



A Learning Management Model in Citizenship, Culture, and Social Life to Address the Problem of Alcohol Consumption Among Youth in Khon Kaen Province

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Abstract

This research aimed to develop and implement a culturally relevant learning management model to address alcohol consumption among youth in Khon Kaen province, Thailand. The study was conducted in four phases: identifying factors influencing youth alcohol consumption, developing and validating the S-CLE-NA learning model, piloting the model with a group of 50 target youth, and evaluating the model's effectiveness, efficiency, and impact through stakeholder feedback. Findings from Phase 1 identified key social, economic, familial, psychological, and accessibility-related factors contributing to youth alcohol consumption. Phase 2 involved the development and expert validation of the S-CLE-NA model, which integrates civic duties, cultural values, and social living skills. In Phase 3, the model was piloted, resulting in significant improvements in knowledge, attitudes, and behavior among participants. Phase 4 involved stakeholder evaluation, revealing positive impacts on youth behavior and community engagement. The study concludes that the S-CLE-NA model is effective in reducing youth alcohol consumption and promoting positive social behavior, and it offers recommendations for expanding and adapting the model in other contexts.

Keywords: Youth alcohol consumption, learning management model, civic education, cultural integration, behavior change

1. INTRODUCTION

1.1. Background and Importance of the Problem

Alcohol consumption among youth has become a growing concern in Thailand, particularly in the past decade. Reports from the National Statistical Office reveal that alcohol consumption among youth aged 15-19 years has significantly increased, with 26.2% of the youth population consuming alcohol in 2023, a rise from 24.6% in 2022 (National Statistical Office, 2023). This trend is particularly alarming, as early exposure to alcohol is associated with several negative outcomes, including higher risks of addiction, impaired academic performance, and increased involvement in risky behaviors, such as violence and unprotected sexual activity (Center for Alcohol Studies, 2021).

In Khon Kaen province, the situation mirrors the national trend. Khon Kaen is one of the provinces in Thailand where alcohol consumption among youth has risen steadily. Factors contributing to this increase include the ease of access to alcohol, with youth being able to purchase alcoholic beverages from local stores with little regulation (Department of Disease Control, 2022). Additionally, peer pressure and family drinking habits play a significant role in influencing youth behavior. Studies show that youth who grow up in households where alcohol consumption is normalized are more likely to begin drinking at an early age (Bureau of Mental Health, 2023).

Culturally, alcohol consumption is widely accepted in Thailand, especially during festivals and community events. In Khon Kaen, local festivals such as the Songkran Festival and other traditional celebrations often involve the communal consumption of alcohol, further embedding the behavior in social practices. These events create an environment where drinking is seen as a social norm, making it difficult for youth to resist participation (Center for Alcohol Studies, 2021). This cultural acceptance, combined with the social and economic factors, exacerbates the problem, leading to higher rates of alcohol-related harm among youth in the region.

The public health implications of rising alcohol consumption among youth are significant. Apart from the immediate risks of accidents and alcohol poisoning, long-term exposure can lead to chronic health issues, including liver disease and cardiovascular problems. Furthermore, alcohol use among youth is linked to poor academic outcomes and reduced life opportunities (World Health Organization, 2020). Addressing this issue requires targeted interventions that consider both the social and cultural factors unique to the region, as well as the broader trends affecting youth nationwide.

1.2. Research Objectives

(1) To study the fundamental factors and strategies for developing a learning management model that incorporates civic duties, culture, and social living to address the issue of alcohol consumption among youth in Khon Kaen province.

(2) To develop a learning management model focused on civic duties, culture, and social living aimed at reducing alcohol consumption among youth in Khon Kaen.

(3) To pilot the learning management model and test its application with youth in Khon Kaen to address alcohol consumption behavior.

(4) To evaluate the effectiveness of the developed learning management model in reducing alcohol consumption among youth in Khon Kaen province.

1.3. Research Questions

This research seeks to answer the following questions:

(1) What are the key factors influencing alcohol consumption among youth in Khon Kaen? This question aims to identify the major social, cultural, and economic drivers of alcohol consumption among young individuals in Khon Kaen.

(2) How effective is the developed learning model in reducing youth alcohol consumption? This question will assess the impact of the educational interventions and the model's ability to foster behavior change among youth in relation to alcohol consumption.

1.4. Scope of the Study

1.4.1. Content Scope

This research focuses on the principles, theories, and concepts related to learning management in civic duties, culture, and social living aimed at addressing alcohol consumption among youth in Khon Kaen province. The study framework consists of eight key areas: theories of development, theories of model creation, theories of learning management development, civic duties, culture, and social living content, theories on youth alcohol consumption, the Alcohol Beverage Control Act (2008), the National Child and Youth Development Promotion Act (2007), and related research.

1.4.2. Population and Sample Scope

Phase 1: The population consists of youth aged 15-19 in Khon Kaen province, totaling 14,195 individuals (7,220 males and 6,975 females) according to the 2023 data from the National Statistical Office. A sample of 385 youth was selected using Taro Yamane's formula at a 95% confidence level and a 5% margin of error, with simple random sampling (Boonchom Srisarat, 2011). Key informants include community leaders, parents, health officials, and mental health personnel from Phon Hospital, selected through purposive sampling, totaling 20 individuals.

Phase 2: The focus group discussion includes seven key informants, selected purposively, to evaluate the appropriateness, feasibility, and benefits of the learning management model.

Phase 3: The model will be tested on a group of 50 youth in Muang Phon district, Khon Kaen province, aged 15-19, identified based on regular involvement in alcohol consumption, as indicated by community leaders or relevant personnel.

Phase 4: Stakeholders' feedback will be gathered through a meeting with 30 participants, consisting of 4 community leaders and 26 parents of the youth involved, to assess the model's effectiveness, efficiency, and impact.

1.4.3. Variable Scope

Independent Variable: The learning management model integrating civic duties, culture, and social living to address alcohol consumption among youth in Khon Kaen province.

Dependent Variable: The effectiveness of the learning management model in reducing alcohol consumption among youth.

1.4.4. Timeframe

The research was conducted from January to December 2023.

1.5. Significance of the Study

This study contributes to the fields of education, public health, and community development in several ways:

Education: The development of a learning management model that integrates cultural and civic education to address youth alcohol consumption provides an innovative approach to behavior change through education.

Public Health: By addressing alcohol consumption among youth, the study contributes to public health efforts to reduce alcohol-related harm and promote healthier lifestyles.

Community Development: The study emphasizes the role of family, community, and local organizations in creating sustainable changes in youth behavior, fostering greater community involvement in youth education and well-being.

2. LITERATURE REVIEW

The literature review provides a theoretical and empirical foundation for understanding the factors influencing youth alcohol consumption, the role of education in behavior modification, and the importance of cultural integration in learning models. By exploring relevant theories and studies, this section highlights the significance of social, familial, and economic factors in shaping youth behavior. Additionally, it discusses existing educational models that have been successful in influencing behavior change, particularly in the context of alcohol prevention. Furthermore, the integration of local cultural elements is examined as a crucial factor in ensuring the effectiveness of learning interventions.

2.1. Theories on Youth Behavior and Alcohol Consumption

Youth alcohol consumption is influenced by several factors, with social and family environments playing a critical role. According to Bandura's Social Learning Theory, individuals, especially youth, are likely to adopt behaviors they observe in their immediate social circles (Bandura, 1977). Youth who are exposed to family members or peers who consume alcohol are more likely to perceive drinking as a normative behavior, thus increasing the likelihood of them engaging in the same behavior (Hawkins et al., 1992). Studies show that family drinking habits significantly impact youth decisions to start drinking, with parental approval or neglect in controlling alcohol consumption being major influences (Jones et al., 2011).

In addition to social and familial factors, economic and promotional factors also contribute to youth alcohol consumption. Pricing strategies, such as discounts and promotions targeted at young consumers, make alcohol more accessible. Youth, who often have limited financial resources, are drawn to such incentives, thus increasing the prevalence of consumption (Saffer & Dave, 2006). Furthermore, aggressive marketing of alcohol, particularly through social media and other platforms commonly used by youth, has normalized drinking as part of youth culture (Anderson et al., 2009).

2.2. Learning Models for Behavior Change

Educational approaches are critical in addressing and modifying youth behavior related to alcohol consumption. Various learning models have been developed to target behavior change, particularly through civic and social education. For example, the Health Belief Model (HBM) emphasizes the need for individuals to perceive the severity and

susceptibility of engaging in risky behaviors, such as alcohol consumption, to motivate behavior change (Rosenstock, 1974). In the context of alcohol prevention, programs that apply the HBM encourage youth to understand the health risks associated with drinking and develop skills to resist peer pressure.

Another relevant model is the Theory of Planned Behavior (Ajzen, 1991), which postulates that behavior is determined by intention, which in turn is influenced by attitudes, subjective norms, and perceived behavioral control. Interventions that focus on altering these components have been effective in reducing alcohol consumption among youth. Studies have shown that learning models based on the Theory of Planned Behavior, especially those emphasizing self-efficacy and resistance skills, are successful in preventing and reducing youth engagement in drinking (Marcoux & Shope, 1997).

2.3. Cultural Integration in Learning Models

Culture plays a significant role in shaping youth behavior, including their attitudes toward alcohol consumption. In many regions, local traditions and customs either implicitly or explicitly endorse drinking, especially during festivals and community celebrations (Room et al., 2010). In Thailand, alcohol consumption is often intertwined with social gatherings and religious festivals, creating an environment where drinking is normalized from a young age (Center for Alcohol Studies, 2021).

Educational interventions that integrate local cultural elements have been shown to be more effective than generic programs. By respecting cultural traditions while addressing harmful behaviors, culturally adapted education programs can engage youth more deeply. One example is the Maori-led programs in New Zealand, which use indigenous knowledge and cultural practices to promote healthy behaviors and discourage harmful ones, such as alcohol consumption (Durie, 2003). Similarly, in Thailand, interventions that incorporate Buddhist teachings on mindfulness and moderation have been successful in encouraging youth to adopt healthier lifestyles and reduce their alcohol intake (Rojjanasrirat & Rice, 2015).

3. RESEARCH METHODOLOGY

3.1. Research Design

The research followed a structured design across four distinct phases, each focusing on identifying key factors influencing youth alcohol consumption, developing and refining the S-CLE-NA learning management model, piloting the model, and evaluating its effectiveness.

Phase 1: This phase involved identifying the fundamental factors influencing alcohol consumption among youth in Khon Kaen province. The population consisted of 14,195 individuals aged 15-19, with a sample of 385 youth selected using Taro Yamane's formula at a 95% confidence level and a 5% margin of error. Key informants, including community leaders, parents, health officials, and mental health personnel from Phon Hospital, were selected through purposive sampling (20 individuals). These informants helped provide context and insight into the factors contributing to alcohol consumption behaviors among youth in the area.

Phase 2: The development and initial validation of the S-CLE-NA model occurred during this phase. The model, which stands for Set the Aim, Right Content, Learning Management, Evaluation, Networking, and Adaptation, was refined through a focus group discussion with seven key informants. These informants were selected purposively to evaluate

the model's appropriateness, feasibility, and potential benefits. This collaborative approach ensured that the S-CLE-NA model was tailored to the specific needs and contexts of youth in Khon Kaen.

Phase 3: The S-CLE-NA model was piloted with a group of 50 youth from Muang Phon district, Khon Kaen province, aged 15-19. These participants were identified based on their regular involvement in alcohol consumption, as indicated by community leaders or relevant personnel. This phase aimed to test the model's effectiveness in reducing alcohol consumption behaviors, focusing on the changes in participants' knowledge, attitudes, and social resistance to alcohol.

Phase 4: Stakeholder feedback was crucial for evaluating the S-CLE-NA model. In this phase, 30 stakeholders, including 4 community leaders and 26 parents of the youth involved in the pilot, participated in discussions. Their feedback was gathered to assess the model's effectiveness, efficiency, and overall impact. The insights from this phase were used to further refine the model, ensuring its applicability and sustainability in addressing youth alcohol consumption in broader contexts.

3.2 Research Tools

Phase 1: The primary tool for data collection in this phase was a structured survey questionnaire (Cronbach's Alpha: .898) administered to 385 youth participants. The questionnaire included items designed to gather demographic information, alcohol consumption behaviors, social and family influences, and attitudes toward alcohol. Additionally, semi-structured interview guides were used for key informants, including community leaders, parents, health officials, and mental health personnel. These guides helped elicit in-depth information on the social and familial factors contributing to alcohol consumption among youth. The questionnaire and interview guide were validated by a panel of experts to ensure content relevance and clarity.

Phase 2: Focus group discussions were the main research tool during this phase. A focus group discussion guide was developed, consisting of open-ended questions aimed at assessing the appropriateness, feasibility, and cultural relevance of the S-CLE-NA model. The guide was used to facilitate discussions with seven key informants. Recording devices were used to capture the conversations for accurate transcription and analysis. The focus group guide was validated by subject matter experts before the discussions took place to ensure that all relevant areas were covered.

Phase 3: For the pilot phase, a pre-test and post-test questionnaire was developed to measure participants' knowledge, attitudes, and behaviors concerning alcohol consumption. This tool assessed the effectiveness of the S-CLE-NA model in changing participants' alcohol-related knowledge and their ability to resist social pressure. The pre-test was administered before the intervention, and the post-test was administered after. The questionnaire was pilot-tested for reliability and validity to ensure it accurately measured the intended outcomes.

Phase 4: A combination of satisfaction surveys and semi-structured interview guides was employed to gather feedback from stakeholders. The satisfaction survey included Likert-scale questions to assess the perceived effectiveness, efficiency, and impact of the S-CLE-NA model. The semi-structured interview guide was used during stakeholder meetings to collect qualitative feedback on the strengths and weaknesses of the model. Both tools were validated by experts in education and community health to ensure they captured relevant stakeholder insights.

These tools, combined with a rigorous validation process, ensured the reliability and

accuracy of the data collected throughout the research phases.

3.3 Data Analysis

Phase 1: In this phase, data were collected from 385 youth using a structured survey designed to capture demographic information and alcohol consumption behaviors. Descriptive statistics, such as frequency and percentage, were used to summarize the demographic data of the participants, including age, gender, and family background. Key informants' insights were gathered through semi-structured interviews and analyzed using content analysis to identify recurring themes related to social, familial, and economic factors influencing alcohol consumption. The quantitative data from the youth were cross-referenced with qualitative insights from key informants, providing a comprehensive understanding of the underlying factors driving youth alcohol consumption in Khon Kaen.

Phase 2: The S-CLE-NA model's initial development involved qualitative data analysis from focus group discussions with seven key informants. These discussions were recorded, transcribed, and analyzed using thematic analysis to evaluate the model's appropriateness and feasibility. Key themes were identified, including the cultural relevance of the model, practicality in educational settings, and expected behavioral outcomes. The informants' feedback guided refinements in the model, ensuring alignment with the specific needs and cultural contexts of the youth in Khon Kaen.

Phase 3: The pilot phase involved a pre-test and post-test design to measure changes in the participants' knowledge, attitudes, and behaviors regarding alcohol consumption. The pre-test assessed baseline knowledge and attitudes towards alcohol, while the post-test evaluated the effectiveness of the S-CLE-NA model after its implementation. Paired t-tests were conducted to determine statistically significant differences between pre- and post-test scores, focusing on the participants' alcohol-related knowledge and their ability to resist social pressures to drink. Additionally, qualitative data from participant reflections were analyzed to capture changes in attitudes and social resistance.

Phase 4: Feedback from 30 stakeholders was analyzed using both quantitative and qualitative methods. Quantitative data from satisfaction surveys were analyzed using descriptive statistics to assess the stakeholders' overall perception of the model's effectiveness, efficiency, and impact. Qualitative data from stakeholder discussions were subjected to thematic analysis, identifying key themes related to community involvement, model sustainability, and perceived long-term benefits. The combination of both data types provided a holistic view of the model's reception and areas for further improvement.

4. RESULTS

4.1 Phase 1

4.1.1 Quantitative Research Results

The data obtained from the survey research on the fundamental factors influencing alcohol consumption among youth in Khon Kaen province are presented in Tables 1–3. Below are the findings from the research:

Part 1: Respondent Demographics

The demographic data from the 385 survey respondents are shown in Table 1.

Table 1: Demographic Characteristics of Respondents

Demographic Information	Frequency	Percentage (%)
1. Gender		
Male	196	50.9
Female	189	49.1
Total	385	100
2. Age		
15 years	89	23.1
16 years	168	43.6
17 years	38	9.9
18 years	26	6.8
19 years	64	16.6
Total	385	100
3. Educational Status		
Secondary School	131	34
Vocational/College	101	26.2
University	64	16.6
Other	89	23.1
Total	385	100
4. Occupation		
Student	227	59
Part-time Work	94	24.4
Unemployed	23	6
Other	41	10.6
Total	385	100
5. Monthly Income (if any)		
Less than 1,000 Baht	100	26
1,001 - 5,000 Baht	168	43.6
5,001 - 10,000 Baht	38	9.9
More than 10,000 Baht	77	20
Total	385	100

The findings presented in Table 4.1 reflect the demographic characteristics of the sample group involved in the study on the factors influencing alcohol consumption among youth in Khon Kaen province.

Gender: The respondents were almost equally split between males (50.9%) and females (49.1%), providing a balanced perspective from both genders, which is crucial for analyzing gender-based differences in alcohol consumption.

Age: The majority of respondents were aged 16 years (43.6%), followed by 15 years (23.1%) and 19 years (16.6%). The smallest groups were aged 17 years (9.9%) and 18 years (6.8%). The distribution indicates that most of the sample were younger teenagers, which may influence the factors related to their initial experiences with alcohol.

Educational Status: Most respondents were secondary school students (34.0%) or vocational/college students (26.2%), with fewer university students (16.6%). The "Other" category, accounting for 23.1%, likely includes those not currently enrolled in formal education, highlighting the need to consider out-of-school youth in alcohol consumption

studies.

Occupation: A majority of respondents were students (59.0%), while others engaged in part-time work (24.4%). This distribution suggests that educational institutions and peer groups may play a significant role in shaping alcohol consumption behaviors.

Monthly Income: Most respondents reported a monthly income between 1,001 - 5,000 Baht (43.6%) or less than 1,000 Baht (26.0%). This reflects the limited financial resources of most participants, which may impact their access to alcohol.

Part 2: Mean and Standard Deviation of Youth Opinions on Alcohol Consumption Factors

Table 2: Youth Opinions on Alcohol Consumption Factors

Factors	Mean (\bar{x})	S.D.	Interpretation
Social Factors			
1. Peer influence on my decision to drink alcohol	3.5	0.87	Agree
2. I drink alcohol to participate in social gatherings with friends	3.52	0.87	Agree
3. Drinking alcohol makes me feel socially accepted	3	1.11	Moderate
4. I have seen alcohol advertisements that made me want to try it	3.36	1.12	Moderate
5. Family or close people drinking alcohol makes me feel that drinking is normal	3.12	1.07	Moderate
Average (Social Factors)	3.3	1.01	Moderate
Economic Factors			
1. I can buy alcohol at affordable prices	3.21	0.96	Moderate
2. Alcohol is sold at accessible prices in my community	3.5	1.01	Agree
3. I use my own money to buy alcohol	3.12	1.03	Moderate
4. Discounts or promotions lead me to buy more alcohol	3.08	1.12	Moderate
5. I can access alcohol easily, even with age restrictions	3.82	0.67	Agree
Average (Economic Factors)	3.34	0.96	Moderate
Family Factors			
1. My family has members who regularly drink alcohol	3.32	0.92	Moderate
2. My parents or guardians have never stopped or expressed disapproval when I drink alcohol	3.49	0.84	Moderate
3. I feel that drinking alcohol is normal in my family	3.62	0.88	Agree
4. I have drunk alcohol at family gatherings	3.28	1.04	Moderate
5. My family supports or allows me to drink alcohol at social events	3.45	0.99	Moderate
Average (Family Factors)	3.43	0.93	Moderate
Psychological Factors			
1. I drink alcohol to relieve stress or avoid personal problems	3.56	0.94	Agree
2. Drinking alcohol makes me feel relaxed and happy	3.31	1.05	Moderate
3. I drink alcohol to boost my confidence	3.53	1.03	Agree
4. When I am stressed, I often drink alcohol to alleviate those feelings	3.46	0.99	Moderate
5. Drinking alcohol helps me avoid worry and unpleasant thoughts	3.43	1.01	Moderate
Average (Psychological Factors)	3.46	1	Moderate

Accessibility Factors			
1. I can buy alcohol from nearby stores	3.55	1	Agree
2. I have bought alcohol from convenience stores that do not check age	3.23	1.04	Moderate
3. I have bought alcohol from community festivals	2.96	1.12	Moderate
4. I can buy alcohol online or through digital platforms	3.8	0.69	Agree
5. Accessing alcohol is not difficult for me, despite age restrictions	3.15	0.81	Moderate
Average (Accessibility Factors)	3.34	0.93	Moderate
Overall Average	3.37	0.97	Moderate

The results from the survey indicate that youth in Khon Kaen have varying opinions on the factors influencing their alcohol consumption. Most factors, across social, economic, family, psychological, and accessibility categories, were rated as having a moderate influence on youth behavior. The survey findings suggest that multiple factors contribute to youth alcohol consumption in Khon Kaen. Psychological factors and family influences are the most prominent, with many youths turning to alcohol as a means of coping with stress or feeling accepted in their family and peer groups. Economic and social factors also play a significant role, with the affordability of alcohol and peer pressure driving much of the consumption. The accessibility of alcohol, particularly online, adds another layer of complexity, making it easier for youth to acquire alcohol despite age restrictions. The results indicate that interventions should be multifaceted, addressing not only the social and familial environment but also psychological support and regulatory measures to limit youth access to alcohol. Prevention strategies could include family education programs, peer-led initiatives, mental health support services, and stricter enforcement of alcohol sales laws.

4.1.2 Qualitative Research Results

The qualitative data was collected through in-depth interviews with 20 key informants, comprising four community leaders, 10 parents, four health officials, and two mental health staff from Phon Hospital. These interviews aimed to gather insights into the development of a learning management model integrating civic duties, culture, and social living to address the problem of alcohol consumption among youth in Khon Kaen province. The key findings from the in-depth interviews are summarized as follows:

Theme 1: Learning Model to Address Alcohol Consumption in Youth

When analyzing the factors influencing alcohol consumption among youth in Khon Kaen province, the quantitative data revealed social, economic, family, psychological, and accessibility influences. The informants emphasized that the learning management model to address alcohol consumption should incorporate the following elements: (1) **Raising Awareness of Alcohol's Impact:** The model should focus on clearly educating youth about the physical, psychological, and social consequences of alcohol consumption. Practical activities such as inviting individuals who have experienced alcohol-related problems to share their stories were suggested as effective ways to make the information relatable to the youth. (2) **Instilling Strong Values and Ethical Awareness:** The informants highlighted the importance of fostering self-worth and promoting life skills, such as sound decision-making and self-confidence, without relying on alcohol. Respect for the rights and freedoms of others, and a sense of responsibility as good citizens, should also be reinforced. (3) **Incorporating Thai Cultural Concepts:** Integrating Thai cultural values that discourage alcohol consumption, especially during family and traditional events, was considered essential. The informants suggested promoting the family values of simplicity and a lifestyle free from alcohol as a cultural norm to support the model. (4) **Strengthening Social Resistance Skills:** The

development of skills to refuse alcohol and resist social pressures should be a central component of the model. Informants recommended using simulations where youth could practice scenarios, such as peer pressure to drink at social events, to build their confidence in saying no. (5) Community-Involved Learning Programs: A strong recommendation was made for involving the community and family in the learning process. Informants suggested implementing projects that promote an alcohol-free environment in the community, such as cultural activities and games that avoid the use of alcohol. Partnerships with youth councils and other relevant organizations were also advised to ensure widespread support. (6) Integration of Health, Physical Education, and Ethics: The model should integrate health education, physical education, and moral ethics to provide youth with comprehensive knowledge on how to lead healthy, productive lives without alcohol. By blending these aspects into the curriculum, youth will have a holistic understanding of their well-being. (7) Policy Support and Law Enforcement: The informants called for a strong emphasis on educating youth about alcohol-related laws, especially those designed to protect minors. They also recommended including community-level campaigns to raise awareness of the risks of selling alcohol to youth and the importance of strict law enforcement. (8) This holistic approach would help youth become more responsible citizens, appreciate their culture, and live productively without alcohol.

Theme 2: Key Components of the Learning Management Model

Informants outlined several components that should be included in the learning management model to address youth alcohol consumption: (1) Clear Goals (S: Set the Aim): The curriculum should aim to equip youth with knowledge about alcohol-related issues, essential life skills to avoid alcohol consumption, and an understanding of how to apply local culture to combat this issue. (2) Content Focus (C: Right Content): The curriculum should include content on: Knowledge about different types of alcoholic beverages, their effects on health and the body, and relevant laws. The role of local culture and traditions related to alcohol consumption. Life skills necessary to resist alcohol consumption, such as critical thinking, problem-solving, and effective communication. (3) Learning Methods (L: Learning Management): Various learning methods should be employed, including: Experiential learning, such as youth camps or field trips, to give participants real-world exposure. Participatory learning, such as group discussions and project work, to encourage engagement. Integrated learning that combines cultural knowledge with other academic subjects, allowing students to make connections between classroom learning and their daily lives. (5) Evaluation (E: Evaluation): The evaluation process should use a variety of methods, such as tests, observations, and interviews, to comprehensively assess the curriculum's effectiveness. (6) Building Networks (N: Networking): Collaboration with families, communities, government agencies, and non-governmental organizations (NGOs) is crucial to sustain the model's impact. Partnerships with local health authorities, the Department of Disease Control, and community organizations should be established. (7) Adapting to Context (A: Adaptation): The curriculum should be flexible and adaptable to the specific needs and context of youth in different regions. Localized content can ensure that the model resonates with the experiences of the youth.

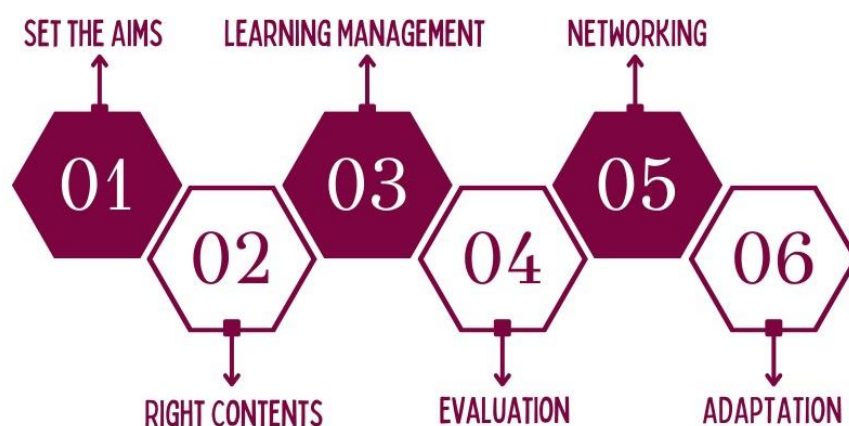


Fig.1 S-CLE-NA Model

Theme 3: Factors for the Success of the Learning Management Model

The informants identified several key factors that would contribute to the success of the learning management model: Comprehensive Content: The curriculum should cover the social and emotional factors that influence alcohol consumption among youth, including the local culture surrounding alcohol and its impact on health, family, and society. The curriculum should also teach life skills that empower youth to make informed decisions. Diverse Learning Methods: Effective learning should involve various methods, such as experiential, participatory, and integrated learning, to ensure long-lasting impacts on youth behavior. Experiential learning, like youth camps and community discussions, was highly recommended. Competent Instructors: Teachers should be well-trained in addressing youth alcohol consumption and skilled in implementing diverse and engaging learning methods. Their ability to connect with students on a personal level will enhance the learning experience. Support from Family and Community: Successful implementation of the model requires strong support from families, communities, and government agencies. Collaborative efforts between all stakeholders will ensure that the message reaches beyond the classroom and influences the broader community. Comprehensive Evaluation: A multi-faceted approach to evaluation is necessary to track the program's success. The use of various assessment tools, such as tests, interviews, and observations, will provide a clearer understanding of the model's effectiveness and areas for improvement. In summary, the key informants emphasized that the success of the learning management model depends on a combination of well-structured content, effective learning strategies, competent teachers, and strong community support. Adaptability and a focus on local context were also highlighted as critical elements for addressing alcohol consumption among youth in Khon Kaen.

4.2 Phase 2

In Phase 2, the learning management model for civic duties, culture, and social living to address alcohol consumption among youth in Khon Kaen province was developed and refined through qualitative research. This process involved a focus group discussion with seven experts who evaluated the model based on the findings from Phase 1, which included the key factors influencing youth alcohol consumption. The experts were asked to assess the model's effectiveness, feasibility, and relevance before it was applied in a real-world context. The summary of the expert evaluations is outlined below.

Discussion Point 1: Can the Developed Model Address Youth Alcohol Consumption in Khon Kaen? The expert group concluded that the developed learning management model is well-aligned with the fundamental factors influencing alcohol consumption among youth in Khon Kaen. They emphasized that the model addresses the significant social and emotional factors contributing to youth drinking. The model's focus on diverse learning methods—experiential, participatory, and integrated learning—was seen as crucial for ensuring that the learning experience is both effective and sustainable. Experts agreed that, with continuous family, community, and governmental support, the model could successfully address alcohol consumption among youth. However, they also highlighted that the model's success depends on other factors, such as the specific needs of youth in different areas and the readiness of relevant organizations to support its implementation.

Discussion Point 2: Is the Model's Structure Suitable for Learning Management? The experts found the model's structure appropriate for managing learning activities. They pointed out that the model includes clear, tangible goals aimed at equipping youth with the knowledge and life skills necessary to address alcohol consumption. The content is comprehensive, covering key issues related to alcohol use, particularly social and emotional factors. The diverse learning methods, including hands-on and community-based activities, were seen as well-suited to the goals of the curriculum. Additionally, the model includes comprehensive evaluation methods to monitor and improve learning outcomes, ensuring the curriculum remains effective over time. While the experts agreed that the model is appropriate for use, they suggested it be adaptable to the specific context and needs of youth in different regions.

Discussion Point 3: Suitability of the Curriculum for Application in Muang Phon District; The experts assessed the curriculum developed for use in Muang Phon district and found it suitable for implementation, with recommendations for adding more detailed sections, such as the background of the curriculum, key principles, and a clearer structure for assessment and certification. They emphasized that the curriculum should include guidelines on how to integrate community and family involvement in supporting youth to avoid alcohol consumption. After incorporating these suggestions, the revised curriculum was presented to the experts again for a final evaluation.

Table 3: Evaluation of the Learning Management Model

Evaluation Item	Mean (\bar{x})	S.D.	Interpretation	Rank
1. Suitability	4.11	0.97	High	2
2. Feasibility	4.02	0.69	High	3
3. Usefulness	4	0.78	High	4
4. Accuracy	4.57	0.98	Highest	1
Overall	4.17	0.86	High	

Table 3 shows that the overall evaluation of the model was rated at a high level (mean = 4.17, S.D. = 0.86). The experts rated the accuracy of the model the highest (\bar{x} = 4.57, S.D. = 0.98), followed by suitability (\bar{x} = 4.11, S.D. = 0.97), feasibility (\bar{x} = 4.02, S.D. = 0.69), and usefulness (\bar{x} = 4.00, S.D. = 0.78). Based on these results, the experts concluded that the model is suitable for pilot testing with the target youth group.

4.3 Phase 3

In Phase 3, the learning management model for civic duties, culture, and social living to address alcohol consumption among youth in Khon Kaen province was implemented with a target group of 50 youth aged 15-19 from Muang Khon Kaen district. The participants were

selected based on their regular involvement in alcohol consumption, as identified by community leaders and other stakeholders. Ethical standards were strictly followed throughout the research process, ensuring confidentiality of the participants. Below are the findings from this phase.

4.3.1 The demographic information of the target group (50 youth)

There is an equal distribution of gender, with 50% male and 50% female participants, allowing for balanced perspectives in the analysis of behavior and factors related to alcohol consumption. The majority of participants (44.0%) were 16 years old, followed by 15-year-olds (22.0%). The smallest groups were those aged 18 (8.0%) and 17 (10.0%). The educational background reveals that most of the participants were in secondary school (52.0%), while others were enrolled in vocational/college education (42.0%), and only a few (6.0%) were university students.

4.3.2 Comparison of Pre-test and Post-test Scores

The study compared the pre-test and post-test scores of the 50 participants before and after implementing the learning management model to address alcohol consumption.

Table 4 Pre-test and Post-test Score Comparison

Test	Number of Participants	Total Score	Mean (\bar{x})	S.D.	t	Sig
Pre-test	50	30	10.62	2.18	26.213*	0
Post-test	50	30	22.38	2.65		
*Significance level at .05						

Table 4 shows a significant improvement in the participants' knowledge and understanding of civic duties, culture, social living, and alcohol consumption issues after attending the learning sessions. The pre-test scores had a mean of 10.62 (S.D. = 2.18), indicating a relatively low baseline knowledge level. After the learning program, the post-test scores increased to a mean of 22.38 (S.D. = 2.65), demonstrating substantial knowledge gains. The statistical analysis (t-test) showed a significant difference between pre-test and post-test scores (Sig = .00), confirming that the learning model effectively improved participants' understanding.

4.3.3 Evaluation of Satisfaction

Participants' satisfaction with the learning model was assessed, and the results are shown in Table 4.6.

Table 5 Participant Satisfaction with the Learning Model

Evaluation Criteria	Mean (\bar{x})	S.D.	Interpretation
Instructor			
Clarity in knowledge delivery	3.99	0.71	High
Ability to explain content	3.74	0.62	High
Completeness of training content	3.7	0.63	High
Ability to answer questions	3.68	0.63	High
Overall	3.77	0.63	High

Learning Environment				
Convenience of the training location	4.48	0.5	High	
Availability of audiovisual equipment	3.7	0.63	High	
Appropriateness of training duration	3.84	0.72	High	
Quality of food	4.18	0.58	High	
Overall	4.05	0.58	High	
Knowledge and Understanding				
Before training	2.85	0.78	Moderate	
After training	4.44	0.53	High	
Overall	3.65	0.66	High	
Self-satisfaction				
Satisfaction with life skills learned	3.61	0.67	High	
Satisfaction with learning from real experiences	4.28	0.6	High	
Positive attitude towards integrating learning with local context	4.39	0.6	High	
Overall	4.09	0.49	High	
Overall Satisfaction	3.91	0.63	High	

Table 4.6 indicates that participants were highly satisfied with the learning program. The overall satisfaction score was 3.91 (S.D. = 0.63). In terms of specific criteria, the clarity of the instructor's knowledge delivery received a high rating (mean = 3.99), while the learning environment, particularly the convenience of the location, was rated highest (mean = 4.48). Participants also expressed a significant increase in their knowledge and understanding after the training (mean = 4.44). The positive attitude toward integrating learning with the local context was also rated highly (mean = 4.39), demonstrating the program's success in engaging participants and improving their attitudes toward civic duties and alcohol consumption prevention.

In conclusion, the learning management model effectively improved participants' knowledge, attitudes, and life skills, as evidenced by significant differences in pre-test and post-test scores and high levels of satisfaction across various aspects of the program. These findings support the continued implementation of the model to address youth alcohol consumption issues sustainably.

4.4 Phase 4

In Phase 4, a stakeholder meeting was conducted with 30 participants, including 4 community leaders and 26 parents of the youth involved in the pilot study. The aim was to evaluate the effectiveness, efficiency, and impact of the learning management model for civic duties, culture, and social living to address alcohol consumption among youth in Khon Kaen province. The findings are presented in Table 6.

Table 6 Evaluation of Stakeholder Opinions on the Outcomes of the Learning Management Model

Evaluation Criteria	Mean (\bar{x})	S.D.	Interpretation	Rank
Effectiveness				
1. Youth can use the skills learned to avoid alcohol consumption	4.01	0.35	High	3

2. Youth are satisfied with participating in cultural activities without alcohol	4.18	0.45	High	2
3. Alcohol consumption behavior of youth improved positively	4.21	0.56	High	1
Overall Effectiveness	4.13	0.45	High	(2)
Efficiency				
1. Efficiency in using human resources	4.05	0.35	High	1
2. Budget efficiency	3.5	0.25	Moderate	3
3. Time and location efficiency	3.51	0.56	High	2
Overall Efficiency	3.69	0.39	High	(3)
Impact				
1. Positive impact on youth behavior	4.51	0.89	Very High	1
2. Positive impact on the community/society	4.3	0.59	High	2
3. Positive impact on youth characteristics	4.2	0.89	High	3
Overall Impact	4.33	0.79	High	(1)
Overall Evaluation	4.05	0.55	High	

The overall assessment of the learning management model, as shown in Table 6, indicated a high level of effectiveness, efficiency, and positive impact. The total mean score was 4.05 (S.D. = 0.55), reflecting the model's success in improving youth behavior and engaging them in alcohol-free cultural activities.

The effectiveness of the learning model was rated highly, with an overall mean of 4.13 (S.D. = 0.45). The highest-rated aspect was the positive change in alcohol consumption behavior of the target group ($\bar{x} = 4.21$), showing that the learning activities helped reduce alcohol consumption among the youth. Youth satisfaction with participating in cultural activities without alcohol also received a high rating ($\bar{x} = 4.18$), highlighting the cultural integration's success. The ability of youth to use learned skills to avoid alcohol consumption received a slightly lower score ($\bar{x} = 4.01$), suggesting that continued reinforcement may be necessary to fully embed these skills.

The overall efficiency of the model was also rated as high ($\bar{x} = 3.69$, S.D. = 0.39). The most efficient aspect was the use of human resources (mean = 4.05), indicating that the management of personnel for delivering the learning activities was appropriate. However, the budget efficiency was rated moderate ($\bar{x} = 3.50$), suggesting that the financial aspects of the program might need optimization for future iterations. Time and location efficiency also scored reasonably high ($\bar{x} = 3.51$), reflecting effective logistical management of the learning activities.

The impact of the learning model was rated the highest among all criteria, with an overall mean of 4.33 (S.D. = 0.79). The most significant impact was observed in the positive changes in youth behavior ($\bar{x} = 4.51$), demonstrating the model's strong influence on altering youth alcohol consumption. Additionally, the model positively impacted the community and society ($\bar{x} = 4.30$), showing that the learning activities contributed to broader social change. The model also fostered desirable characteristics in youth ($\bar{x} = 4.20$), indicating that it succeeded in instilling positive values and life skills.

The stakeholder evaluation showed that the learning management model for civic duties, culture, and social living effectively improved youth behavior, enhanced their participation in cultural activities, and positively impacted the community. The model's efficiency was rated highly, especially in terms of human resource utilization, though budget management could be improved. The overall impact of the model was particularly strong,

making it a promising approach for addressing youth alcohol consumption in other contexts.

5. DISCUSSION

The four phases of this study demonstrate the development and implementation of a learning management model designed to address alcohol consumption among youth in Khon Kaen province. Each phase provides insight into the factors influencing youth behavior, the effectiveness of the learning model, and its broader social impacts. The findings align with existing theories and principles related to behavior change, social learning, and cultural integration, as well as relevant studies on youth alcohol consumption prevention.

In the first phase, the study identified key factors influencing alcohol consumption among youth, including social, economic, familial, psychological, and accessibility-related factors. These findings are consistent with Bandura's Social Learning Theory, which emphasizes the role of social influences and environmental factors in shaping behavior (Bandura, 1977). Youth often model their behavior based on peer and family influences, as well as media exposure. The data from this phase revealed that peer pressure and social gatherings were significant contributors to alcohol consumption, supporting previous research that highlights the strong impact of social networks on youth drinking behavior (Windle, 1990). Additionally, economic factors, such as the affordability and availability of alcohol, were found to influence consumption patterns, echoing findings from studies that show economic accessibility as a critical factor in youth alcohol use (Jones et al., 2001).

Phase 2 focused on developing the S-CLE-NA learning model (Set the Aim, Right Content, Learning Management, Evaluation, Networking, Adaptation) through expert consultations. The model integrates civic education, cultural values, and social living skills, aligning with Vygotsky's theory of social constructivism, which posits that learning occurs through social interaction and is deeply influenced by cultural context (Vygotsky, 1978). The emphasis on cultural traditions and community involvement in the model reflects the importance of contextualizing learning within the cultural framework of the learners. Experts validated the model's relevance, noting that the integration of local culture and experiential learning was particularly effective in addressing the factors identified in Phase 1. This is in line with previous studies that have shown the success of culturally tailored interventions in modifying youth behavior (Hecht et al., 2003). The model also incorporates elements of behavior change theories, such as the Theory of Planned Behavior, which emphasizes the role of intention, social norms, and perceived behavioral control in influencing actions (Ajzen, 1991).

The third phase involved piloting the model with a group of 50 youth from Muang Khon Kaen. The pre-test and post-test results demonstrated significant improvements in the participants' knowledge, attitudes, and ability to resist alcohol consumption. These findings support the efficacy of active learning and participatory approaches, which are central to experiential learning theory (Kolb, 1984). The increase in post-test scores reflects the model's ability to engage youth through hands-on, real-life scenarios that allow them to apply what they have learned. This approach aligns with research on life skills education, which has proven effective in reducing risky behaviors among adolescents by enhancing their decision-making and problem-solving skills (Botvin & Griffin, 2004). Moreover, the focus on skill-building, such as resisting social pressure to drink, is consistent with studies that show the importance of equipping youth with practical strategies to cope with peer influences (Hawkins et al., 1992).

Phase 4 focused on gathering feedback from stakeholders, including community leaders and parents, to assess the broader impacts of the model. The high ratings for the

model's effectiveness, particularly in improving youth behavior and fostering alcohol-free community participation, suggest that the program not only benefited individual participants but also had positive ripple effects on the wider community. This finding aligns with the concept of social capital, which highlights the value of community involvement and networks in promoting health behaviors (Putnam, 1995). The positive feedback from stakeholders also reflects the importance of involving families and communities in prevention efforts, a principle supported by the family systems theory, which emphasizes the interdependence of individuals within a family and community context (Bowen, 1978). The integration of community support into the learning model is crucial for ensuring the sustainability of behavior change, as shown in studies that highlight the role of community reinforcement in reducing substance abuse (Meyers et al., 2011).

The four-phase study successfully developed and implemented a culturally relevant and theoretically grounded learning management model to address youth alcohol consumption in Khon Kaen. The results demonstrate the model's effectiveness in improving knowledge, changing attitudes, and promoting positive behavior among youth. The integration of civic duties, cultural values, and social living skills into the learning process was key to the model's success, as it resonated with the cultural and social realities of the participants. The findings align with established theories of behavior change, social learning, and cultural education, and the model's impact extends beyond individual participants to the broader community. Future interventions can build on this model by further refining its components and expanding its reach to other regions and contexts.

6. CONCLUSION

This research aimed to develop and implement a culturally relevant learning management model to address alcohol consumption among youth in Khon Kaen province. The study was conducted in four phases: identifying factors influencing youth alcohol consumption, developing and validating the S-CLE-NA learning model, piloting the model with a group of target youth, and evaluating the model's effectiveness, efficiency, and impact through stakeholder feedback. The findings from each phase highlight the complex interplay of social, familial, economic, psychological, and accessibility-related factors that contribute to youth alcohol consumption.

The S-CLE-NA model, which integrates civic duties, cultural values, and social living skills, proved to be an effective tool in promoting positive behavior change among youth. The model's emphasis on experiential learning, community involvement, and cultural integration aligned with the social and cultural realities of the participants, leading to significant improvements in knowledge, attitudes, and behavior related to alcohol consumption. Moreover, the stakeholder evaluation underscored the broader social impact of the model, as it not only helped reduce alcohol consumption among the youth but also strengthened community engagement and cultural participation without alcohol.

In conclusion, this research demonstrates that a culturally contextualized learning management model can be an effective strategy for addressing alcohol consumption among youth. The model's success is grounded in its alignment with behavior change theories, its focus on life skills education, and its integration of local cultural values. The positive outcomes suggest that similar models could be adapted for other regions and social issues, reinforcing the importance of culturally relevant education in promoting healthy behaviors and sustainable community development. The research provides a valuable framework for future interventions targeting youth behavior and substance abuse prevention.

7. SUGGESTIONS

Based on the findings and conclusions of this research, several recommendations can be made for the further development and implementation of the learning management model to address youth alcohol consumption, as well as for future research and policy formulation:

Expand the Model to Other Regions: The success of the S-CLE-NA learning model in Khon Kaen suggests that it could be adapted and implemented in other regions of Thailand or countries facing similar challenges with youth alcohol consumption. However, it is essential to modify the model to align with local cultural and social contexts to ensure its effectiveness. Stakeholders in other regions should be involved in customizing the model to their unique circumstances.

Integrate More Technological and Digital Learning Tools: To enhance the reach and impact of the model, digital tools such as e-learning platforms, mobile apps, and social media campaigns should be integrated into the program. These tools can provide youth with interactive and engaging ways to learn about the dangers of alcohol consumption and help them develop the skills needed to resist peer pressure. Incorporating technology can also expand the program's accessibility to remote or rural areas where physical workshops may be less feasible.

Include Continuous Support and Monitoring: While the initial outcomes of the model were positive, long-term behavior change requires continuous support and follow-up. It is recommended that the program include a long-term monitoring and evaluation system that tracks the participants' progress and provides ongoing resources and guidance. Involving schools, community leaders, and parents in this follow-up process can help sustain the impact and ensure that the knowledge and skills gained are applied over time.

Enhance Family and Community Engagement: Since the research found that family and community influences play a critical role in youth alcohol consumption, future interventions should emphasize stronger family and community involvement. Programs should include workshops for parents and community members to enhance their understanding of the issues and equip them with the tools to support youth in resisting alcohol. Collaborative efforts with local organizations, religious institutions, and cultural groups can further strengthen the model's impact.

Increase Focus on Mental Health and Emotional Well-being: The findings highlight the psychological factors, such as stress and anxiety, that contribute to youth alcohol consumption. Future iterations of the model should incorporate mental health education and emotional well-being components to address these issues. Including activities that promote coping strategies, stress management, and emotional intelligence will equip youth with the necessary tools to handle personal challenges without resorting to alcohol consumption.

Conduct Longitudinal Studies to Measure Long-term Impact: While this study provides valuable insights into the short-term effectiveness of the model, further research is needed to assess its long-term impact on youth behavior. Longitudinal studies that follow participants over several years would offer a deeper understanding of the sustainability of the behavior changes and provide evidence for the model's effectiveness over time.

Policy Implications and Advocacy: The success of this model suggests that policymakers should consider integrating similar educational approaches into national education and public health strategies. Governments should support the development and implementation of culturally tailored prevention programs that address alcohol consumption and other risky behaviors among youth. Additionally, advocating for stricter enforcement of alcohol regulations, especially those related to underage drinking, will be crucial in creating a supportive environment for these programs.

By implementing these recommendations, the learning management model can have a broader and more sustained impact on reducing alcohol consumption among youth, not only in Khon Kaen but in other regions as well. Future efforts should build on the strengths of this research to create a healthier and more resilient youth population.

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