

Chapter 1

Introduction

This chapter indicates the burden of health problem from inappropriate health behavior in public health system of Thailand. The study focuses on alcohol drinking behavior situation. It illustrates the multiplied effects in rural community. Their alcohol drinking behavior modification is empowered by the major seven roles (village health volunteer, parents, cousin, housewife, seniority, community leader and villager). Mostly female village health volunteers play as significant health workers in the mechanism of seven roles. In addition, the case study of Grameen model in Bangladesh points to the housewife that female is the key person through dilemma- solving based on maternal instinct belief. However, the overall research reveals the conceptual framework of semantic factors using attention theory based on maternal instinct for learning improvement of health volunteer network on alcohol drinking behavior modification.

1.1 Health systems and health problems (environment in Thailand)

The revolution of health promotion was changed when health problems occurred. Then, the health promotion was revolutionized in 1997. Various organizations working on the solution of public health problem has several attempts to work and have continual development. WHO and UNICEF are also the organizations which mainly emphasize on the public health problem policy as the mission of both organizations. In addition, The World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) called back the declaration of Alma-Ata, the Soviet international conference on Primary Health Care and had the agreement on the charter of the WHO as "Health for All by The Year 2000" (WHO, 1978). Thailand aimed to achieve a sufficiency health care system, good services, good health, good society, including sufficiency and happiness, adopted the WHO and UNICEF declarations (WHO, 1987).

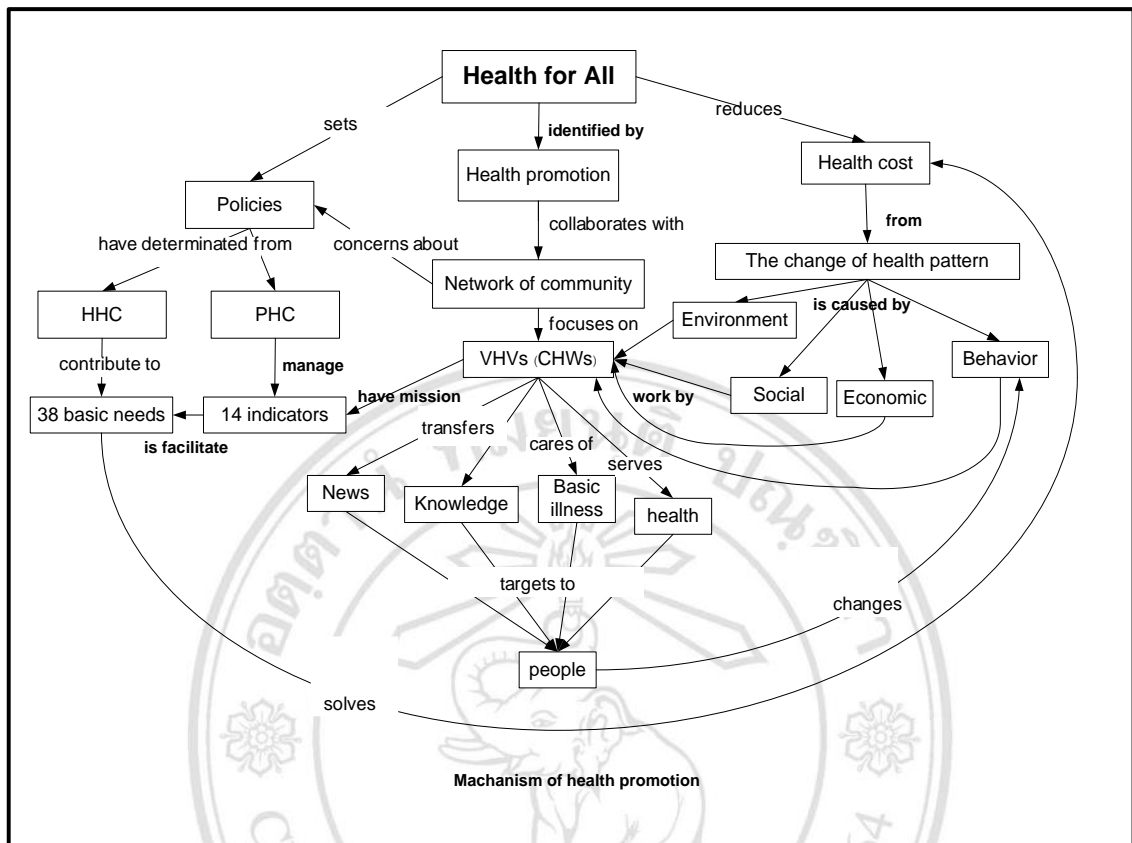


Figure 1.1 Health promotion to health for all, Thailand

Figure 1.1 shows the mechanism of health promotion in Thailand. The increasing of health cost is caused by the inappropriate behavior. The government set the policies of health promotion to solve the health problems through the health workers' network in community.

Global burden is an alcohol drinking behavior which could be seen from the evidence. Alcohol beverage caused an average of 1.1 million cases annually as the world report in 1990. In Asia, Thailand was ranked at the top three which had the high record of alcohol drinking and mortality rate of 39,459 cases annually in 2006. Although the policy is strict and important, it still has the limitation of management, for example, advertising on alcohol drink must be forbidden. The experts said that it would be worth of the expense and suitable for decreasing alcohol drinking. However, only the time limitation in advertising can be one solution in Thailand. That is a few of effect to

exchange the currency of advertising. This one is about the policy of treatment and rehabilitation for the alcohol addict. It is found that the importance is usable and all over for treatment but it has not the supportive data to encourage the policy or measure (Jeungsatiansap and Sukasit, 2007; CAS, 2009).

Referring to the 10th National Economic and Social Development Plan, Thailand had the purpose to achieve its goal as the “green and happiness society.” Therefore, the government set up a Community Primary Health Care Center (CPHCC) under the Ministry of the Public Health, and in order to achieve public participation, volunteer groups had been formed. The structure of CPHCC included Community Health Workers (CHW) and Village Health Volunteers (VHVs). CHWs are responsible for educating and training VHVs in areas such as villages, in health promotion prevention, basic medical care and rehabilitation (Jeungsatiansap and Sukasit, 2007). However, to strengthen the working process, the government envisages a successful outcome by encouraging a collaboration between government agencies. One successful collaboration was to set up the Community Centre (CC) between the Department of Social Development and Welfare in the Ministry of Social Development and Human Beings. CC (or Sala Sang Suk in Thai), which means a shelter for happiness, had joined forces with the Community Primary Health Care Centre (CPHCC) of the Ministry of Public Health (Social Development Office, 2009). This policy has a direct mission for public health where village health volunteers are social capital in the community and also the main element in successful work. They are accepted by the villagers since they sacrifice their time and have a volunteer mindset, therefore, villagers trust them as public health advisors and believe that they can work more closely with the villagers than the other divisions (Sukkumnerd, 2007).

Currently, most health problems in Thailand have been caused from inappropriate health behavior such as consumption behavior, exercise behavior and relaxation behavior, etc. Therefore, the public health problems had been increased, particularly, public health problems usually found are caused by alcohol drinking behavior. Alcohol issues have long been a serious problem in Thailand although several attempts have been applied with them. The effect of alcohol consumption on the health,

economy and society of Thai people showed that the loss of economic capital was 156,105 million Baht and could be calculated as 1.99 percent of GDP (Thavorncharoensap et al., 2008; 2010). Concerning with this serious issue, Thai government sought a policy to solve this problem. The policy, called “Alcohol policy at every setting,” is one of the five sub-policies in the National Alcohol Policy and it is able to manage the problems in the aspect of location (household, village, sub-district, district and province) and other aspects (like population, division and occupation). Moreover, the solution can be displayed from the amount of alcohol drinking in the community through the process of creating awareness in community’s potentiality. It could also support the process in developing alcohol policy in the community, as capturing knowledge and publicizing, as the good example, communities without alcohol in any ceremonies. Based on alcohol problem management in the past, policies for all settings where alcohol is served would be issued in national alcohol policy. Importantly, these policies could be specialized tools to manage the problems with respect to location (such as households, villages, sub-districts, districts including provinces) or the other demographics (for example, population, divisions and occupations). Moreover, it could raise awareness in community’s potential, support the process of developing alcohol policy at the community level, develop lessons and slogans for publishing, show the respect of good model, ban alcohol on traditional days, and conclude with continuous situational recording (Thamarangsi, 2006; CAS, 2009).

Additionally, several organizations of Thai government are trying to solve the problems by controlling of alcohol drinking such as the political organization has a duty to draft the national policy, consider and promulgate the law in controlling alcohol drinking in Thailand. The public service has a duty to enforce and respond to the national policy, the Ministry of Public Health has to help the persons who are ill from alcohol drinking. The office of the Prime Minister has a duty to enforce the law. Ministry of Justice has a duty to enforce the law and cooperate to decrease the effects of social problems. The duty of Ministry of Interior is to control the entertainment place in selling alcohol drink and decreasing the effects of alcohol drinking problem. The Ministry of Commerce has a duty to permit the license to the producers, the liquid shops

and control the cost of retail stores. Ministry of Finance and Excise Department have a duty to set tax of alcohol drink. The academic organizations have a duty to research, support, motivate result and follow the policy. The social organizations have a duty to emphasize on the concern of society. Finally, various nations' organizations have a duty to support education to the social network. All of these, the several organizations attempt to solve and decrease the problems from alcohol drinking by controlling and applying strategies such as increase tax and control of products, export and import, control of usable and buyable things, decrease and prevent the loss from drinking, control of advertising, building up prosperity, serious and continuous measure promotion. However, the problems causing from the impact of alcohol drinking behavior are still increasing steadily although many attempts are done. Therefore, it needs to work the effectiveness solutions for health promotion developing in inappropriate behavior (CAS, 2009).

Table 1.1 Current measures to control alcohol consumption in Thailand
(Treeprasertsuk, 2007)

Measure	Rationale	Effectiveness
Taxation	-Government implemented alcohol tax the low tax alcohol drinks, especially for rice whisky (70 Baht a litre). Pure alcohol tax was set at 17.5% and not calculated based on inflation which should pay tax of 153.7 Baht per litre of pure alcohol.	-People drink more alcohol especially rice whisky because of the low cost of this type of alcohol.

Table 1.1 Current measures to control alcohol consumption in Thailand
(Treeprasertsuk, 2007) (continued)

Measure	Rationale	Effectiveness
Product control	-Thai distilleries could relocate to a tax in free zone in order to acquire tax benefits.	-The approximate export of the alcohol market was 6.5 million crates per year and has been increasing.
Control licencing and sales	-The fee to open an alcohol shop was extremely low at 110 baht a year or 30 satang a day. -Alcohol shops could ask for a quick license from the Excise Department (1 day turnaround).	-Referring to the research and development on Model for Drinking Alcohol Protection revealed that Thai people could buy the alcohol drink within 7.5 minutes. (Puapongsakorn, 2004)
Control advertising	-Controlling advertisements on TV and radio during 05.00-22.00, the control of alcohol consumption was at 22.00-05.00, ban of outdoor alcohol advertisement within 500 meters near the schools as the council's resolution on 29th July in 2003.	-Could not control outdoor alcohol advertisement within 500 meters of the schools. -Alcohol latency advertisement use water products similar and use model by adolescents populars -The time of alcohol advertisement could not be controlled. -A whole of the budget of alcohol industrial decrease 10.6 percent in 2003-2004, it is only decreased in the control advertisement. But it increase in

Table 1.1 Current measures to control alcohol consumption in Thailand
(Treeprasertsuk, 2007) (continued)

Measure	Rationale	Effectiveness
		uncontrol advertisement. Therefore, The advertisement could not control alcohol consumption.
Build up prosperity	-Income from alcohol and beer excise were as the portion of 20-25 percent of	-The income of alcohol and beer excise were 34,714 million Baht in 2000 and increased to 68,930 million Baht in 2004.
Build up prosperity	income tax which was the major country's income.	-The project on the study of capital, impact on society, health and economy of alcohol consumption in Thailand revealed that the capital or loss in economy caused from alcohol in 2006 totalled 156,105.4 million Baht and when calculating the capital per person was 2,485 Baht per person per year. (Tavorncharoan, 2008)
Decrease and prevent loss from alcohol misuse	-Seek people who drink alcohol with at high levels or with danger by the officers of public health and take the basic care of them to prevent serious symptoms, so it is the early prevention with 2 stages: early screening and	-The cause of disability adjusted life year (DALYs) in 2004 found that the problem of alcohol misuse among Thai people are serious from 1999, ranked as 11th to 4th in 2004 of DALYs -The rate of injury and death of accident decreased

Table 1.1 Current measures to control alcohol consumption in Thailand
(Treeprasertsuk, 2007) (continued)

Measure	Rationale	Effectiveness
	brief intervention. (Triprasertsuk, 2007)	-Studies showed that there was an increase of violence in the family with 83%

This table shows the measurement to control alcohol consumption and explanation of effectiveness. There should be appropriate policies emphasizing the importance of people and their behavior in solving alcohol misuse. Such policies require careful selection and consideration, and must be effectively implemented. Although the strict policy is important, it is limited by implementation and management, for example, the advertising of alcohol products must be strictly controlled.

Because of the change of health behavior in Thailand, the policy developed the network of community and also developed village health volunteers continuously. The findings of these developments showed that village health volunteers worked closely and reached mostly among the villagers. Therefore, village health volunteers have the potential in solving other public health problems in the community. Although the drinking behavior is the difficulty in solving, the efficient alcohol modification model could enhance the learning improvement and could reduce the problem in the community, then the cost of the nation will be decreased as well.

1.2 Morbidity and mortality rate from alcohol drinking behavior

Alcohol drinking behavior causes high rate of morbidity and mortality. Drinking alcohol also causes and leads to the serious illnesses and premature death as shown in the HITAP (Health Intervention and Technology Assessment Program) report (2008). Data showed that alcohol consumption was ranked in the top five of the world and was paid for the significant government expenses. The largest cost attributed to alcohol

drinking was the cost of productivity loss due to premature mortality which accounted for 65%, followed by costs of productivity loss due to reduced productivity, health care costs, costs of property damage due to road traffic accidents and costs of law enforcement and criminal justice which consisted of great costs affected from alcohol drinking. For these reasons, the people who have the behavior of drinking alcohol have risk of low quality of life.

Alcohol drinking behavior reflects to the sickness of Thai citizens. The effect of alcohol drinking patterns depends on the types of alcohol drinking such as time and quality that make a person getting drunk. People become addicted and intoxicated from alcohol that why it is the cause of chronic disease, cancer, hypertension, heart disease and cerebrovascular accident. Consideration of mental health problem and social problem indicates that alcohol is the cause of crime, violence in families and workplace problem. Furthermore, it causes debts, work losses, broken home and vagrants (Thavorncharoensap et al., 2006; 2008). Some chronic diseases can be prevented, especially the disease caused by alcohol drinking behavior. It can be concluded that to reduce the morbidity and mortality among Thai citizens, it needs to solve firstly on the cause. This can be done by adjusting alcohol drinking behavior in order to decrease the negative impact on health.

1.3 Overview of alcohol drinking behavior in Thailand

Alcohol drinking behavior is an inappropriate health behavior. It affects the multiplying problems of nation. Thai people consume approximately 6.7 lit/ person/day on alcohol drink. This behavior is found mostly in the North of Thailand. Expectationally, the new generation will become alcohol-dependent patients, increasing in ten years. Additionally, family institution is weakened due to the increase of alcohol drinking behavior in female. Although alcohol drink produces a lot of benefit, the expenditure is more than income. Besides, it is initiated in kind form into the poor quality of life in the people.

Table 1.2 The loss of cost, health, economic and society of Thailand

Alcohol Consumption costs in Thailand 156,105 million Bath, equivalent to 1.99% of Gross Domestic Product (GDP), 2006			
Direct costs		Indirect costs	
- Costs of health care	5,491 million Bath = 3.5%	- Costs of productivity loss due to premature mortality	104,128 million Bath = 65.7%
- Costs of property damage due to road traffic accidents	779 million Bath = 0.5%	-Cost of productivity loss due to reduced productivity • Absence from work • Inefficiency at work	45,464.6 million Bath = 30.1%
- Costs of law enforcement and criminal justice	242 million Bath = 0.2%		
Total direct costs	6,512 million Bath = 4.2%	Total indirect costs	150,000 million Bath = 95.8%

Table 1.2 shows the loss of cost, health, economic and society derived from alcohol drinking behavior. The total alcohol consumption costs in Thailand was 156,105 million Bath. These costs were divided into direct costs and indirect costs. Significantly, indirect costs influenced human security and social development of Thailand.

Thailand's loss of approximately 1.99% of GDP was caused by the impact of alcohol drinking. The trend of alcohol drinking behavior is increasing. In 2001, the amount of Thai alcohol drinking was 40; pure alcohol was 8.47 lit per person per year. The last of four years showed that the order of Thai increased for drinking rate. In 1998, 1999, 2000 and 2001, it was 50, 44, 43 and 40, respectively. It can be concluded that alcohol drinking in Thailand cannot be decreased and still be the causes of illness, economic and social problems (Thavorncharoensap, 2006; 2008).

The area where many people consume a lot of alcohol is North of Thailand. Knowing that alcohol consumption behavior is likely to be related to Thai culture and custom, one solution focuses on the community in dealing with the problem of alcohol dissolution, especially during Buddhist Lent period or other festivals. Currently, there are indications that the dissolution of alcohol use is not compatible with the lifestyle and context of a safe drinking community. As a result, it becomes the starting point of the community to accept learning and taking the opportunities of behavior modification (Thamarangsi, 2013).

Alcohol drinking behavior was found for along time ago, over 100 years. It is used to be a part in running activities and traditions. It is challenging to stop this behavior from Thailand. As the result, the standard drinking or safe drink is set for alternative solution which reduce alcohol drinking behavior. Moreover, this can stimulate the drinkers to have positive reinforcement for stopping this behavior.

1.4 Alcohol drinking behavior in rural community of Thailand.

Social learning of children and teenagers is influenced from the imitated behavior in rural community. The new drinkers learn through their families and communities. They cannot be the role models on alcohol drinking behavior as they drink as well. Their alcohol drinking behavior increases by social activity, for example, local government and employers pay wage to their workers by alcohol drink. It is the pleasure of employees and it easily accesses to the workers. Significantly, many villagers have the stalls for selling alcohol because they earn more income and spend on low cost, local manufacturing. The popular alcohol drink is rice-whisky because of high degree of alcohol and cheap price.

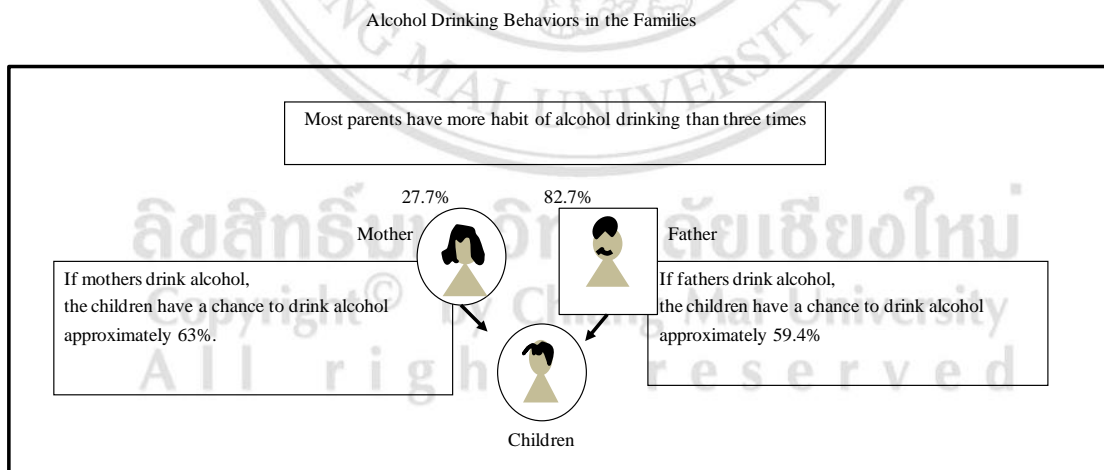


Figure 1.2 The evidence of alcohol drinking behavior in the families

Figure 1.2 shows that mothers are more powerful on children in behavioral imitation than fathers. However, alcohol drinking behavior of father still causes increase

of drink in children 59.4%. Therefore, family is an important environment for learning of children.

According to alcohol drinking behavior situation in Thailand, the new drinkers tend to increase highly. In the families where the parents drink alcohol, their children take risk more than 50% of alcohol drinking behavior. Nowadays, many teenagers employ with alcohol consumption behavior. However, the number of new drinkers is increasing annually with the approximate expense of 26,000 Baht per drinker, a cost that is likely to remain steady. New drinkers are defined as drinkers aged 12 to 19 years old, males in particular. This male population drinks alcohol more than other age group, with an average amount of 32.63, which is equal to 118.35 grams per drinking day. Females in the same age group (12 to 19 years old) drink more than any other female population, with an average amount of 9.96, which is 61.95 grams per drinking day (Thamarangsi, 2013). As a result, most community leaders were not capable of being good role model for good behavior. At the same time, Jirawat (2009) found that the village health volunteers consumed alcohol at levels as high as 73.3 grams per drinking day and 37.5 percent of villagers had accidents resulting from drinking alcohol. As the evaluation of alcohol drinking knowledge, it showed that 40.5 percent had the very little knowledge about the issue.

Parents are the main environment influencing on children's behavior. The risk of alcohol drinking behavior among children and teenagers is usually caused from parents more than 50%. It can be summarized that alcohol drinking behavior prevention can be done by reducing the drinking behavior of parents. This can help decrease the impact of alcohol on new generation, being as the main power of the nation.

1.5 Village health volunteer in Health Care System in Thailand

The development of health care system in Thailand started when there was an agreement of Ottawa Charter held by WHO. This agreement had the detail of the campaign on Health for All by the year 2000 at the Alma-Ata international conference in Soviet. Therefore, this campaign was in public health development plan under the

National Economic and Social Development plan in the 4th issue (1977-1981). It also led to the establishment of primary health care division and primary health care system in Thailand and offered opportunity for volunteers to work for public health in the community. The volunteers were separated into 2 types: village health reporters and village health volunteers being responsible for public health to the people in 8 aspects, (1) enhance the people literacy, (2) provide accommodations to the people, (3) manage sanitation, (4) provide clean water, (5) prescribe basic medicines, (6) solve the problem of dehydration, (7) teach how to practise birth control and (8) take care of the children growth.

In 1992, the volunteers were developed seriously, promoting village health reporters to village health volunteers to works in all areas. The responsibilities focused more on solving health problems caused from changes in order to serve the change of sickness among Thai people such as inappropriate behavior which causes more non-chronic disease. As the social aspect, the people take advantages from each others, therefore, the consumers are the losers. Environment and climate were destroyed, so they caused the health problems. Moreover, the labors in the rural area moved to the city then, the problems of the elderly and children left unattended occurred and there were the complicated social problems which expanded to the wide area. In 1997, the village health volunteers were transferred to work under local government and set the public health budget to the local until now. Therefore, the village health volunteers have developed continuously and have increased to 1 million people.

The women group in the community takes part in health development. The females mostly work as the village health volunteer roles. The proportion of male to female village health volunteers equalizes 1: 2.3410. They have the duty to promote behavior change, service on nutrition and promote immunisation for mothers and children. Their work has good performance in the decrease of mortality rate of mothers and children. In 1990, the children who were under 5 years old had the rate fewer than 110/100,000 until the present day. Additionally, the mortality rate of mothers and children has decreased continuously. This rate is compatible to the study of Gomard (2007) that females had the potential in working with details such as seniority care,

females and children violence surveillance, which influenced the females to take role as village health volunteers and are accepted by the people.

Village health volunteers are the great role models of primary health care in rural developing. They are family health leaders and have health responsibility about 15-20 households per person in the village. They are trusted by the villagers. Village health volunteers are the significant mechanism of primary health care to the accessibility of the quality of life of people.

Since the economic and social conditions are changing rapidly, village health volunteers have more roles in the society. They face many business parties in social activities in order to receive good relationship for their works. It promotes the inappropriate health behavior on alcohol drinking in the family health leaders. Usually, the village health volunteers have the alcohol drinking behavior in the parties. It is the habituated behavior which is accepted in the society. However, alcohol drinking behavior is still inappropriate health behavior and influences several health problems. Therefore, the villagers do not trust village health volunteers on alcohol drinking behavior modification and cannot adjust the alcohol drinking behavior among villagers (Jeungsatiansap and Sukasit, 2007).

Village health volunteers have the behavior of alcohol drinking although they have to be good models for the villagers. They cannot behave well. The more social activities are the more frequency in drinking. Besides, they are aroused by hosts, local politicians or village health volunteers prepared to be politicians in drinking alcohol. Because of acquiring for the support, some people attempt to reach to the villagers by talking the benefit of alcohol. They believe that alcohol helps reduce the gap between people who have the same behavior in drinking. Even though public health needs to decrease health problems, the key workers still behave inappropriately. However, village health volunteers can solve the problem caused from alcohol to decrease if they can prevent all vices in all business parties (social activities).

1.6 First year project: problem justification

According to the primary data, the research investigated the fact about alcohol drinking behavior in the community. A village in Yu Wa sub-District, San Pa Tong District, Chiang Mai is a case study of alcohol impact. This district combines both city areas and suburban areas. Many members in the community are likely to consume alcohol because the price is cheap and people have no efficient management system operation in alcohol consumption. The findings revealed that the spread of the liquor was wide. It showed in Figure 1.3 which is the view of liquor shops which are accessible for the villagers. The report of Health Threats Committee of the San Pa Tong state hospital (2009) concluded that suicide related to alcohol drinking was dramatically high with 20 percent of people committing suicide. In 2009, the statistics showed that there were 129 cases using the services of the alcohol hospital clinic, and 39 cases (30.23 percent) successfully gave up completely. In 2010, there were 114 cases and 36 cases (31.59 percent) gave up. Although the results appeared to be satisfactory, with the high spending of 30 million Baht in 2009, the Director of the hospital has announced the plan, Alcohol Beverage Control, to eradicate this problem (HA, 2010; DHS, 2010).

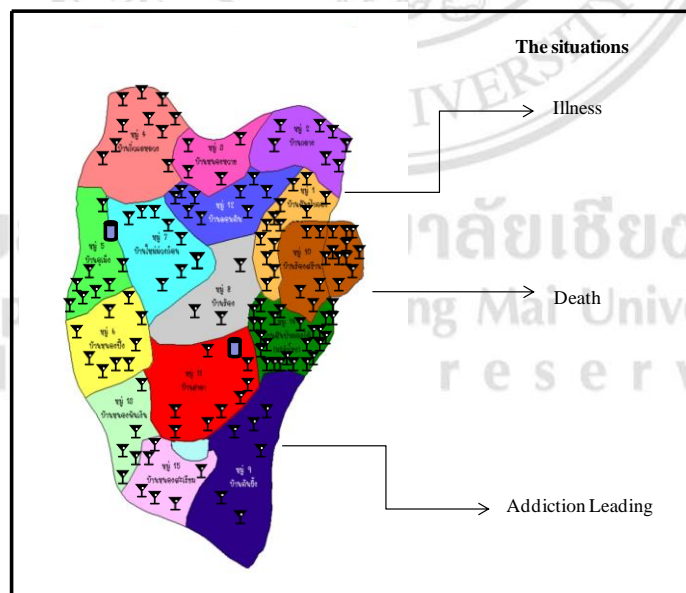


Figure 1.3 The spread of the liquor in Yuwa Sub-District, San Pa Tong District, Chiang Mai.

Data collection was done by focus group discussion of 37 village health volunteers in San Pa Tong area where there are 18 shops selling alcohol in one village. San Pa Tong has 122 villages. San Pa Tong is an agricultural area - rice is the most important income. It is possible that using rice to distill the alcohol is a common practice. So, selling alcohol is a common sight and there is no tax. There is a tendency for the local communities to regularly consume alcohol after work. During preparation for the research, the researcher had an informal group discussion among a chosen focus group, it was found that 20 VHVs out of 37 VHVs had drinking abuse and most of them were females. The survey of community revealed that the context of the community is accessible and easy for the villagers to consume alcohol. Therefore, it reflected the common ease of buying alcohol. Therefore, children and youth were the target for attention from the family and society in order to reduce the new drinkers in the community and decrease the alcohol drinking behavior from generation to generation (Thamarangsi, 2013).

Village health volunteers claimed that drinking alcohol or offering alcohol is a way to achieve work. Therefore, drinking behavior is more supportive. Then, the health cost cannot be reduced and has both direct and indirect effects. The concept of problem management is to honor village health volunteers who succeeded in working without using alcohol. There should be some opportunity for the successful village health volunteers to exchange and share experience with friends of village health volunteers.

1.6.1 Myth on alcohol drinking behavior

Alcohol drink has more negative than positive effects and it reacts to physical, mental health and social participation. When the people drink alcohol, their blood circulation is aroused. This symptom causes the increase of heart rate and respiratory rate. Ability of control decreases and the people have reckless courage and spree. Sometimes, they feel relaxed. We could notice that the village health volunteers have the perception on positive belief towards alcohol drinking behavior. It causes the increase of alcohol drinking behavior in community. Some people use an excuse for

safe drive by standard drinking (male 3-4 standard drinking per day, female 1-2 standard drinking per day) (Babor et al., 2001). Even though alcohol is the legal addiction, it should be controled in the appropriate level. The village health volunteers have the alcohol drinking behavior as getting positive reinforcement from alcohol drinking. The data were collected by the village health volunteers who are explained the positive effect from alcohol drinking.

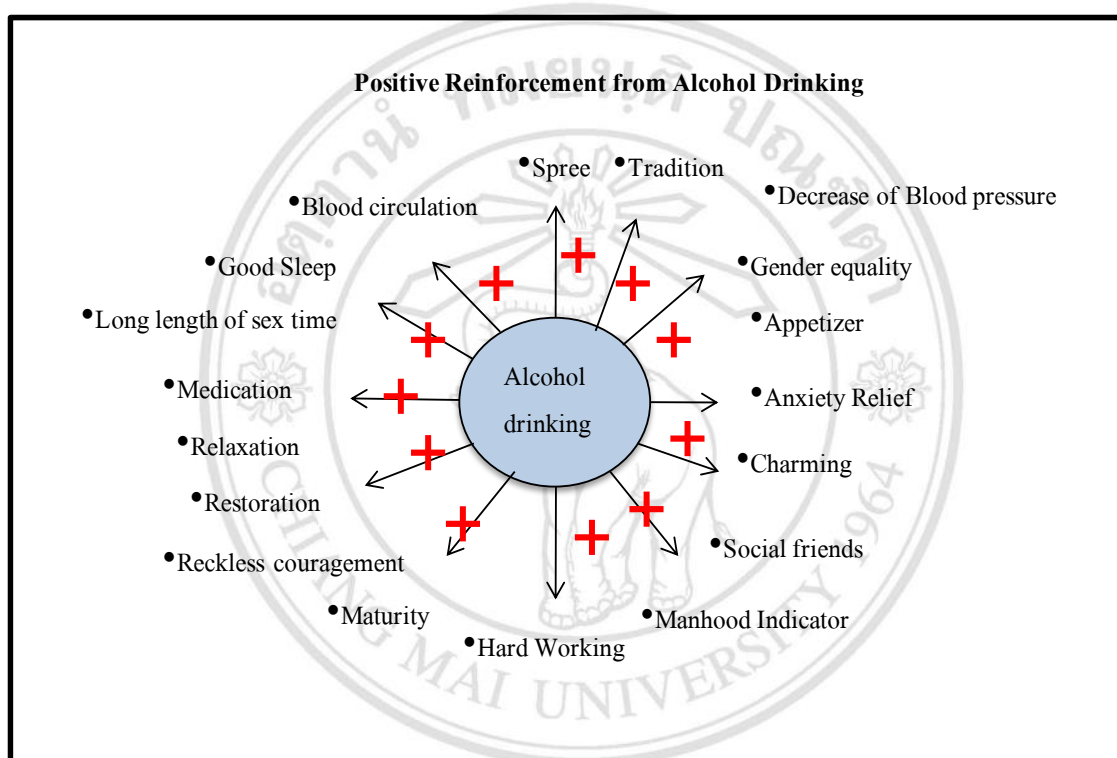


Figure 1.4 Positive reinforcement from alcohol drinking in rural community

Figure 1.4 is verified by inspection of community field. Alcohol drink has several positive reinforcements. Mostly, reinforcement has effects on physical with the belief of alcohol drink as medicine.

The first year showed, the village health volunteers have the good knowledge with negative effects of alcohol drinking but 72.97% of them still drink it regularly. The community's leaders or village health volunteers usually claim that they consume the alcohol with non-risky level. Taksapol (2010) also added that consumers take the risk of

alcohol consumption, whether a moderate or large amount, because there is no way to drinking without some risk.

Some of village health volunteers think that alcohol is an alternative and can help them work well. As a result, they claimed that drinking alcohol help them do better work. However, the health behavior in the community, the major cause is the belief. The patients who were sick from alcohol problems were still in a serious situation, since they believed alcohol being as a magic pill, helping with productive work, socialization etc. This belief has led to a heritage of a lifestyle of excess alcohol consumption, as well as imitations of inappropriate behavior, for teenagers and children in the community (Thamarangsi, 2010).

The negative effect when one gets the serious negative experiences from drinking alcohol such as the diseases leading to death, paralyzing, heart attack, cirrhosis of liver, etc. The patients perceive that if they drink alcohol, they might die, so they fear and stop the drinking behavior. On the other hand, if some does not get any effects or the loss of death, they are still happy and think of the positive reinforcement of alcohol drink. Then, the trend in drinking is so high. If the people know the negative effect of alcohol which is similar to their experiences, the stimulating to be fearful will be easy than the topic they have never faced with. In conclusion, if the model is created to serve with the perception of people, it can help reduce, stop and quit the behavior. Then, the drinking rate will decrease.

1.6.2 Social learning in rural community

The data collection was analyzed with social learning theory. The villagers have the learning process by observation, condition of positive reinforcement which reflects to the continual circle of alcohol drinking behavior. According to the previous review by the Research Centre of Alcohol Problems, it is compatible with research on alcohol consumption among teenagers conducted by Pirat (2007), which showed that adults serve as role models for normal drinking behavior, with their attitude toward drinking as well as community values showing drinking as acceptable behavior, cause teenagers to

learn this behavior in the community unconsciously. Then, it affects teenagers' behavior in alcohol drinking and has an impact on teenagers' health, families and communities (Thamarangsi, 2010). Therefore, new drinkers in the community tend to be of high rate.

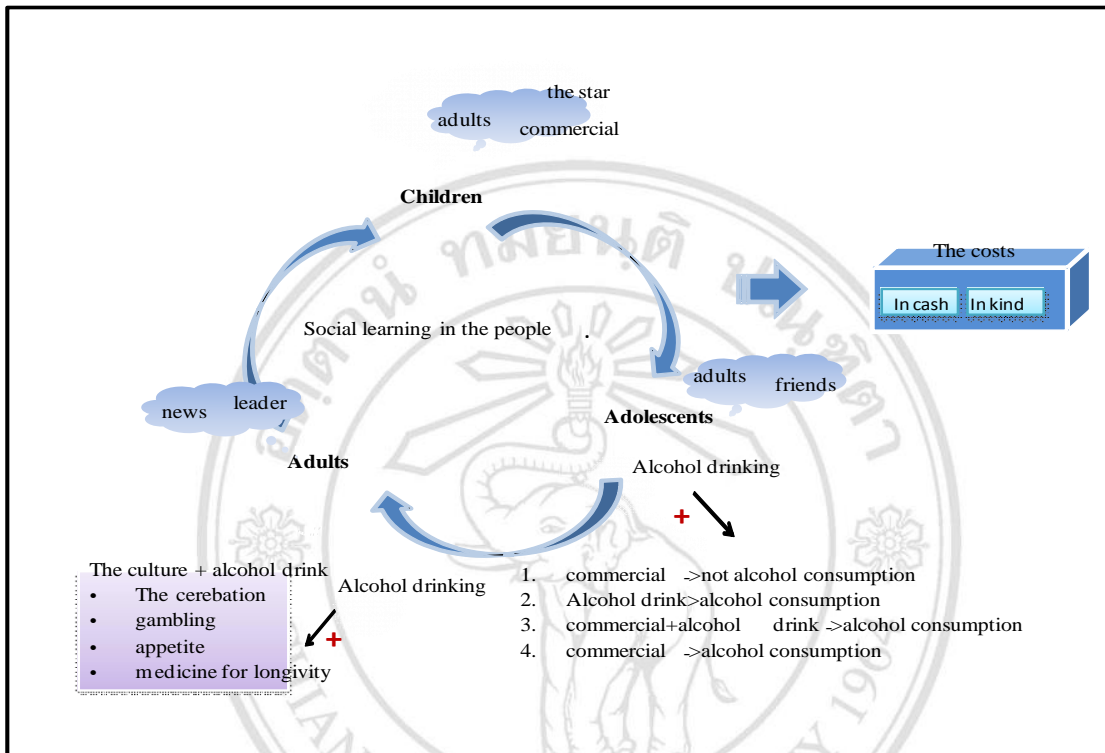


Figure 1.5 Social learning of alcohol drinking behavior in rural community

This figure displays the pattern of social learning in community. The adulthood is the model for children imitation. This study focuses on adulthood in order to decrease cycle of alcohol drinking learning in new generation.

The children and teenagers who perceive the alcohol drinking behavior are accepted in an adult society due to their uniqueness and acceptance including being adult. Because of these reasons, the teenagers feel that they are confident if they have alcohol drinking behavior and the society accepts them. In contrast, the alcohol drinking among teenagers has several negative effects such as injury and death causing from quarrel, sexually transmitted diseases and the other addiction. All advices reflect to the physical and mental development among them since the quality of life is lower.

Moreover, they have cognition that alcohol is a positive reinforcement in the society and they have self-confidence that alcohol reflects to the positive ways and can serve their need in eagerness. As the result, to support the lower alcohol drinking behavior, it needs to have the way to reduce their confidence positively.

1.6.3 The other field observation in rural community

Other health problem of Thailand such as the outbreaks of avian influenza were widespread in 2004-2006 (Sonja, 2005; Tiensin, 2005; Buranathai, 2007). Thai people with avian influenza had a large number of the contact with sick or dying poultry (Sonja, 2005). They caused infection and death of people from avian influenza. The statistics of them are shown in Figure 1.5 for pandemic approaching.

Since 2004-2005, Thailand faced the outbreak of infection and death of the people. This figure shows the success of avian influence preventing and the death case in Thailand in 2003-2013. The team of Public Health volunteers work with the effectiveness surveillance of avian influenza.

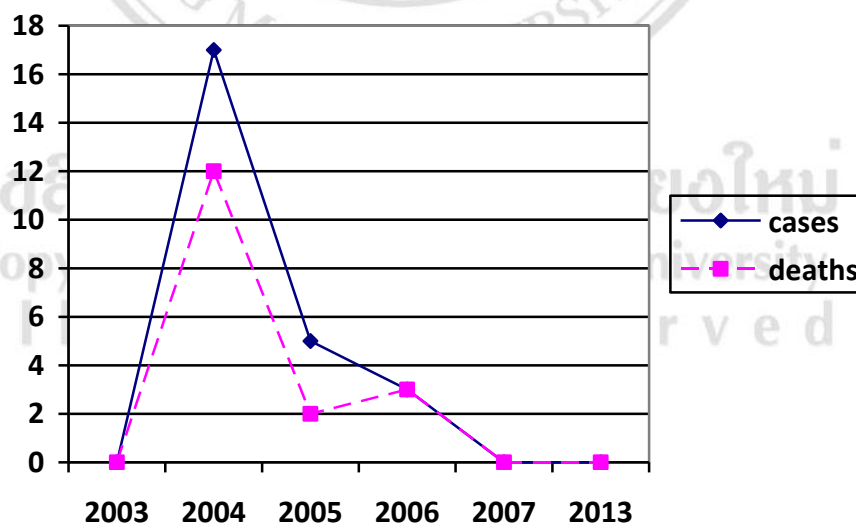


Figure 1.6 The statistics of Avian influenza-event in Thailand (2004-2013)

Village health volunteers have the important role in the success against avian influenza pandemic of Thailand's national program. The national surveillance campaign is conducted by Ministry of Public Health and enforced the effective team to prevent the risk communication for the villagers of rural communities (Bureau; Depart). The village health volunteer team is mostly female. The woman is the key success which is the beneficial effect to service on their family. They act as housewife role and child care for their quality of life (Cicely, 1994). Additionally, Ajeng et al. (2011) studied about avian influenza preventing with the women in Indonesia. They found that the woman have the good knowledge and attitude for the potential prevention behavior in avian influenza. They have more time for learning while being free from the house work. It is possible, the responsibility of maternal is the powerful protection for their children from danger. They nurture the love with the maternity responsibility (Ciely, 1994). Maternal instinct is internal motivation to solve dilemma problem such as dengue fever in rural community. The maternal instinct is the cumulative knowledge from their experience's breeding. Their knowledge do automatically any way for baby' well-being. It shows in the below figure.

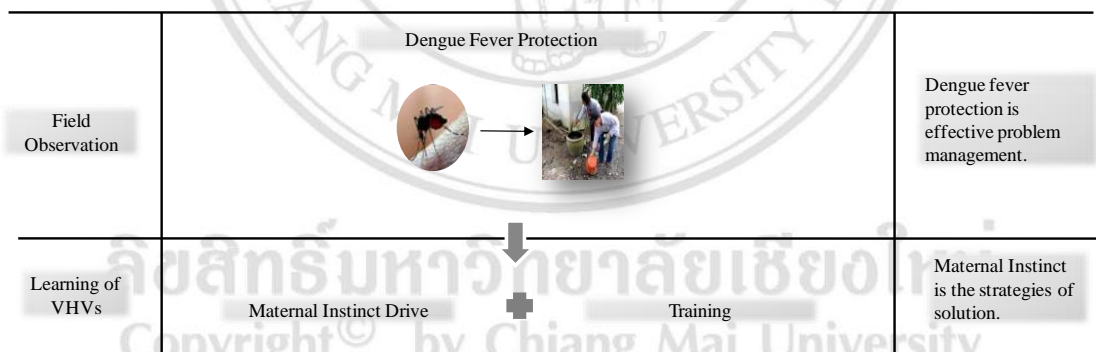


Figure 1.7 Dengue Fever Protection in Rural Communities

The key success of avian influenza prevention and dengue fever protection in Thailand is possibility of powerful maternal instinct. It is internal drive of human and found in the housewife' VHV's. Therefore, this study is derived from the epidemic prevention to the effect of alcohol drinking behavior in the volunteer housewife and

their family. Additionally, this investigated the way for learning improvement of the health worker in Primary Health Care.

1.7 Problem definition

The shifting of agriculture to modern society leads to the increase of social activities in rural community. It affects to the increase of alcohol drinking behavior of housewife. They cannot be role model for their husband and children. Alcohol drinking behavior is easily transferred to new generation by their family and community. For this reason, the new generation in rural area is inappropriate in development such as leading problem, persuading to drug addiction easily, and quarrel. Although alcohol drinking leads to the other substances easily, the terrible of alcohol drinking behavior is the impact on health, economic and society in the nation.

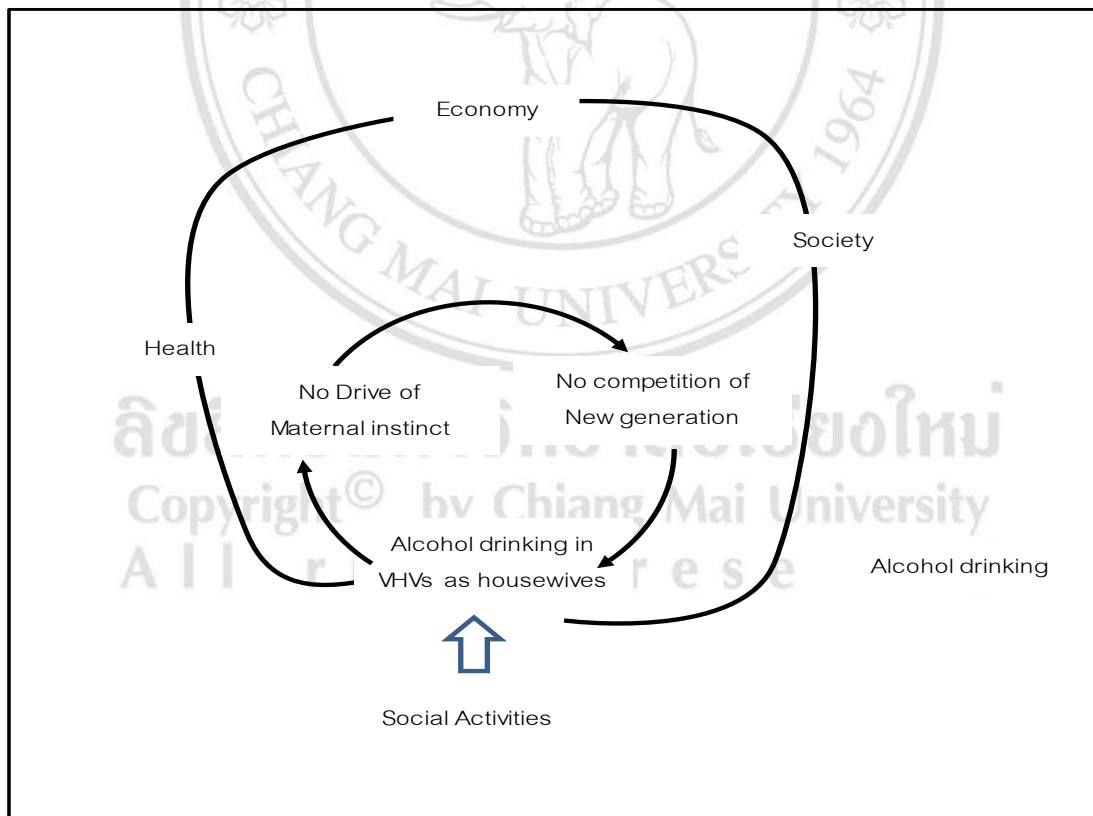


Figure 1.8 Alcohol drinking behavior causes in rural community

The figure shows the cause of alcohol drinking in rural community as business party. It affects to the increase in alcohol drinking behavior of housewife. The effects are wide into their family' members and expand to the burden of nation.

Presently, housewives have more social responsibilities. Therefore, village health volunteers require more participation from the villagers. As a result, volunteers as the housewives frequently join the party. If not, they will not get help or any cooperation from the society. To create the new sustainable value in being public health leaders, village health volunteers being as housewives need to stop drinking in all business party to be good models for community.

1.8 Existing situation on alcohol drinking behavior modification in Primary Health Care system

There are 7 roles which are important for alcohol drinking behavior modification in the North of Thailand which is the result of the studies of Gomard and Paranad (2007) about the potential of village health volunteers, the surveillance of violence in women and children, caring on the elderly, and the task of resolution and honesty. It is possible that the village health volunteers are mainly females, so the village health volunteers have some skilled potential. It showed that the village health volunteers would do well in the task with women and children. It might be mainly female since most of them have obligations to children. Additionally, they have the roles and responsibilities of caring for villagers (Jeungsatiansap and Sukasit, 2007).

The village health volunteers do not only adjust their alcohol drinking behavior to be as role models but also the experts are able to adjust their husbands and children' behavior in drinking alcohol by stopping and reducing the amount of alcohol. Consequently, the experts are able to be the key persons in providing knowledge to the villagers on the topic of alcohol modification. Even though the expert is smart and knowledgeable, the difference in of social context and variables in the community cause the failure of implementation of the alcohol modification in the other contest. Therefore, the knowledge resource needs to be explored to fit with the implementation including

taking the highest benefit of local resources. To have continual knowledge development in furthering the study, the knowledge within the expert in the particular community should be captured. Then, it is convenient to design the activities and use the local resources for the highest benefits (Thamarangsi, 2013).

1.8.1 The experts of alcohol drinking behavior modification in North of Thailand

The system of alcohol drinking behavior modification in rural community is structured knowledge in the area of the North of Thailand (Chiang Mai, Lamphun, Lampang, Nan and Phayao province). They have identified the good practice on alcohol drinking behavior modification by the director of Center of Alcohol Studies (CAS) of Thailand. The interviewees are the village health volunteers who have the experiences in alcohol drinking behavior modification. The knowledge is found, each of traditional context is different. It has different strategies and weak point in roles. The Figure 1.9 shows the overview of six areas in order to represent the current alcohol drinking behavior modification in rural community.

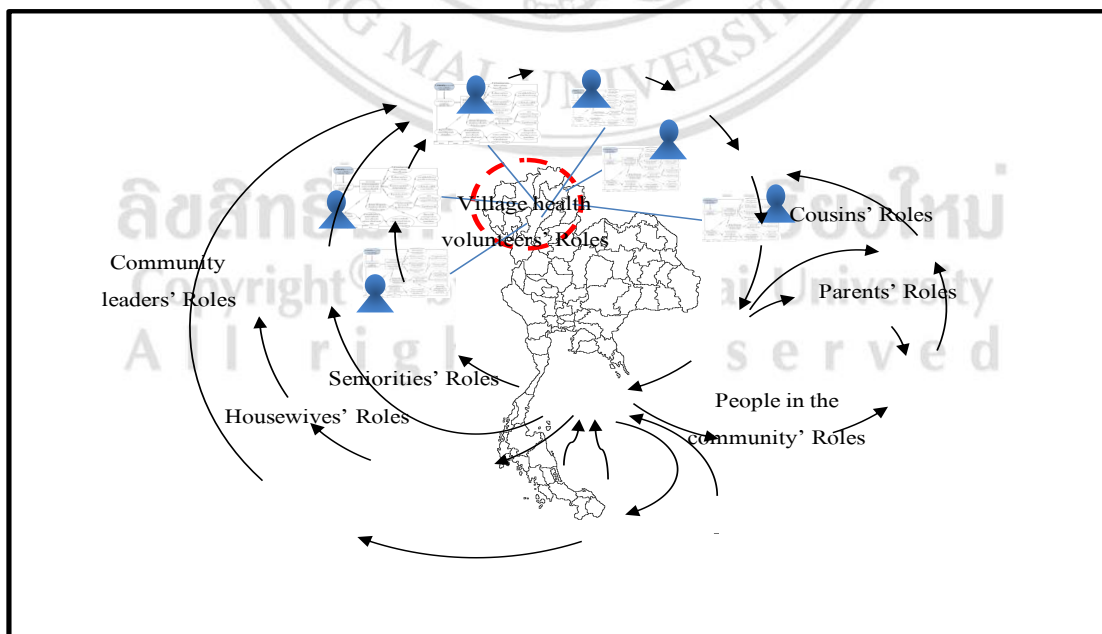


Figure 1.9 Seven roles for alcohol drinking behavior modification, North of Thailand

The above figure shows the center role of alcohol drinking behavior modification in rural community. Village Health Volunteer experts come from the North of Thailand. They have the competence to stop drinking in their villagers.

Knowledge of alcohol drinking behavior modification in the North of Thailand was derived from 6 experts who were assigned by the director of Center of Alcohol Studies (CAS), Thailand and for structuring system alcohol modification in the community at the present. All experts used to have alcohol drinking experiences, some drink till they get drunk and cannot quit by themselves. However, the experts have to act as the role models in the society so, they can adjust themselves. The outcome is the experts feel proud of themselves, the society praises them. Consequently, the behavior of stopping and quitting in drinking still exists. At the same time, when they usually act like that, the society of drinking can accept the experts and understand them, especially work performance more than using alcohol as the tool of the society. Someone who needs to learn to adjust alcohol drinking behavior should start to adjust their cognition, then they can create their motivation and persuade the others to adjust themselves as well.

1.8.2 The system of alcohol drinking behavior modification in rural community

The alcohol problem management in rural community appears in every rural area such as the campaign, media knowledge capture, experts as role models and training, etc. The researchers study in this field in order to analyze and synthesize the knowledge of alcohol drinking behavior modification. It was found that the 7 roles are the principle partnership and the major role is village health volunteers. This system is conducted by meeting and action plan. However, the modification spends the large of budget for several activities. Therefore, this research studies the effectiveness activity to alcohol problem management.

Knowledge is captured from village health volunteers who can successfully quit and decrease alcohol drinking behavior of villagers, being village health volunteers

have played important role in managing alcohol problem. Standing in Thai situation, it was found that village health volunteers are knowledgeable workers and key persons in particular community. One of the key factors in achieving the aim is human resource. The key drive then is the Village Health Volunteers; they play an important role in their local community and work closely with their own people. To equip with a proper method in understanding the problems faced, VHVs need to acquire the knowledge related particularly, to the alcohol consumption. Hence, it is vital to understand this systematic knowledge in reshaping people's views on alcohol drinking behavior (Chittawatananont, 2007; Lokeaw, 2009).

All experts could be role models since they used to have the drinking behavior as their experiences. Moreover, they could stop that behavior by themselves before acting as village health volunteers. Alcohol modification in community differs from usual alcohol modification because alcohol modification relies on the cooperation of people with various roles in solving problems successfully. Therefore, the appropriateness of knowledge management in administrating the village health volunteers community is practical in managing the problems efficiently. Although the cooperation of each section is mainly important in adjusting the alcohol drinking behavior in the community, each adjustment differs in each community which is flexible depending on the strength of partnership. However, it is found that the group the village health volunteers are effective towards the knowledge management in all 6 areas. Therefore, the success of alcohol modification can be done by initiating from the strength of village health volunteers.

1.9 Conceptual framework of research

This model framework has been developed from the policy of Alma-Ata Declaration for Primary Health Care and Ottawa Charter for Health Promotion which aimed at the same achievement as "Health for All." Moreover, Thailand's Ministry of Public Health had also written the latest 10th National Health Development Plan of Thailand (2007-2011). To serve with its policy to solve the health problems, the

Ministry of Public Health worked collaboratively with the Minister of Interior in setting the role of government in public health and establishing Community Health Care Center. As the Community Health Care Center needs help from the village health volunteers for successful operation. However, it turned out that the health cost is still high in San Pa Tong, so solutions have to be considered. Therefore, the researcher is interested in creating model for the village health volunteers in encouraging the villagers to realize more about their health. The model was created based on analysis of case study to stimulate maternal instinct by attention for semantic factors model designing on alcohol drinking behavior modification. If they can create the maternal instinct semantic factors model, they will be successful in driving the maternal instinct with attention love for the alcohol drinking modification in village health volunteers, family members and communities.

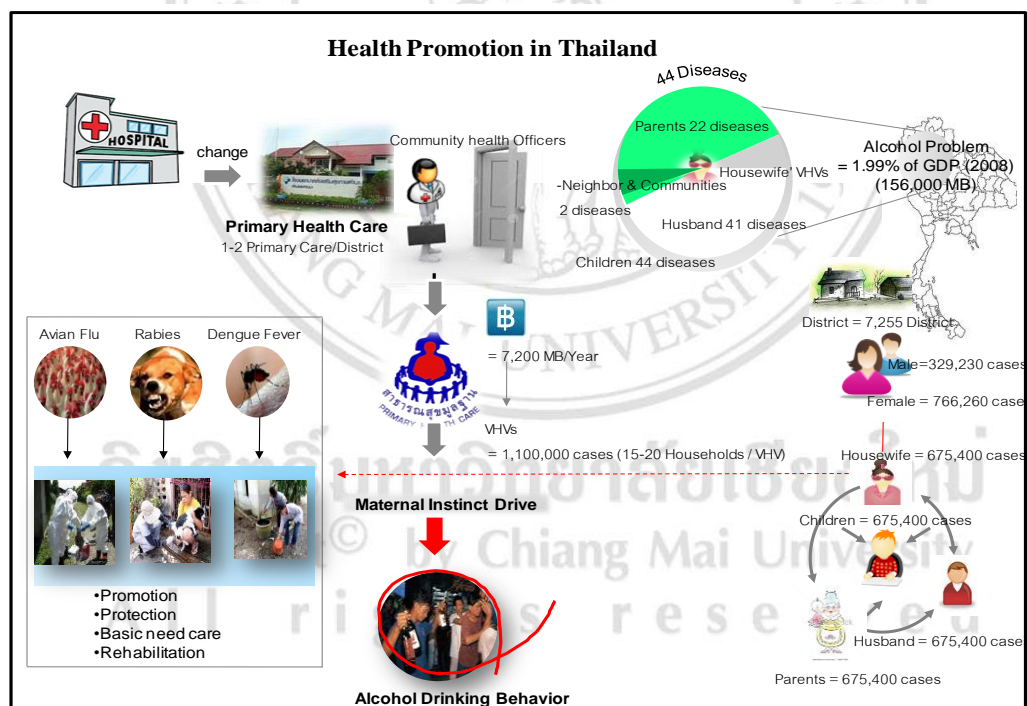


Figure 1.10 Conceptual framework of Alcohol Drinking Behavior Modification based on Maternal Instinct for Learning Improvement of Village Health Volunteers

Primary health care is the main factor which is the development of health promotion in Thailand. VHVs are the knowledge health workers in the rural communities. They are closed and trusted to the villagers. For this reason, the government paid the budget of 7200 MB per year for the employment of 1100000 VHVs. The expectation of government is the solution of the health problems by the VHVs in the communities. However, the loss of cost of alcohol problems are approximately 156105 MB per year (Thavorncharoensap et al., 2008). Alcohol drinking behavior is the health problem and related to the other diseases. Forty-four diseases from alcohol drinking behavior affect housewives VHVs, children, husbands, parents, neighbors and communities.

Obviously, housewife VHVs have better performance in epidemic diseases, for example, avian flu, rabies and dengue fever. But they cannot manage alcohol problems by themselves. Social activities supporting alcohol drinking behavior arouse the housewives to drink more in rural communities, Alcohol drinking behavior can be transferred from mothers to children more than three times of fathers to children. The behavior of the housewives is important for their families, especially the youth who will be the future of the nation. Therefore, housewives could not drive maternal instinct although they could work well with the other problems. The housewife' VHVs have the behavior of drinking alcohol; therefore they cannot be the good role models for the villagers. As the changeable society, it leads the village health volunteers to participate more in social activities. It leads to the party with alcohol in order to build relationship. Even though the housewife' VHVs have the maternal instinct as the personality trait, they also consume alcohol. Housewife' VHVs cannot drive the maternal instinct in alcohol drinking behavior modification.

This study purposes the increase of maternal instinct by knowledge management for alcohol drinking behavior modification. The study would stimulate maternal instinct by attention arousing and creating semantic factors on alcohol drinking behavior modification. The Attention is the knit of maternal instinct for working. Attention can be designed and represented by implementing ACT-R (Adaptive Control of Thought Rationale). Additionally, the activity is designed from the semantic factors models of

village health volunteers based on authentic community. Additionally, knowledge of housewives acting as village health volunteers and public health officers including knowledge on alcohol drinking behavior of housewives, husbands and children are assessed.

1.10 Problem Definition

The problems which have been mentioned in this introductory chapter are as following items:

1. Housewife VHVs cannot drive Maternal Instinct on alcohol drinking behavior.
2. Hosewife VHVs have not the system of learning which can drive maternal instinct on alcohol drinking behavior.

These research problems would respond to the objectives of the research which are explained below.

1.11 Research Objectives

Could it be possible that Semantic Factors deriving from Attention enhances the maternal instinct among village health volunteers? Therefore, the aims of this study are as follows:

1. To drive the Maternal Instinct on alcohol drinking behavior in order to improve the learning system of housewife VHVs.
2. To create and investigate the system of learning based on maternal instinct semantic factors stimulation on alcohol drinking behavior modification.

1.12 Research Hypotheses

1. Housewife VHVs can drive Maternal Instinct on alcohol drinking behavior modification.
2. Maternal Instinct semantic factor model can implement in alcohol drinking behavior.

1.13 Thesis structure

This thesis is employed with five chapters.

Chapter 2: Literature Review

Chapter 2 is to identify literature review in order to initiate the problems, methodology and results in the researches. Scope of this study is maternal instinct, attention and semantic factor for learning improvement of housewife' VHVs. This chapter will analyze the knowledge to create the instrument for alcohol drinking behavior modification, especially, how knowledge management modify alcohol consumption of village health volunteers. This is the baseline for next step to research methodology designing.

Chapter 3: Research Methodology

This chapter is to state, propose research methodology based on maternal instinct. It classifies the method, tool, technique and theory of maternal instinct which consists of attention to arouse intrinsic of housewife' VHVs. The methodology has two parts; (1) to create maternal instinct semantic factors model on alcohol drinking behavior modification and (2) to design the activity of semantic factors of alcohol modification in rural community by using ACT-R (Adaptive Control of Thought Rationale) process. All these processes have an outcome as knowledge management of health promotion on alcohol modification for village health volunteers to implement learning.

Chapter 4: Results and Analysis

This chapter reveals the results from analyzing of the problematic classification by attention learning and developing semantic factors model of housewife' VHVs on alcohol drinking behavior modification and designing activities for the semantic factors based on maternal instinct implementation. Additionally, it illustrates relationship between maternal instinct characteristic and some life skills.

Chapter 5: Discussion and Conclusion

This chapter is the conclusion of how to stimulate maternal instinct of housewife' VHVs for the alcohol consumption behavior, identify semantic factors within attention to arouse to maternal instinct of housewife' VHVs. Additionally, obtain the tool for implementing in decreasing the alcohol consumption behavior in rural community.



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