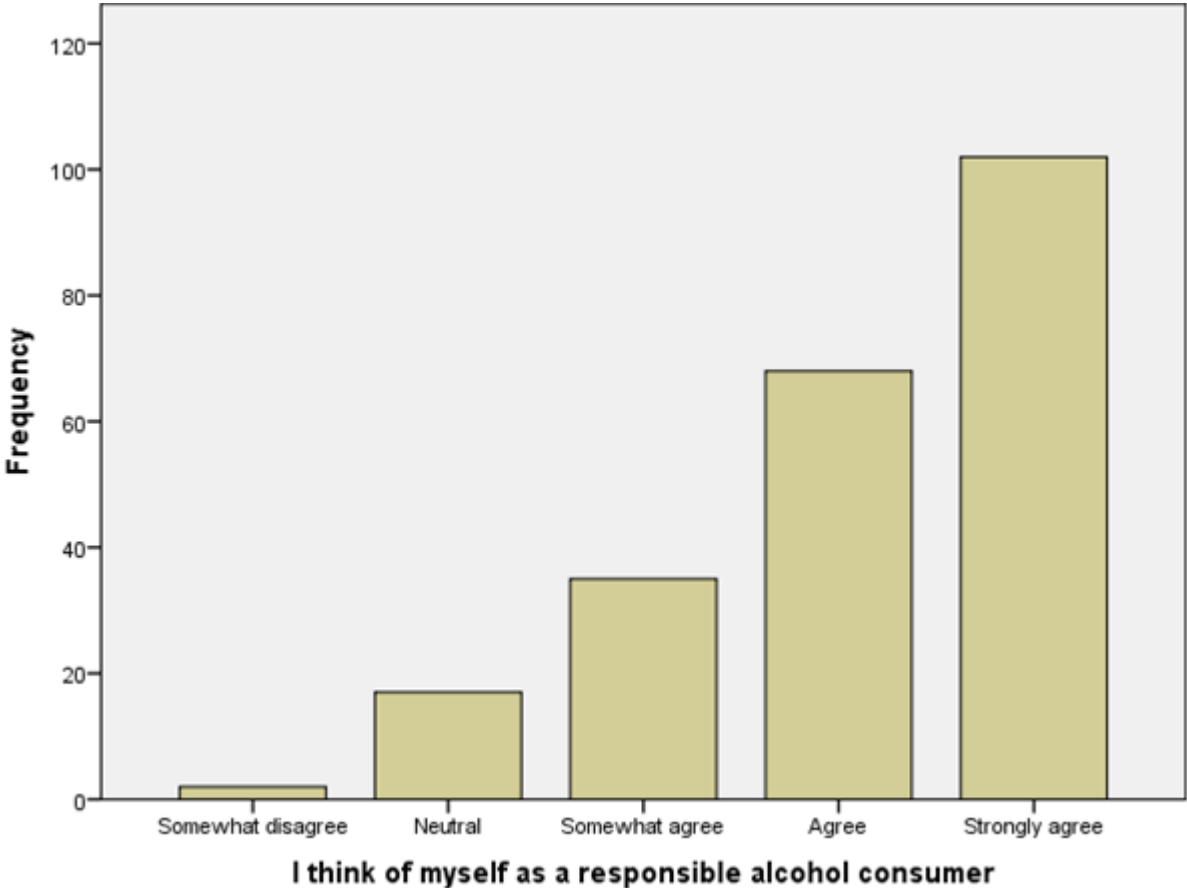


Figure 12 showing distribution of response to the statement: I think of myself as a responsible alcohol consumer

As illustrated in the distribution below, sample responses to alcohol consumption being influenced by public health campaigns vary widely, however, with the majority of responses tending to be in agreement with the statement. Similar proportions of the sample responses strongly disagreed, disagreed and somewhat disagreed at frequencies of five, five and six. These accounted for just over seven per cent of the total sample responses. The largest proportion of responses somewhat agreed, with sixty seven responses indicating this, followed by neutral responses with a frequency of sixty. Strongly agreed responses were higher than agreed responses, given by the 19.2 per cent and seventeen per cent proportions of sample responses.

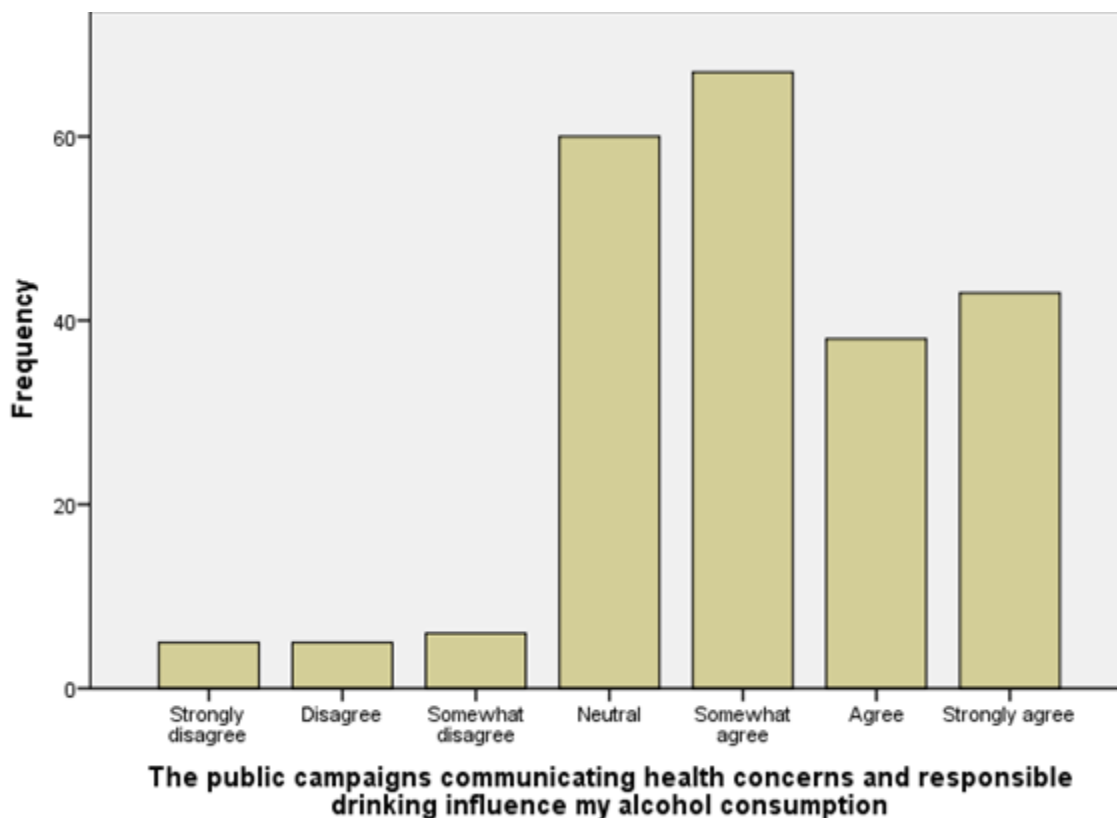


Figure 13 showing distribution of response to the statement: The public campaign communicating responsible drinking influence my alcohol consumption

In the distribution illustrated below; sample responses tended to agree about considering the importance of health when purchasing alcohol. Somewhat disagreed responses represent 2.2 per cent of the total sample and neutral responses accounted for 13.8 per cent. The largest proportion of responses were those that strongly agreed that health was important to consider, given by eighty responses from the total sample responses (35.7 per cent), followed by agreed responses at fifty nine (26.3 per cent) and somewhat agreed responses at fifty three (23.7 per cent).

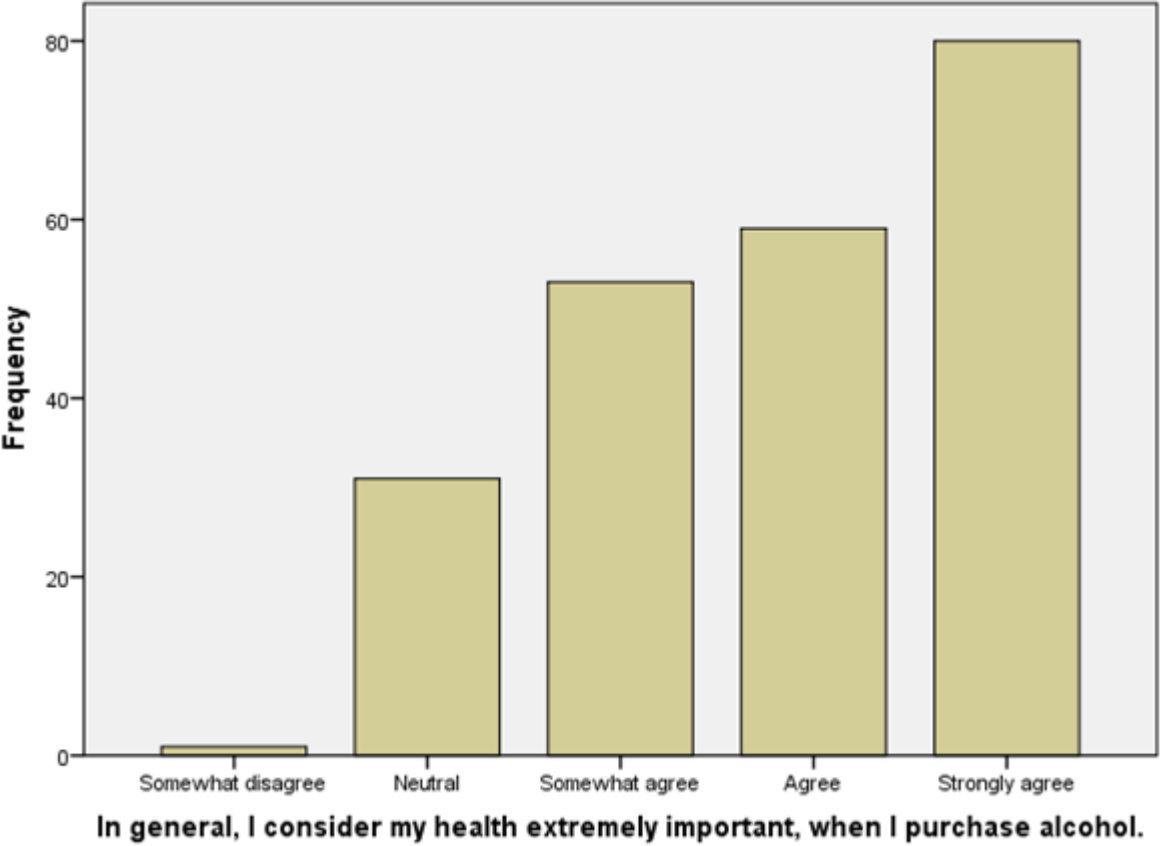


Figure 14 showing distribution of response to the statement: In general, I consider my health extremely important when I purchase alcohol

4.2.2.4 Perceived price

The bar graph below illustrates responses regarding the importance of alcohol price. The largest proportion of participants who felt that the price of alcohol is of importance to them was represented by at least ninety per cent of the sample. The smallest proportion of participants who felt that the price of alcohol is of no importance to them was represented by a value close to zero per cent of the sample.

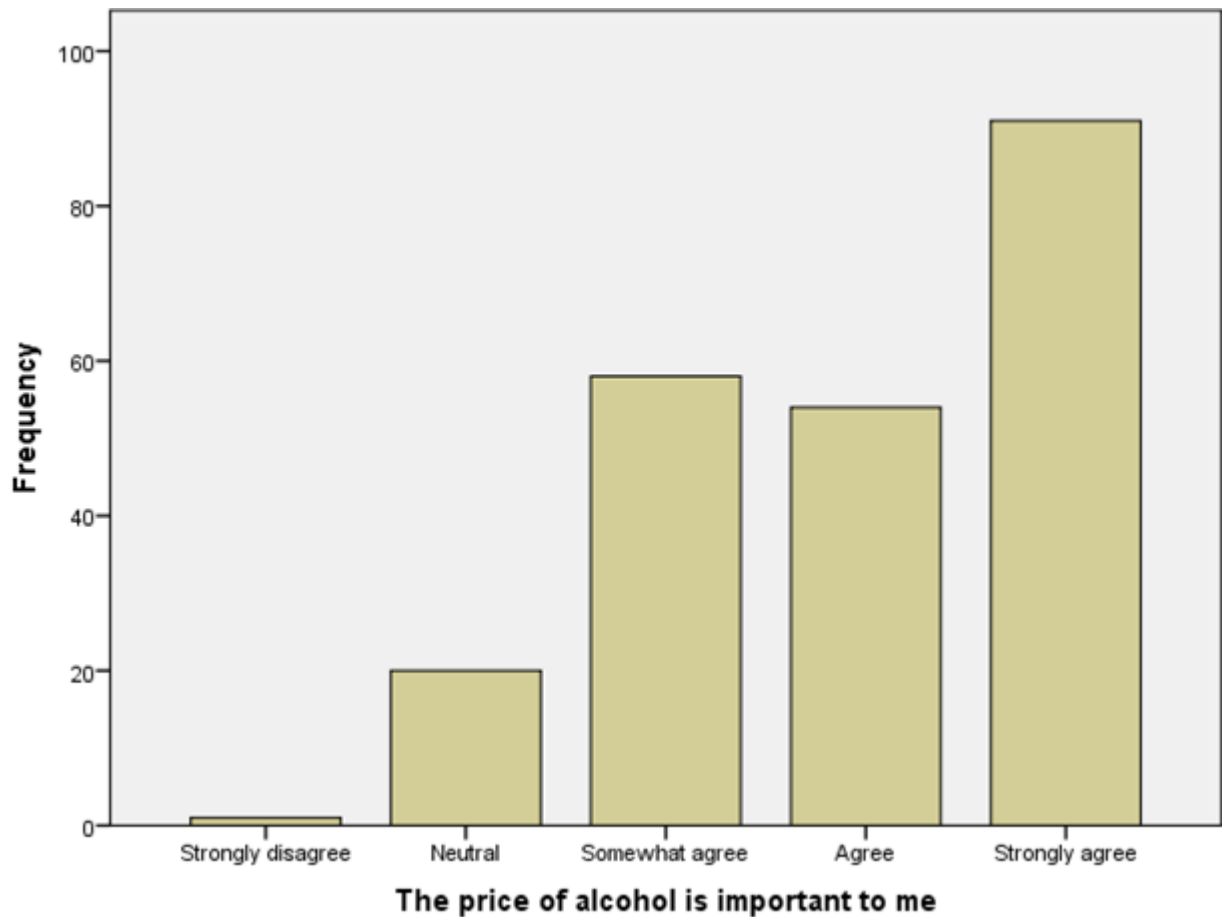


Figure 15 showing distribution of response to the statement: The price of alcohol is important to me

The bar graph below illustrates responses whether respondents refrain from purchasing alcohol due to being expensive. The largest group of respondents who stated that they would refrain from purchasing alcohol because it's expensive were represented by a value between eighty and ninety per cent of the sample. These respondents stated that they somewhat agree to refraining from purchasing alcohol due to the price. The smallest group of respondents who disagreed with the notion of refraining from purchasing alcohol due to the cost were close to zero per cent of the sample.

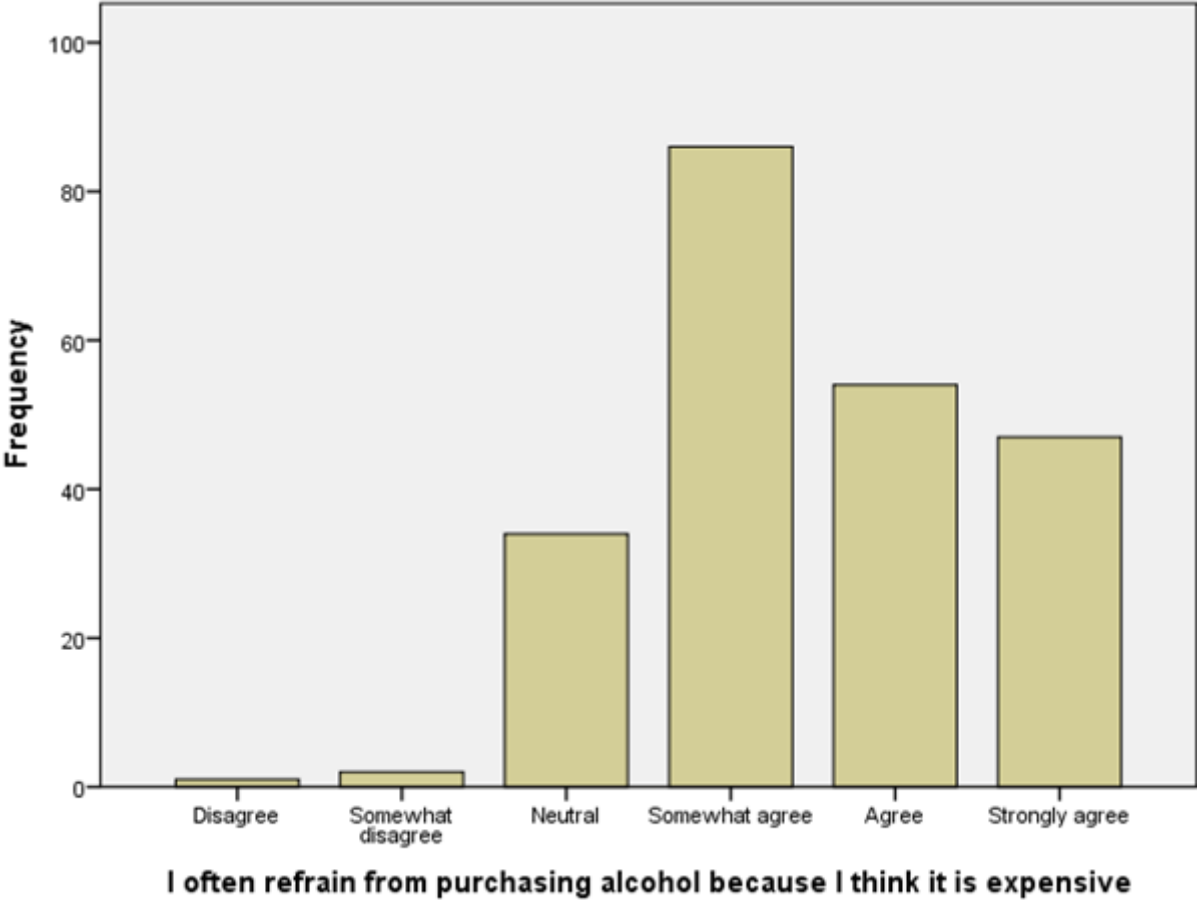


Figure 16 showing distribution of response to the statement: I often refrain from purchasing alcohol because I think it is expensive

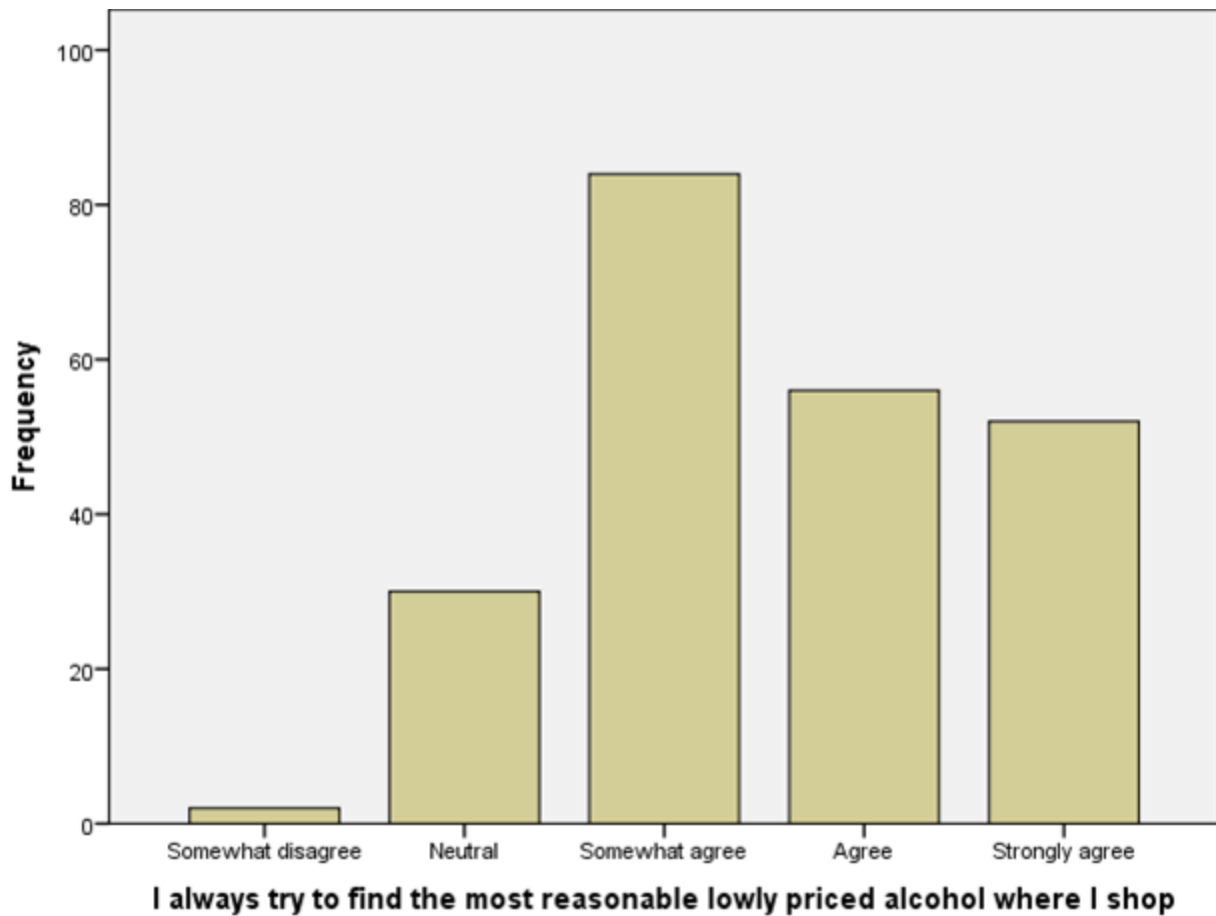


Figure 17 showing distribution of response to the statement: I always try to find the most reasonable lowly priced alcohol where I shop

The bar graph above illustrates responses based on always trying to find the most reasonably lowly priced alcohol. The largest group of participants that stated that they agree with the above statement were represented by eighty to ninety per cent of the total sample and they stated that they somewhat agree. The smallest group of participants that stated they disagree with the statement were represented by a value close to zero per cent. They stated that they somewhat disagree with the statement.

The bar graph below demonstrates responses to the intention to purchase alcohol if sold at a cheaper price. The largest portion that agreed with the statement said that they somewhat agree with it and represented over sixty per cent of all participants. The smallest portion that went against the statement were almost zero per cent and they stated that they somewhat disagreed with the statement.

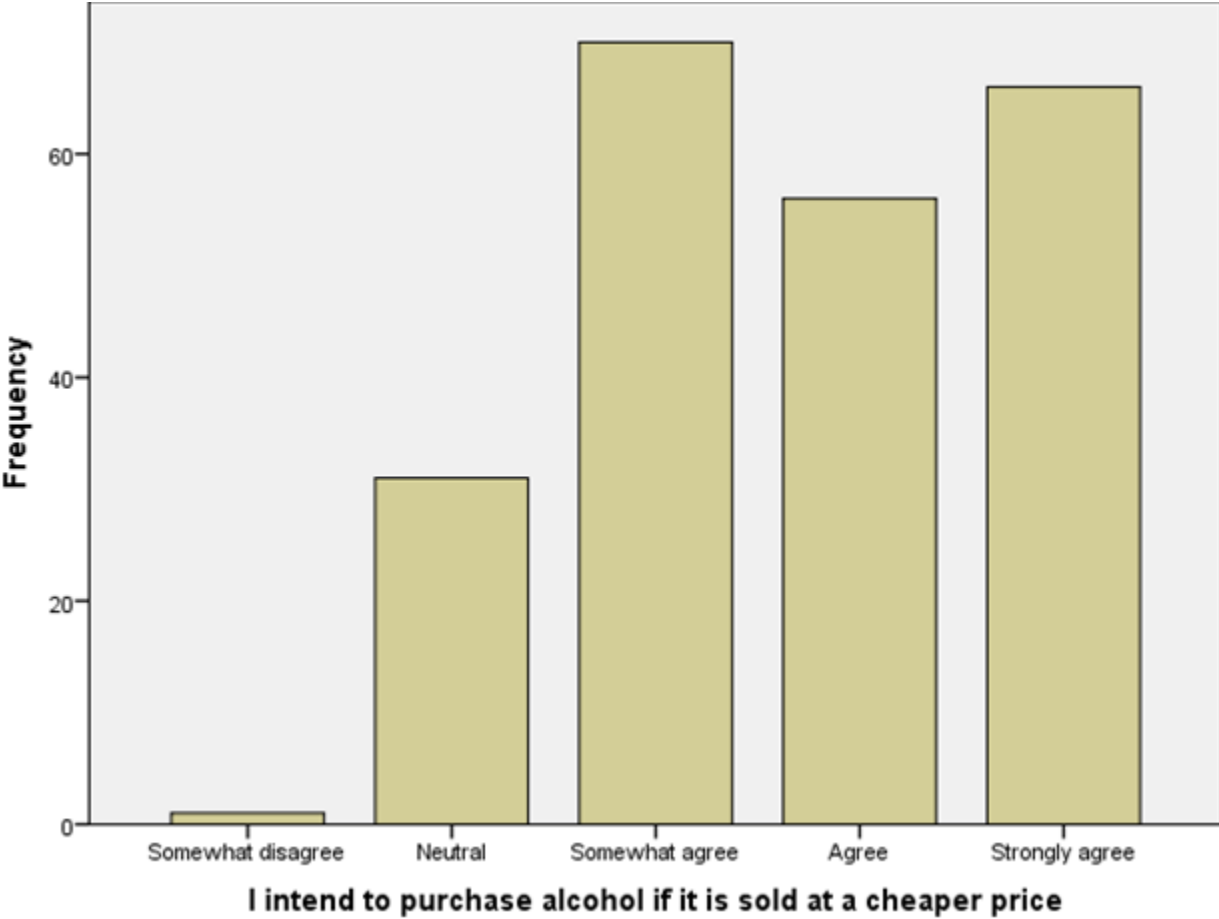


Figure 18 showing distribution of response to the statement: I intend to purchase alcohol if it is sold at a cheaper price

4.2.2.5 Restricted Availability

The bar graph below illustrates responses to the availability of alcohol where the participants shop regularly. The largest group of participants that agreed with the statement were above eighty per cent and the smallest group of participants that responded to the question above stated that they somewhat disagreed with the statement and were almost zero per cent of the sample.

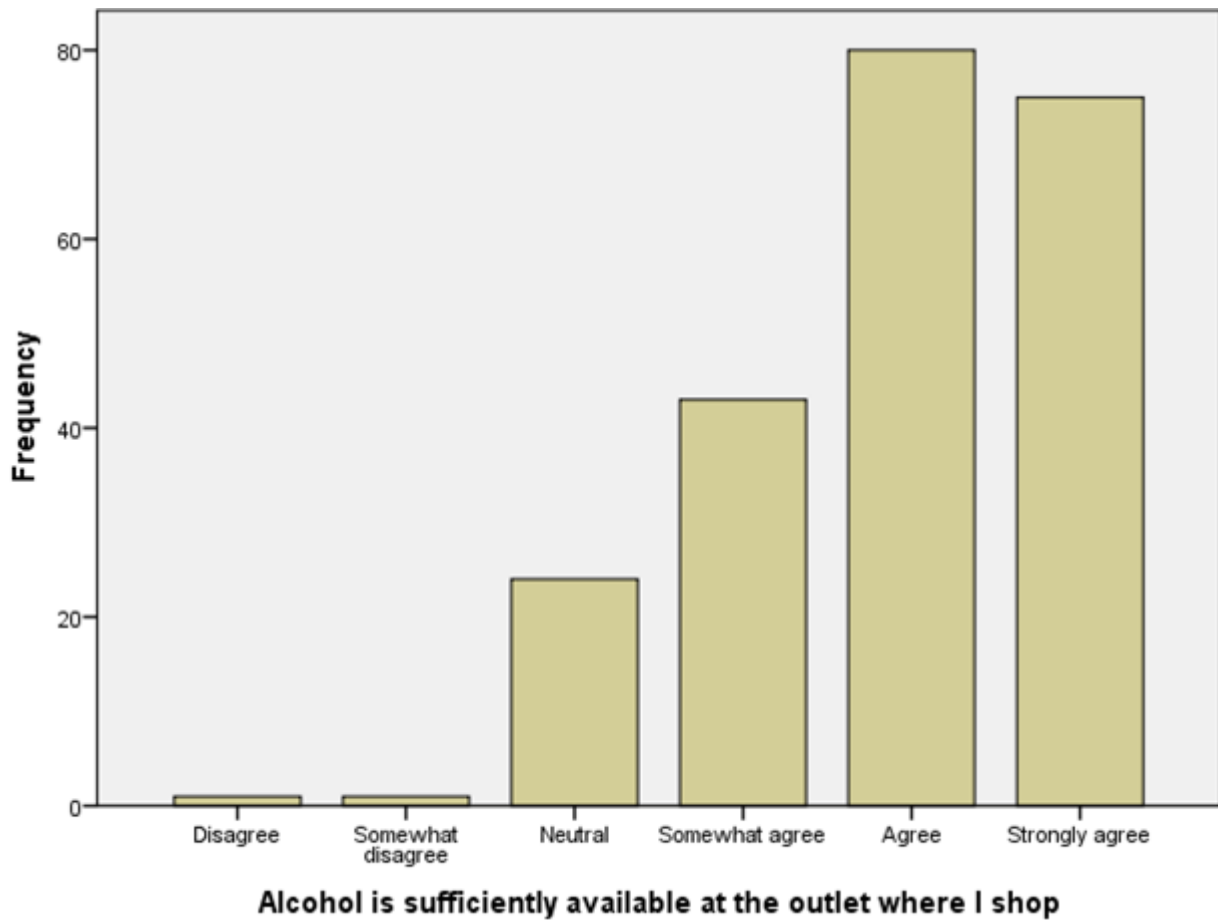


Figure 19 showing distribution of response to the statement: Alcohol is sufficiently available at the outlet where I shop

The above bar graph below illustrates responses to whether participants can easily find alcohol in their neighbourhoods. The largest group that agreed with the statement represented eighty per cent and the smallest group that responded but disagreed with the statement represented almost zero per cent of the total sample.

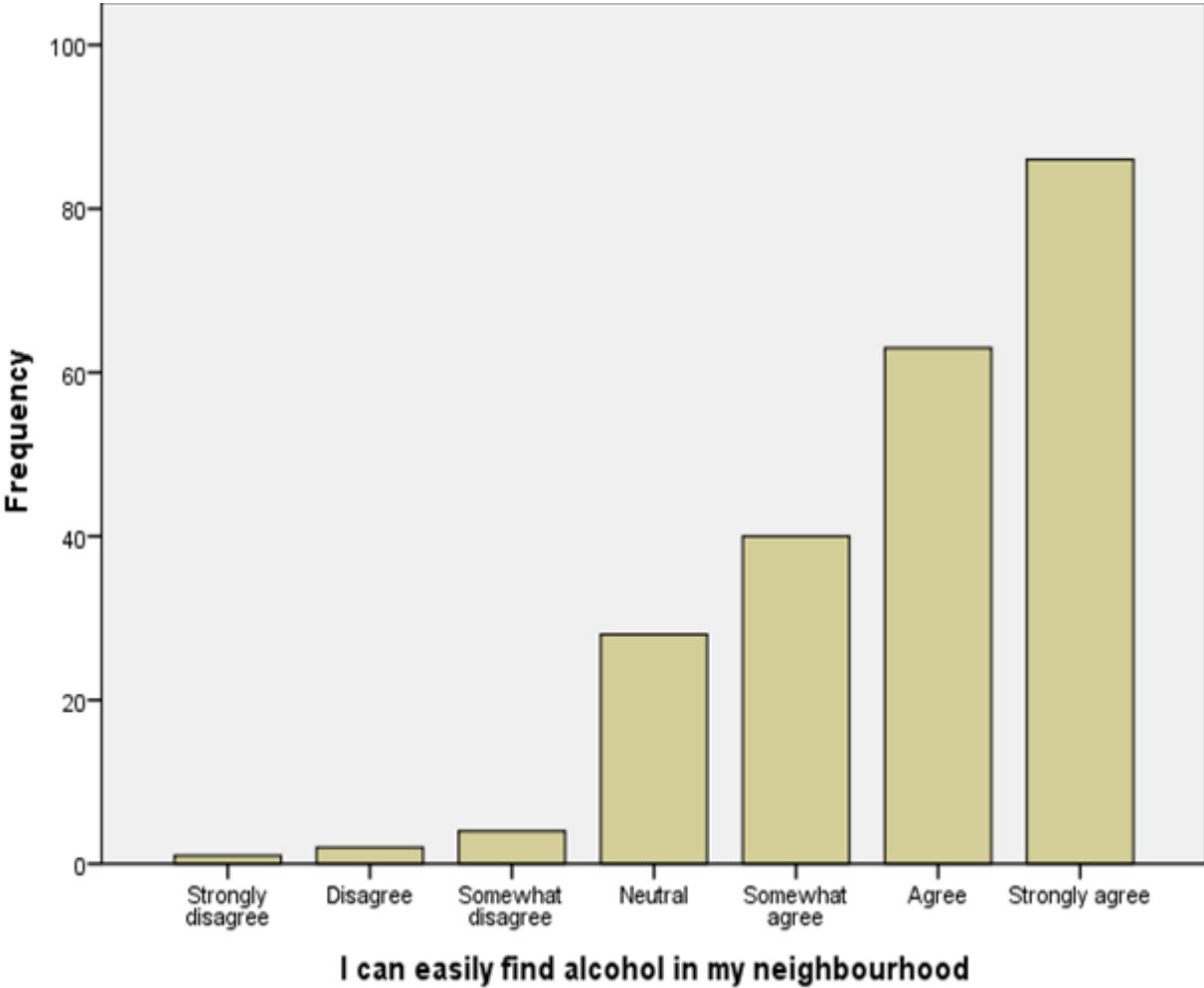


Figure 20 showing distribution of response to the statement: I can easily find alcohol in my neighbourhood

The bar graph below illustrates responses to the intention to purchase alcohol if it is more accessible in the market. The largest group that agreed with the statement represented almost eighty per cent of the total respondents. The smallest group that responded but disagreed with the statement represented between zero and twenty per cent of all respondents.

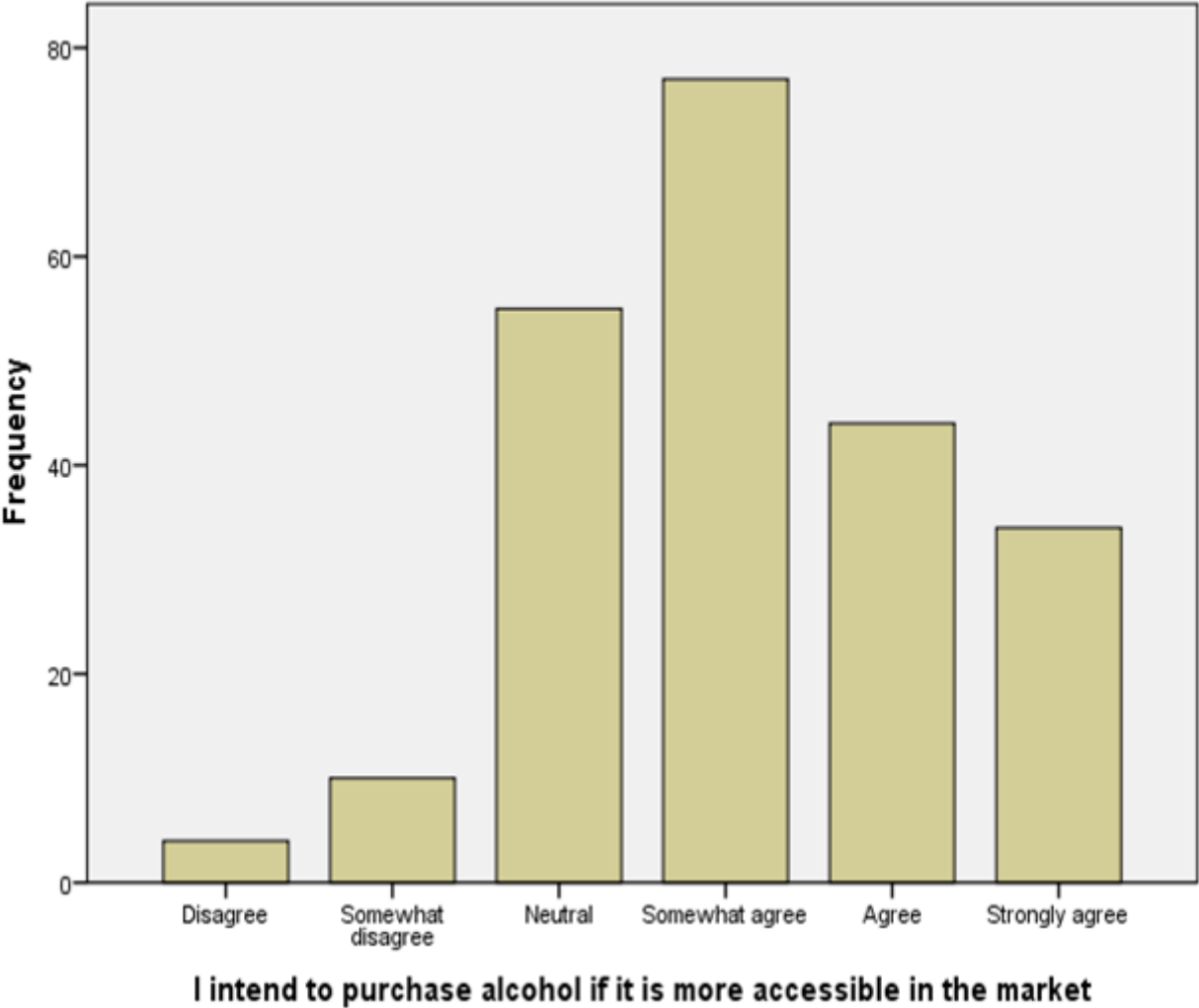


Figure 21 showing distribution of response to the statement: I intend to purchase alcohol if it is more accessible in the market

4.3 Testing Hypotheses and Models

4.3.1 Confirmatory factor analysis

Reliability and Validity are both concerned with logic and extent of accuracy of a test (Wilkins, 2010).

4.3.1.1 Reliability Assessment

Reliability refers to whether we are asking the right questions which will get us a repeatable measure. If we ask the right questions at two different times, for the data to be reliable we should get the same responses on both instances. Neuman (2011) describes it as consistency or dependability.

4.3.1.2 Cronbach's Alpha test

The Cronbach's alpha was developed by Lee Cronbach in 1951 to offer a measure of the internal consistency of a test or scale, and is expressed as a number between zero and one (Tavakol & Dennick, 2011). In this study, the internal reliability of each construct was assessed using the standardised Cronbach's coefficient alpha. Cronbach's coefficient α is one of the most common internal consistency approaches (Dunn, Baguley & Brunson, 2013). According to Chinomona (2011), a higher level of Cronbach's coefficient alpha indicates a higher reliability of the measurement scale.

4.3.1.3 Validity of Measurement Instruments

Validity refers to the degree to which a test or instrument measures the attributes that it is supposed to measure (Easterby-Smith, Thorpe, & Lowe, 2002). Its primary concern is with the accuracy of measurement. This section of the chapter is concerned with testing construct validity.

4.3.1.4 Average Variance Extracted

Discriminant validity was also established by checking if the average variance extracted (AVE) was greater than the highest shared variance (HSV) (Fornell & Larcker, 1981).

4.3.1.5 Convergent Validity

According to Sarstedt, Ringle, Smith, Reams, & Hair (2014), convergent validity measures the degree to which a construct comes together in its indicators by explaining the items' variance. Convergent validity is considered sufficient when the AVE value of each construct exceeds 0.5 (Fornell & Larcker, 1981; Yang and Lai, 2010). Peter (1981) stated that ideally, an item is expected to be related to other

items that measure the same constructs (convergent validity), but to differ from items which measure different constructs (discriminant validity).

4.3.1.6 Discriminant validity

Discriminant validity refers to the degree to which a measure is distinct from other measures, i.e. it shows heterogeneity between different constructs (Malhotra, 1996). According to Fornell & Larcker (1981), discriminant validity can be assessed using the average variance extracted (AVE). To confirm discriminant validity, the average variance extracted for each construct should be greater than the squared correlations between the construct and all other constructs in the model (Nusair & Hua, 2010).

4.3.2 Inter-construct correlation matrix

In order to assess discriminant validity, the researcher used the inter-construct correlation matrix. This correlated the latent constructs to evaluate how distinguished each construct was from other constructs. Latent constructs were considered to be discriminant if they the matrix returned correlation below 1.0, however constructs are more discriminant when correlations are below 0.7 (Nunnally & Bernstein, 1994).

The inter-construct correlation matrix displayed in Table 5 shows correlations between different constructs less than 1. The highest correlation is 0.558 between subjective norms (SN) and behavioral intention (BI), suggesting that 55.8 per cent of the measurement of subjective norms pertaining the alcohol and behavioral intentions is accounted for in both constructs. All the correlations are below 0.7, thereby verifying the discriminant validity of the constructs.

Table 5: Correlation between constructs

Correlations					
	HC	PP	RA	SN	BI
HC	1				
PP	0.525	1			
RA	0.486	0.516	1		
SN	0.437	0.408	0.461	1	
BI	0.519	0.447	0.537	0.558	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

4.3.3 Model Fit Assessment

The assessment of model fit was based on Nusair & Hua's (2010) two-step approach to model construction. The first step involved conducting confirmatory factor analysis (CFA) using a model in which all latent variables are correlated to one another in order to assess the adequacy of the measurement model. Tests for construct reliability and item reliability were then based on the factor loadings returned by the CFA procedure, as well as the construct and discriminant validity tests. Results on Table 7: Accuracy Analysis Statistics shows the measures for reliability in terms of the Cronbach's alpha and composite reliability (CR), as well as validity in terms of the average variance extracted (AVE). The procedure returned factor loadings greater than 0.7, which indicates an acceptable correlation of the items (Fraering & Minor, 2006). Both tests for reliability indicate acceptable internal consistency of the instrument, given by the values being greater than 0.6.

Validity tested using the AVE shows that items are measuring their respective constructs as the AVE values are close to or greater than 0.5 for all the constructs. The highest shared variance of each construct is calculated as the square of the shared variances between the constructs. These are less than the AVE of each construct, thereby confirming the discriminant validity of the constructs (Nusair & Hua, 2010).

Once reliability and validity were verified, the second phase according to Nusair & Hua (2010) involved assessing the structural model itself to verify how well the model fits the data. The CFA procedure also returned estimates for model fit which were used as the basis for assessing structural model fit. Model fit was evaluated using the chi-square ratio (c/df), and indices for goodness-of-fit (GFI) comparative fit (CFI), normed fit (NFI), relative fit (RFI), Incremental fit (IFI) and root mean square error approximation (RMSEA) (Schumacker & Lomax, 2004). The results of the model fit analysis are shown in Table 6 below.

Table 6: Model Fit for CFA

Indicators	Indicator Coefficients	Decision
Chi	1.015	Acceptable
GFI	0.936	Acceptable
CFI	0.998	Acceptable
NFI	0.910	Acceptable
RFI	0.878	Acceptable
IFI	0.999	Acceptable
RMSEA	0.008	Acceptable

The ratio of chi-squared over degrees-of-freedom returned at 1.015, indicating that the observations were not due to chance and that they fit the hypothesised model (Byrne, 1994) as acceptable level are below 3 (Ullman, 2001) The GFI, CFI, NFI, RFI and IFI were 0.936, 0.998, 0.91, 0.878, and 0.999 respectively. Model fit indices closer to 1, but more specifically, greater than or equal to 0.9 verify that the data fits the model (Hair, Black, Babin, Anderson, & Tatham, 2006). The RMSEA was 0.008, which is significant because values less than or equal to 0.08 are considered acceptable (Wallace & Sheetz, 2014).

Table 7: Accuracy Analysis Statistics

Research Construct		Descriptive Statistics				Cronbach's Test		C.R. Value	AVE Value	Highest Shared Variance	Factor Loading
		Mean Value		Standard Deviation		Item-total	α value				
HC	HC1	6.37	5.60	0.9	0.859	0.69	0.784	0.920	0.577	0.354	0.815
	HC2	5.47		0.80		0.71					0.846
	HC3	5.45		0.76		0.756					0.882
	HC4	5.34		0.91		0.704					0.843
	HC5	5.34		0.90		0.756					0.785
PP	PP1	5.09	5.31	0.93	0.908	0.646	0.711	0.850	0.473	0.309	0.741
	PP2	5.26		0.81		0.784					0.791
	PP3	5.36		0.97		0.673					0.795
	PP4	5.52		0.96		0.704					0.736
RA	RA1	5.46	5.35	0.90	0.936	0.72	0.709	0.835	0.510	0.298	0.837
	RA2	5.06		0.96		0.704					0.753
	RA3	5.53		0.93		0.673					0.785
SN	SN1	5.73	5.58	0.98	0.917	0.639	0.765	0.856	0.484	0.311	0.82
	SN2	5.58		0.85		0.671					0.713
	SN3	5.36		0.89		0.617					0.79
	SN4	5.64		0.92		0.622					0.767
BI	BI1	5.01	5.30	0.80	0.900	0.672	0.802	0.891	0.612	0.311	0.844
	BI2	5.38		0.92		0.768					0.864
	BI3	5.52		0.97		0.672					0.859

$\chi^2/df = 1.015$, GFI 0.936 , CFI = 0.998, NFI=0.91, RFI = 0.878, IFI = 0.999 , RMSEA= 0.008 ;^a

significance level $p < 0.05$; ^b significance level $p < 0.01$; ^c significance level $p < 0.001$

4.3.4 Path Modelling and Hypotheses Testing

Path modelling describes the relationships between observed or measured variables and theoretical constructs (Roche, Duffield, & White, 2011) and tests the structural paths of the conceptualised research model. Once the model fit has been assessed using confirmatory factor analysis (CFA), this study will proceed to perform Path Modelling using the AMOS 22 software package. The structural equation modelling (SEM) technique demonstrates and tests the theoretical underpinnings of a proposed study and the significance of the relationships between models constructs. SEM stipulates a technique where separate relationships are allowed for each set of dependent variables and provides an estimation technique for a series of separate multi-regression equations to be estimated concurrently.

It further contains two mechanisms, namely the structural model, which is the path where independent and dependent variables are linked, and the measurement model, which enables this study to use several indicators for a single independent variable. In this study, several attributes are to be identified as having an effect on performance. The multi-item scales for each construct can be developed. Thus, by assessing each relationship simultaneously, rather than separately, by incorporating all the multi-scale items, one can account for measurement errors with each scale.

4.4 Structural Equation Modelling

Structural equation modelling (SEM) was utilised in the current research for the purpose of analysing data. SEM has recently become a revered statistical technique to test theory in several fields of knowledge (Hair, Anderson, Tatham, & Black, 1998; Schumacker & Lomax, 2004; Nusair & Hua, 2010). Structural Equation Modelling (SEM) was applied so as to examine the hypothesised relationship in the research model (Liao & Hsieh, 2013). Qureshi & Kang (2015) defined structural equation modelling as a multivariate statistical technique, primarily engaged when studying relationships between latent variables (or constructs) and observed variables that constitute a model. SEM is a technique of multivariate statistical analysis, with the ability to measure the underlying latent constructs identified by factor analysis, and evaluating the paths of the hypothesised relationships between the constructs (Klem, 2000; Nusair & Hua, 2010).

According to He, Gai, Wu, & Wan (2012), SEM is considered to be similar to regression analysis, but is more predominant, as it evaluates the causal relationships among constructs, while at the same time taking measurement error into consideration. The advantages of SEM can be summarised as follows; firstly it allows for the approximation of a series and multiple regression equations simultaneously (Nusair & Hua, 2010); secondly, it has the capability to incorporate latent variables into the analysis, and accounts for measurement errors in the approximation process (Hair et al., 1998, Nusair & Hua, 2010), and finally, SEM is a statistical approach that establishes measurement models and structural models to address intricate behavioural relationships (Nusair & Hua, 2010; Washington, Karlaftis, & Mannering, 2003). The SEM analysis was carried out employing a two-phase approach (Anderson & Gerbing, 1998; Hair et al., 1998).

Nusair & Hua (2010) explain that in the first phase of SEM, a confirmatory factor analysis was employed to measure the sufficiency of the measurement model. Both construct reliability and item reliability were tested. After establishing that the scale was reliable, the construct validity using convergent and discriminant validity was checked before the measurement model was evaluated and completed. The structural model was assessed in the second phase of SEM. The overall model fit in both measurement and structural models was assessed utilising goodness-of-fit indices including χ^2/df ratio, CFI, NFI, RFI, IFI and RMSEA (Hair et al., 1998; Jöreskog & Sörbom, 1993; Schumacker & Lomax, 2004; Nusair & Hua, 2010).

Table 8: Results of structural equation modelling

Proposed Hypothetical Relationship	Hypothesis	Factor Loading	P Value	Supported/ Rejected
Health Concern (HC) → Behavioural Intention (BI)	H ₁	0.533 ^c	*	Supported and significant
Perceived Price (PP) → Behavioural Intention (BI)	H ₂	0.489 ^c	*	Supported and significant
Restricted Availability (RA) → Behavioural Intention (BI)	H ₃	0.231 ^c	*	Supported and significant
Subjective Norms (SN) → Behavioural Intention (BI)	H ₄	0.617 ^c	*	Supported and significant

4.5 Discussion of Hypotheses Results

Based on the path analysis results in Table 8 above, all hypotheses one, two, three and four (H1, H2, H3 and H4) were supported and significant. At the ninety five per cent confidence level, the hypothesis that health concerns about alcohol had a positive relation to the behavioural intention of alcoholic beverages (H1), as indicated by the strong and positive path coefficient 0.533. For this reason, the hypothesis postulated regarding the relation of health concerns to behavioural intentions holds true.

The path analysis results for H2 indicated that at the strength of 0.489, respondents' perceived price of alcoholic beverages had strong and positive relations to respondents' behavioural intention of alcoholic beverages. At the ninety five confidence level, this suggests that behavioural intention pertaining to alcohol is significantly influenced by the perceived price of the alcoholic beverages. The same applied to the influence of restricted availability of alcohol and behavioural intention (H3), albeit this is indicated by a weaker path coefficient of 0.231. Nonetheless, the hypothesis postulated a positive correlation between the two and this has been significant at the ninety five per cent confidence level is supported and significant.

The influence of subjective norms pertaining to alcohol consumption, on respondents' behavioural intentions (H4) posited a significant influence on behavioural intention, per the coefficient of 0.617. At the ninety five per cent confidence level, this suggests that the societal norms about alcohol beverages and alcohol consumption have a significant influence on determining the behaviour of people to consume or not consume alcohol. Therefore, the hypothesis postulated that subjective norms have a positive influence of behavioural intentions holds true for this study.

CHAPTER 5: DISCUSSION OF RESULTS, CONCLUSION, POLICY IMPLICATIONS, AND RECOMMENDATIONS

5.1 Results and Conclusion

The current alcohol policy in Botswana is effective. Although the study has shown that some of the constructs are more effective than others, based on the correlations between each independent variable and the dependent variable, overall the de-marketing efforts all influence the consumers' intention not to purchase. The construct that influences the consumers' intention to purchase the least, per the low coefficient, is *Restricted availability*. *Perceived price* and *Health concerns* are close at 0.489 and 0.533 respectively. *Subjective norms* is the construct with the greatest influence on the consumers' intention not to purchase.

Eighty per cent of the respondents are content with availability of alcohol where they are, so they have adapted to the minimal restrictions on availability. They however feel strongly about price; the majority said it was important to them and would buy more if sold at cheaper prices. However, the intention to purchase alcohol tomorrow, next week, or sometime in the future was still popular. The largest proportion of the respondents was spread from "neutral" to "strongly agree," with no disagreements. Most respondents believe they are health conscious, responsible drinkers; so they mostly somewhat agreed or were neutral to the influence of the health concerns/responsible drinking campaigns. Seventy percent of the respondents appreciated the opinions of those who are important to them, by "somewhat agree" regarding their consumption.

5.2 Results and policy implications

As Anderson, et al. (1993) have observed, the education campaigns typically emphasize legal-age drinking, responsible drinking and the dangers alcohol poses to one's health. The messages disseminated in Botswana have predominantly been about responsible drinking and general health. They are generic and not detailed enough. And as such, not as effective as they could be.

The body of knowledge has shown that perceived price is the most effective initiative. Imposing tax on alcohol is considered the initiative with the best return on investment and more effective as it brings about the desired change in consumer behavior at the least cost of implementation (Anderson,

Chisholm, & Fuhr, 2009). In Botswana, however, it is not the construct with the greatest influence on consumer's intention not to purchase alcohol, although its influence been supported by the high coefficient of 0.489. The alcohol policy would be more effective if this coefficient could be higher.

Restricted availability of alcohol has been effective in influencing the consumers' intention not to purchase, but to only a small degree. As noted by Shiu, Hassan, & Walsh (2009), de-marketing uses the fundamental 4Ps of marketing; the fourth P, place, referring to not only the place but also the times when the place is/not open, all towards discouraging consumption.

The study shows subjective norms, with a coefficient of 0.617, have the highest influence on consumers' intention not to purchase. They are an effective initiative of the alcohol policy. They are influential among people of similar interests, so this gives the government opportunity to leverage on peers and community (Price & Feick, 1984; Brown & Reingen, 1987). Subjective norms are as much about doing what is approved of by people whose opinion you value and as they are about the need to comply with the norms; they are fundamental to the theory of reasoned action (Ajzen & Fishbein, 1980). Chan, Wu, & Hung (2010), share that in college, one gets more social approval if they are seen to be able to engage in reckless behaviour after indulging in alcohol, without any repercussions. However, if the beliefs/impressions could be repudiated, so would the subjective norms.

The results have policy implications for various stakeholders as follows:

- It benefits academia by adding to the existing body of knowledge, particularly as it had been established that there is a gap in the studies of alcohol policy in Botswana and other developing countries.
- It guides the Botswana government and policy makers, as to the effectiveness of different tools, and therefore which ones to stop, continue or start incorporating into the strategies going forward.
- It assists marketing practitioners make informed decisions when conceptualising and developing beverage brand strategies, to facilitate sustainable performance, for or against consumers' intention to purchase.

5.3 Recommendations

5.3.1 Health concerns/responsible drinking

The education campaign messages need to be more detailed, with an emphasis on the long-term effects of alcohol consumption and an appreciation of the costs incurred by the government in the form of absenteeism, loss of productivity, health consultations and treating other alcohol-related problems. Echoing this are Anderson, Chisholm, & Fuhr (2009), who state that globally, 4.6% of premature-death and associated ill health are attributed to alcohol, with the developing countries carrying a greater burden, per liter consumed and Noto, et al. (2002), who inform that between 1988 and 1999, in Brazil, ninety per cent of in-patients at health centres had alcohol-related illnesses.

In Botswana, The National Alcohol Policy for Botswana (2011) refers to it as "the increase of expenses within the health and social systems thus contributing to loss of productivity and social disruption" (p.7). The study shows that Botswana intend to consume alcohol into the future, so the public should be enlightened about the opportunity costs incurred in resources spent on alcohol, which could be spent on other agenda of national importance, as the nation becomes more and more aware of the financial constraints government is having and the slow economic growth.

The last recommendation is to disallow any public alcohol advertising, in the form of brands, brand-sponsored events or mentions. It is also imperative that the responsible drinking/anti-alcohol campaigns are long enough, consistent, and not fragmented as they have been. While the messages may reach some individuals, there should be partnership with an NGO to offer psychosocial support for those who would like to change their consumer behaviour. This is all because while the health concern messages may be well written and targeted, their impact is compromised by competing with alcohol advertising itself; the campaigns are not always long enough or well-coordinated for maximum outreach, and government does not incorporate all facets, as observed by Wakefield, Loken, & Hornik (2010). Vaissman (2004) attests to the success that government can have if they engage NGOs in developing and managing health concern/responsible drinking campaigns, as it happened in Brazil, in 2003. NGOs have outreach and understanding of the community. They operate at grass roots and have the capability to mobilise communities in ways that government can't necessarily do.

5.3.2 Perceived price

The high alcohol prices deter consumers' intention to purchase and government should continue with this initiative. However, while government can continue to periodically increase the alcohol tax, if it gets too expensive, consumers will merely go to neighbouring countries to buy it cheaper or switch to cheaper, possibly toxic, options locally, bringing with it a series of psychosocial challenges which government must prepare for. These sentiments are echoed by Anderson, Chisholm, & Fuhr (2009).

One of the things that make a price increase an effective initiative is that the effect is felt the most by heavy drinkers and the youth, who are the most price-sensitive of all consumers. Grossman, Chaloupka, et al. (1994) and Giesbrecht & Greenfield (2003) have observed that in general, heavy drinkers are considered to be perhaps more price sensitive, especially the youth. They are more responsive to price change because, given the same income, they will be able to purchase fewer beverages that they would like. The youth tends to prefer cheaper brands due to disposable income constraints. They also tend to prefer beer where economic studies have shown lower elasticity for this product as a function of price change.

Therefore, the government should target these two critical groups with this initiative. However, government should beware the unintended psychosocial consequence of impoverishment of those households where the heavy drinker is the bread winner and persists with funding the heavy drinking, at the expense of the family's welfare (Cook & Moore, 1994).

Having said that, the study shows Batswana's intention to consume alcohol into the future, despite their observed reaction to perceived price. This points to an unexplored factor that influences the consumer's intention to purchase, which has a much greater influence over the consumer's intention to purchase, over perceived price. There needs to be research into the range of motivating factors behind alcohol consumption, that the alcohol policy should address going forward.

5.3.3 Restricted availability

Government's revision of trading times for liquor trading outlets has borne fruit and should not only be sustained, but there should be no more licensing of new outlets. The government should maintain the revised liquor trading days and hours. The change in the availability of alcohol changes the

consumers' schedule and volume (Lewis et al., 1996). Government's incorporation of opaque beer into the Liquor Trading Act drastically reduced the density of opaque beer outlets, by delegating trading from residential areas. The removal of the outlets to commercial zones made them fewer, reducing alcohol availability, changing the buying behaviour. It is vouched for by Campbell et al. (2009), who found it effective in reducing underage drinking in close-knit communities.

The coefficient for this construct is not as high as one would expect, at 0.231. This is because consumers who felt the greatest impact are those for opaque beer, who not only had to adjust to the reduced density of the outlets, but also the reduced trading hours and days; while the clear beer consumers have only had to adjust to the reduced trading days and hours. The reduction of trading hours and days is minimal, still leaving reasonable opportunity for consumers to purchase, as corroborated by the respondents that eighty per cent easily find alcohol where they are. Therefore, because the change in the restricted availability is not as significant, it has not greatly affected the buying patterns of the consumers. The minimal restriction leaves room for more stringent measures that can be taken in future, which consumers can adapt to, which government should implement, to restrict availability further.

On a more positive note, the density reduction discourages fierce competition between retailers, who tend to offer incentives to consumers to drink more and also facilitates policing (Van Oers & Garretsen, 1993). Enforcement of the revised laws has been sluggish due to the challenge that government has with maintaining a large police force. However, now because the number of outlets has been reduced, they should be better able to enforce the law for under-age drinking and even compliance with the Act. It is important that the police efforts are concerted and sustainable.

5.3.4 Subjective norms

The government should embark on campaigns in colleges (tertiary institutions) using peers who have since graduated and pursued professional life, to share with those in college how drinking negatively shapes their lives then and for the future. Following this campaign, which tarnishes alcohol consumption, a campaign that talks to peers looking out for each other will be effective. LaBrie et al. (2011) can attest to the success of using the influence of subjective norms. They observed a strong correlation between students' intention to engage in alcohol activities with attitudes of their significant others. They, therefore, recommend using interventions targeted at relationships with significant others. The same sentiments have been echoed by other scholars who have seen subjective-norm

interventions bringing about positive change in college society (Walters, 2000; Walters, Bennett, & Miller, 2000; Neighbors, Larimer, & Lewis, 2004).

Employed youth and youth in college have a purpose that they pursue daily. However, a large number of youth in Botswana is unemployed. Unemployment in Botswana is currently at its highest, at twenty per cent (Botswana AIDS Impact Survey, 2013). Unemployment has been found by studies in USA and Canada, to lead to high consumption of alcohol, due to idle leisure time, coping with stress and uncertainty of the predicament (Latif, 2014). Therefore government should dialogue with the youth to establish to what degree unemployment is a motive for the consumption of alcohol, and develop even more programs that will give the youth purpose and enable them to make a living.

On a related note, while government's initiatives are paying off, a wider scope of the study should be embarked upon, for the government to holistically appreciate all the niches and factors around alcohol consumption, nationwide.

5.4 Limitations of the study

The study was only done in the greater Gaborone area. Certain towns and villages, with significant population sizes and consumer contribution, in various districts of the country, are not included in the study. They include mining towns such as Orapa/Letlhakane in the Boteti district; Jwaneng in the Southern district; Selibe Phikwe in the Central district and Francistown in the North East district. Francistown is also the second capital city in the country. Villages such as Molepolole, Kanye, Mahalapye and Palapye have significant populations but are not included in the study. Tourist villages such as Maun in the Ngamiland district and Kasane, in the Chobe district, have their own unique culture and are not included in the study. Therefore, it is recommended that government carry out a nationwide study, to have a complete picture.

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APPENDICES

APPENDIX A

Road Accidents in Botswana over 10 years

CAUSE	Year										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Driver Fatigued	70	68	48	36	63	66	60	83	59	67	58
Under influence of drinks/drugs	497	380	361	319	293	287	423	492	429	518	643
Unlicensed drivers	1075	936	689	580	555	384	629	590	569	553	524
Careless driver	11501	12314	12422	12342	14367	18229	14849	13763	13402	13114	12612
Pedestrian error	691	705	562	490	483	392	517	522	484	383	350
Passenger error	95	79	66	52	62	52	103	93	77	83	108
Animals domestic/wild	3080	2457	2392	2205	2817	526	2454	2595	2287	2187	2189
Obstructions	43	31	18	34	46	22	118	174	158	174	160
Vehicle defects	592	541	498	489	467	456	541	482	371	332	319
Road surface condition	211	254	154	232	188	117	247	139	128	83	77
Weather condition	468	360	312	256	146	37	48	30	26	19	8
Use of mobile phone	5	1	4	1	1	1	5	7	3	1	2
Other causes	6	11	0	0	0	0	6	8	8	13	12
Total Recorded	18334	18137	17526	17036	19488	20569	20000	18978	18001	17527	17062

Figure showing total road accidents recorded with their causes over ten years (Botswana Police Service Traffic Division, 2014)

APPENDIX B

1. Health Concerns/responsible drinking public campaign messages - theme



Figure showing Health concerns/Responsible drinking public campaign theme (Ministry of Health, 2014)

2. Health Concerns/responsible drinking public campaign messages – mobile billboards



“Look after your health”

Figure showing health concerns/responsible drinking public campaign messages (Ministry of Health, 2014)

3. Health Concerns/responsible drinking public campaign messages – youth and sports



Figure showing health concerns/responsible drinking public campaign message (Ministry of Health, 2014)

APPENDIX C

1. Map of Botswana showing landscape features

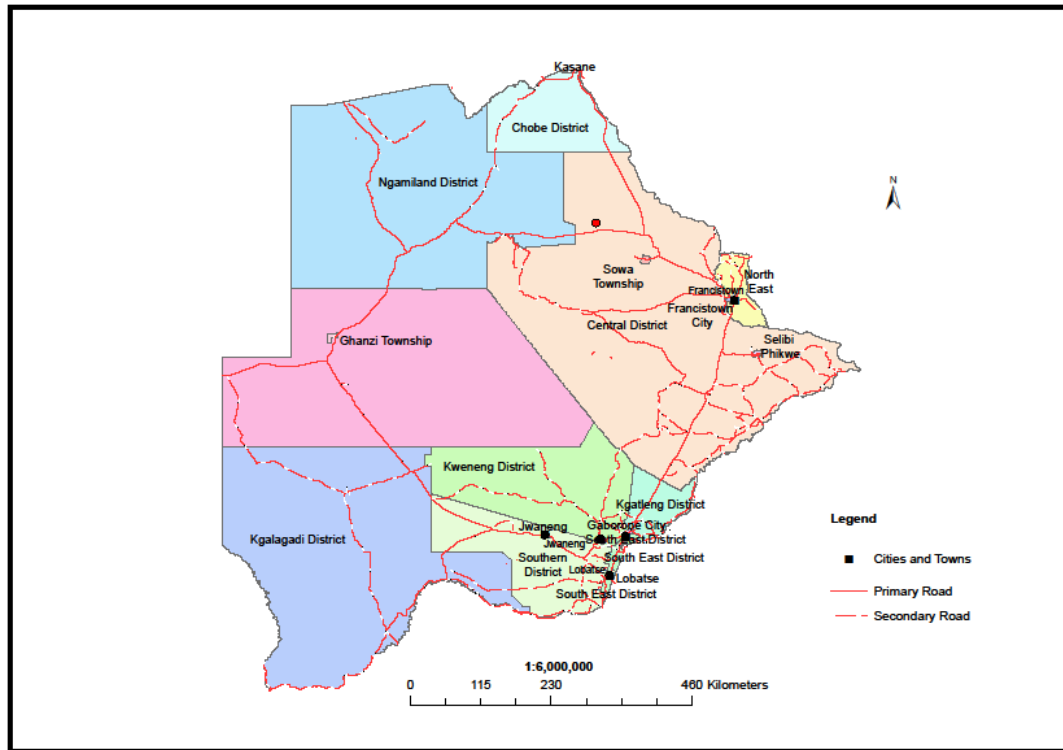


Figure showing landscape features of Botswana (Department of Surveys and Mapping, 2014)

2. Map of Botswana showing major centres and mining areas

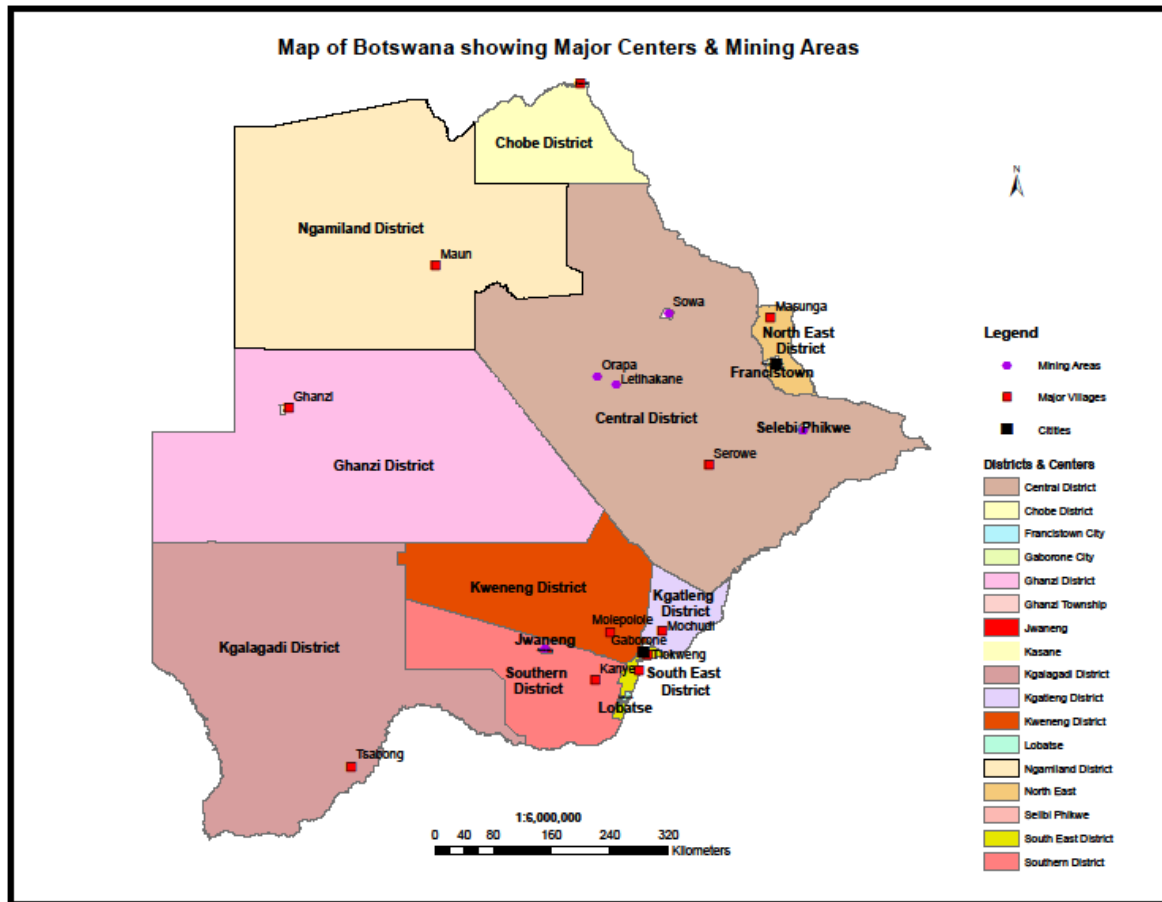


Figure showing major centres and mining areas of Botswana (Department of Surveys and Mapping, 2014)

3. Map of Botswana showing area of research study

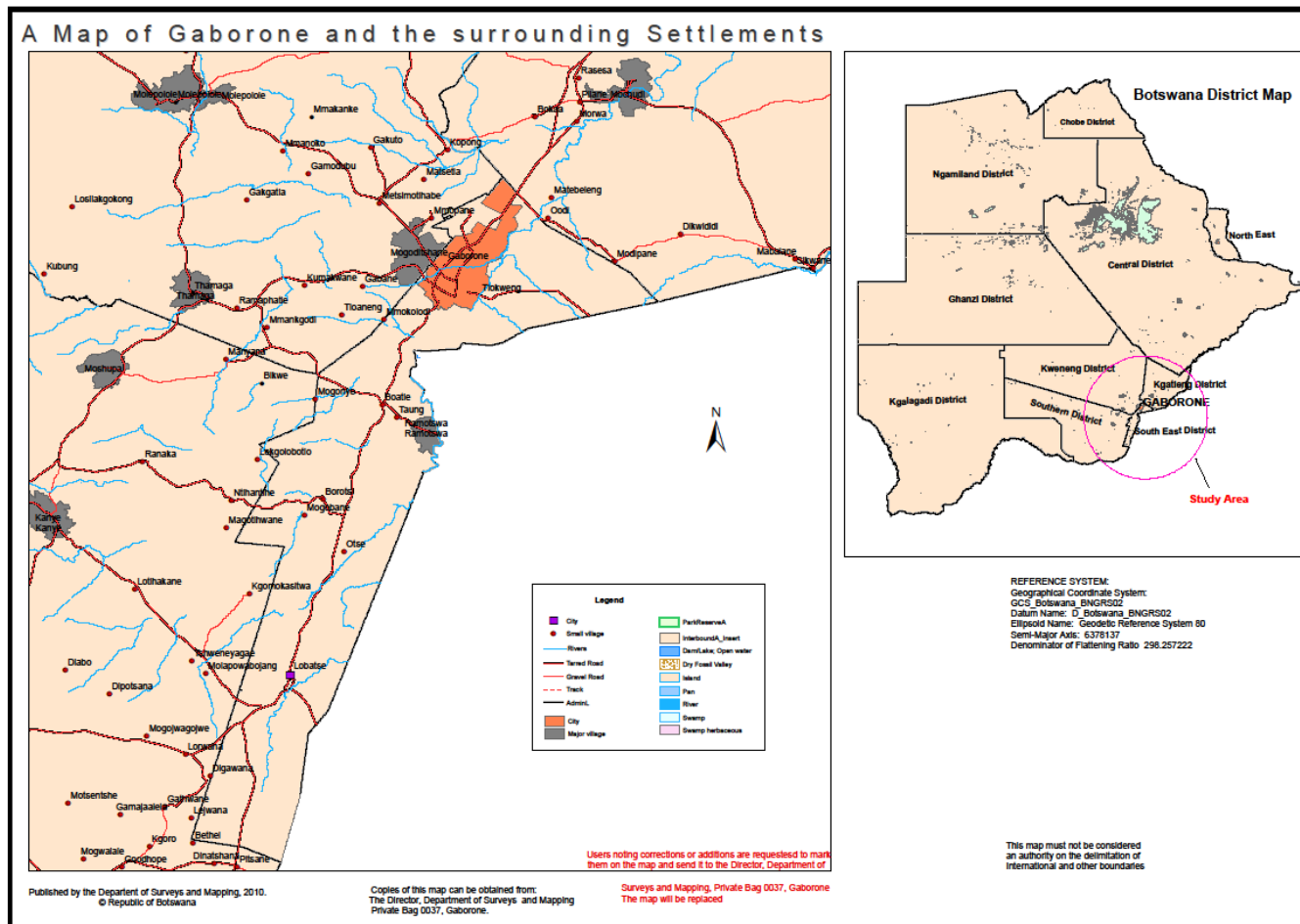


Figure showing area of research study (Department of Surveys and Mapping, 2014)

APPENDIX D

1. Introductory WITS Business School letter

The University of Witwatersrand, Johannesburg
Graduate School of Business Administration

2 St David's Place, Parktown, Johannesburg, 2193, South Africa
P O Box 68, WITS, 2050
Telephone: +27 11 717 3947
Facsimile: +27 11 717 3538
Website: www.wbs.ac.za



23 June 2014

Proof of Registration

This serves to confirm that **Mmabatho T. Dibe** student number: **941290** is enrolled for the Master of Management in Strategic Marketing Programme (MMSM), at the Wits Business School for the 2014-2015 Academic years.

The Programme includes modules covering various aspects of marketing management and research and as such she is required periodically to do assignments that require industry specific and practical data, which will be purely for the purposes of the Assignment/Research.

The assistance of your organisation would be invaluable, and would go a long way in aiding this process.

Thanking you in advance.

Kind regards

Edgar Ramaema

MMSM Acting Programme Manager
Wits Business School
Tel: 011 717 3691
Mokoena.ramaema@wits.ac.za



2. Cover letter for questionnaire – English

P.O. Box 20065

Gaborone

17th September 2014

Dear Sir/Madam,

YOUR EXPERIENCE WITH CONSUMER BEHAVIOUR AND CONSUMPTION OF ALCOHOLIC BEVERAGES

May I ask for your help in a survey we are doing? We would like to find out your experience with consumption of alcoholic beverages as a consumer in Botswana.

My name is Mmabatho T. Dibe (Nation ID Number 688122308). I am a student studying Marketing.

We are doing the survey in your village/town and hope you will be willing to cooperate. I have a questionnaire with a series of questions regarding consumption of alcoholic beverages, for which I would like your responses. The questions are fairly short and will take about ten minutes to complete.

I assure you that your response will not be used for anything else but this research. As a sign of your willingness to be a respondent, please sign the attached consent form.

Yours faithfully

Mmabatho. T. Dibe

(As adapted from the letter Moser & Kalton, 1971; p.305)

3. Cover letter for questionnaire - Setswana

P.O. Box 20065

Gaborone

17th Lwetse 2014

Mme/Rre,

MAITEMOGELO A GAGO KA GO NWA BOJALWA

Ke kopa thuso ya gago ka patlo maikutlo e re e dirang. Re kopa go itse maitemogelo a gago ka go nwa bojalwa, o le moji-moreki mo Botswana.

Leine lame ke Mmabatho T. Dibe (Omang No. 688122308). Ke moithuti wa papatso le thekiso (marketing).

Re dira patlo maikutlo mo motseng/toropong e o nna ng mo go yone; re solofela fa o tlaa re thusa. Ke ne le dipotso di le mmalwa tse ke tlaa kopang gore o di arabe tse di botsang ka tiriso ya bojalwa. Dipotso tsa teng di dikhutshwane, ga di kake tsa go tsaya lebaka go di araba.

Ke solofetsa gore dikarabao tsa gago ga dina go dirisediwa sepe fela, ko ntle ga patlo maikutlo e. Go kaya gore o tlaa tsaya karolo, ke kopa gore o saene fomo e ke e tshotseng.

Weno

Mmabatho T. Dibe

APPENDIX E

1. Consent form – English

I agree to participate in the research study conducted by Mmabatho T. Dibe.

The purpose and nature of the study has been explained to me in writing and verbally.

My participation is voluntary and I understand that I can withdraw at any time during the study without any repercussions.

I understand and give permission that extracts from the interview may be quoted and published in the research report.

I also understand that confidentiality will be ensured in the research report and that no identifying features will be attached.

Signed:

Date:

2. Consent form - Setswana

Nna ke dumalana go tsaya karolo mo patlisisong e e dirwang ke Mmabatho T. Dibe.

Ke tihaloseditswe mabaka a patlisiso ka mokwalo le ka puisano.

Ke ithaopile go tsaya karolo ebile ke tthaloganya gore ke ka boela tshwetso eo ka morago ka nako epe fela fa patlisiso e tswelletse, go sena ditlamorago dipe.

Ke a tthaloganya ebile ke fa tetla gore se ke se buileng se ka tsenngwa, sa phatlaladiwa mo repotong ya patlisiso

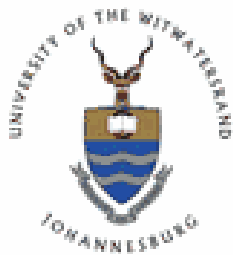
Ke tthaloganya gape gore se ke se buang se tlaa nna sephiri, le fa se tsentswe mo repotong ya patlisiso ga ke kake ka bolelwa ka leina.

Monwana

Letsatsi

APPENDIX F

Research Instruments



Questionnaire

Thank you for paying attention to this academic questionnaire. The purpose of the study is to examine the influence of the alcohol policy on consumption. I am a student studying Marketing and would like to find out your experience with consumption of alcoholic beverages as a consumer in Botswana.

I am therefore, requesting your assistance to complete the questionnaire below. The research is purely for academic purposes and the information obtained will be kept confidential. It will take you approximately 5 minutes to complete the whole questionnaire

As a sign of your willingness to be a respondent, please sign the attached consent form.

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National ID Number 688122308

Supervisor: Prof. Richard Chinomona

SECTION A

GENERAL INFORMATION

The section is asking your background information. Please indicate your answer by ticking (✓) on the appropriate box.

A1 Please indicate your gender

Male	1
Female	2

A2 Please indicate your ethnic group

Motswana - Black	1
Motswana - Indian	2
Motswana - White	3
Other Nationalities	4

A3 Please indicate your age group

18 – 24 years old	1
25 - 34 years old	2
35 - 39 years old	3
40 – 44 years old	4
45 – 49 years old	5
Above 49 years old	6

A4 Have you had alcohol in the last seven days?

Yes	1
No	0

A5 Please indicate your source of income

Entrepreneur	1
Employed	2
Family	3
Other Sources	4

The following sections ask to what degree you agree/disagree with a series of statements made about alcohol consumption.

SECTION B

Subjective norms

Below are statements about subjective norms. You may agree or disagree with each statement by ticking the appropriate number provided below where:

1= Strongly Disagree 2= Disagree 3= Somewhat Disagree 4= Neutral 5= Somewhat Agree 6= Agree 7= Strongly Agree

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree

Please tick only one number for each statement

SN1	Most people who are important to me think I should consume alcohol	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
SN2	Most people who are important to me think I should continue consuming alcohol	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
SN3	It is good for me to consider purchasing alcohol	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
SN4	My family would like me to have alcohol purchasing plans	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

SECTION C

Behavioural intentions

Below are statements about behavioural intentions. You may agree or disagree with each statement by ticking the appropriate number provided where:

1= Strongly Disagree 2= Disagree 3= Somewhat Disagree 4= Neutral 5= Somewhat Agree 6= Agree 7= Strongly Agree

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree

Please tick only one number for each statement

BI1	I intent to consume alcohol next week	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
BI2	I intend to consume alcohol tomorrow	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
BI3	Generally, I intend to continue consuming alcohol in the future	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

SECTION D

Health concerns and Responsible drinking

Below are statements about health concerns and responsible drinking. You may agree or disagree with each statement by ticking the appropriate number provided where:

1= Strongly Disagree 2= Disagree 3= Somewhat Disagree 4= Neutral 5= Somewhat Agree 6= Agree 7= Strongly Agree

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree

Please tick only one number for each statement

HC1	I think of myself as a 'health conscious' consumer	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
HC2	I think of myself as someone who is very concerned with the issue of responsible drinking	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
HC3	I think of myself as a responsible alcohol consumer	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
HC4	The public campaigns communicating health concerns and responsible drinking influence my alcohol consumption	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
HC5	In general, I consider my health extremely important, when I purchase alcohol.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

SECTION E

Perceived Price

Below are statements about perceived price. You may agree or disagree with each statement by ticking the appropriate number provided where:

1= Strongly Disagree 2= Disagree 3= Somewhat Disagree 4= Neutral 5= Somewhat Agree 6= Agree 7= Strongly Agree

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree

Please tick only one number for each statement

PP1	The price of alcohol is important to me	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
PP2	I often refrain from purchasing alcohol because I think it is expensive	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
PP3	I always try to find the most reasonable lowly priced alcohol where I shop	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
PP4	I intend to purchase alcohol if it is sold at a cheaper price	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

SECTION F

Restricted availability

Below are statements about restricted availability of alcohol. You are required to indicate the extent to which you agree or disagree with the statements below by ticking the appropriate number where:

1= Strongly Disagree 2= Disagree 3= Somewhat Disagree 4= Neutral 5= Somewhat Agree 6= Agree 7= Strongly Agree

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree

Please tick only one number for each statement.

RA1	Alcohol is sufficiently available at the outlet where I shop	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
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RA2	I can easily find alcohol in my neighbourhood	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
RA3	I intend to purchase alcohol if it is more accessible in the market	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree

THE END

Adapted from Sparks & Shepherd (1992), and Kraft, Rice, Sutton, & Roysamb (2005).