Chapter 4
Results and Analysis

4.1 Chapter Overview

This chapter mentions the results of the research experiment of this study. In the part of Chapter two, we found the burden of number of people who have the alcohol drinking behavior. On the other hand, the preliminary finding indicated that alcohol drinking behavior in the rural areas is the common thing. This behavior induces family health problem from the cycle of learning in their family. This study proposes the problem, idea and solution in alcohol drinking behavior by the conceptual framework of semantic factor model. Moreover, this study is conducted by the theory on maternal instinct concept in order to improve the learning of housewife VHVs. Then, the maternal instinct semantic factor model is designed by the knowledge of alcohol drinking behavior modification experts, the activities are created with authentic situations and applied walk rally as the activity in the community. Finally, the housewife VHVs are evaluated for the learning improvement on alcohol drinking behavior modification.

The results of methodology designing comprises of 6 processes. They consisted of: (1) The effects of VHVs' role on alcohol modification in the rural areas, north of Thailand, (2) Dengue fever protection in housewife VHVs in the study area, (3) Attention framework of health insurance salesman in family health problem, (4) Semantic model of housewife VHVs on alcohol modification, (5) Activities in real situation and (6) Evaluation learning improvement of housewife VHVs. Therefore, these results are the answers to the aims of this study. It represents alcohol drinking behavior modification in the rural communities, Maternal Instinct of housewife VHVs in Primary Health Care, Activity designing is based on maternal instinct semantic factors stimulation on alcohol drinking behavior modification, and Maternal Instinct indicator on alcohol drinking behavior modification.

The summarized concept of Maternal Instinct semantic factor model conducted to the result which obtained from research methodology. It presents the process of alcohol drinking behavior modification for health volunteer network in rural community. This concept would be the guideline for community health officers to help learning of village health volunteers on alcohol drinking behavior. The processes are the identity of stimulation by intrinsic driving. It is the powerful and the cumulative experience for living in the human. The Attention drawing in Maternal Instinct is the key component of the research methodology for behavior change learning. It was evaluated from the increase of mothers' attention on alcohol drinking behavior.

This chapter illustrates the origin to destination of the results in this study. It explains the conceptual framework of research methodology to the output expected. It showed the understanding of the problem, proving the idea and solution in order to study the results of initial finding later.

4.2 Initial Findings

The demographic data of villagers with drinking behavior in this village were 2,713 persons. Most of people were adults 42.48%, seniorities 34.01%, the adolescents 11.92% and childhood 11.59%. Most of the adults were sellers and employees. After working in the evening, they usually purchased alcohol drink containing in the plastic bag and rice. Frequently, some of them were with their friends at the liquor shops. Based on the focus group of 37 VHVs in the village, they reported that the effects of alcohol behavior changed to be the problems. There were 9.31% of adolescents gathering into their groups. Then, they quarreled, fought and destroyed the liquor shops. As a result of it, their parents agreed with the impact of it. Obviously, their parents must pay the compensation for their children. At night, they spent lives outside and infected sexually-transmitted diseases causing from alcohol drinking behavior. Then, they become ill. Most of the students who began addiction become poor, changed to thieves and then criminals. This interview revealed that the relation of cause, illness, alcohol drinking behavior and age directly and indirectly affected themselves and the others

beginning from childhood. Significantly, the risk taking on the problem was increasing by age.

The social learning can be described by the figure. The majority of adolescents acquire identity for their own and they learn by their friends. Adjusting their lives, responsibilities and relation of alcohol drinking and social culture continually are needed among adults. This figure pointed out that the role models in learning of childhood and adolescents are adults. Observation, reinforcement, association are the tools in finding causes of alcohol drinking behavior. The people must know not only the negative effects on their health, but also they believe that alcohol is more positive than negative because it leads an ability to work hard, appetite, health, stimulating blood circulation, relaxation, pain relief and good sleep. So, these had an effect on alcohol drinking behavior continuously.

Though various organizations had an attempt to decrease the effect of alcohol drinking, it could not achieve the goal. The reflection of policy and the guideline of practice were unfit and lacked of continuity. Moreover, their belief in their community was processed by following the pattern of social learning in the people. They also believed that alcohol is beneficial, therefore, it could motivate them to work hard, relax and have be painless, have good appetite, good sleeping, stimulate blood circulation and be healthy. All these reasons bridged to daily life and it appeared in their culture. Nevertheless, they did not have the belief on the negative effect of alcohol drinking becoming an impact on the gross cost in the society, health and economic. However, that particular belief was an acknowledgement in community, but it was not reviewed, verified and reflect to the consequence of alcohol drinking to the people.

This study proposed that the social learning was collected by belief. It helped create the pattern of culture in the community. However, it had the misconception sometimes since it was not reviewed and verified to the people. The appearance was the continuous view of the community. Even though the solutions were various and were cheap, they could not even change behavior in the community. Moreover, several organizations enhance the solution, they have to study and practise in the reality, the suitability and effective way. Most importantly, the data could be shown to the people

to continue working. This becomes the development for the solution of alcohol drinking behavior.

Table 4.1 The data analysis of the AUDIT of the people in San Pa Tong village

Characteristic	Levels					Total
	0	1	2	3	4	
Male	31	61	22	13	6	133
Within gender	23.3%	45.9%	16.5%	9.8%	4.5%	100.0%
Within level	36.5%	46.6%	71.0%	86.7%	100.0%	49.6%
Total	11.6%	22.8%	8.2%	4.9%	2.2%	49.6%
Std.Residual	-1.7	-.5	1.7	2.0	1.8	
Female	54	70	9	2	0	135
Within gender	40.0%	51.9%	6.7%	1.5%	.0%	100.0%
Within level	63.5%	53.4%	29.0%	13.3%	.0%	50.4%
Total	20.1%	26.1%	3.4%	.7%	.0%	50.4%
Std.Residual	1.7	.5	-1.7	-2.0	-1.7	
Total	85	131	31	15	6	268
Within gender	31.7%	48.9%	11.6%	5.6%	2.2%	100.0%
Within level	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Total	31.7%	48.9%	11.6%	5.6%	2.2%	100.0%
Std.Residua						

Domain	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Alcohol Blackouts Use
	9	Alcohol-related injuries
	10	Others concerned about drinking

Cited in Domains and Item Content of the AUDIT (Babor et.al., 2001)

The data in Table 4.1 reflect to the statistical data from San Pa Tong Police Station and the Accidental and Emergency Division of San Pa Tong Hospital. When the data had the analysis of the focus group among the villagers in the Ban Nong Sariam village, case study, the results showed that drinking alcohol had an effect on villagers in the community. The most significant issue was the domestic violence in the community, becoming a serious issue and led to other problems. For example, family issues which are often the cause of parents themselves who have drinking behavior and are unemployed. The problems outside the family which can occur among the villagers are: (1) Villagers with alcohol drinking behavior with their friends lead to the conflict with neighbors, (2) Drinkers in different villages are unhappy with each others and can cause conflicts.

The other problems were the negative effect on the mind and body, and cause accidents. According to the in-depth interviews, it showed that the village health

volunteers had maternal instinct characteristics towards the village community. The research also revealed that village health volunteers worked with the basic four principles for the community. The first issue was to do hard work; the village health volunteers are enthusiastic, sacrificed, care, happy, self-awareness (knowing through instinct) and enjoyed learning leading to social interaction. The second issue was discipline. The village health volunteers had the continual work with efficacy by participating in work as the agreements and assignments. The third issue was the close relationships between village health volunteers, which could link to the persuasion of their cousins or close friends to work with them. For example, two daughters in-law: one is another village member, and they work efficiently and closely with the villages. Consequently, they are accepted and the villagers do not refuse to do community work. The last issue was the courage. Since the VHVs work frequently and closely with villagers and have role as VHVs, friendliness and trust were necessary for them. However, it was also the benefit since most of the VHVs were likely to be teenagers. The other villagers believed that they were friendly with children, so it was easy for the village health volunteers to be their consultant. The work on their responsibilities included house visits, diabetic patient care and treating epidemics of dengue fever. All of the mentioned issues were associated with sharing of care and provision of care among the VHVs. This meant as helping in terms of advising, working with heart and mind and encouraging each other. Lastly, they would be proud of themselves in working and have an intention to develop a better community based on the sharing of care and the sharing of care provision as well as mutual understanding.

Alcohol drinking behavior is a major problem in Thailand, and has the effect of alcohol consumption to the country and humans while the other countries such as Bangladesh, Bangladesh stated that “a man with extra money has a higher chance of deciding to drink beer with his friends than a woman with extra money, who decides to buy clothes for herself” (Muhammad and Alan, 2006). The inference of this statement is that alcohol consumption is a part of their daily lives, although they may have financial problem. Surprisingly, a successful solution has been explored and succeeded, though there is the poverty in Bangladesh. The successful solution is originated from the belief

of Yunus (2006) and the concept of maternal instinct among women. Significantly, women put more emphasis on all factors provided to their children, so, they will be careful in spending money on essential things. Hrdy (2011) analyzed maternal instinct and behavior modification, as shown in Figure 4.1.

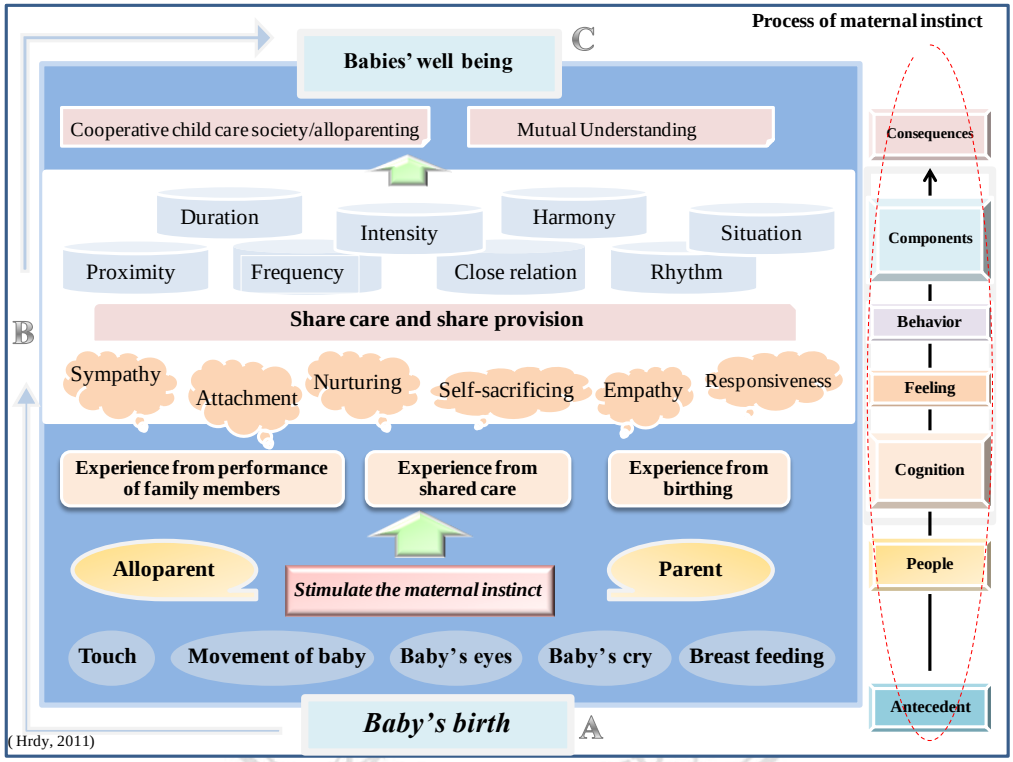


Figure 4.1 Process of maternal instinct (Hrdy, 2011)

This study provided details on the alcohol drinking behavior's cause in the village community. The adults acted as role models while children and adolescents learned through the observation of their behavior. This could be described that the continuous cycle of human behavior and alcohol were implemented through social learning; cognitive, behavioral and environmental influences. In contradiction, the difficulty in eradicating alcohol misuse was still found as a major issue. Hence, the reduction of alcohol consumption may be an alternative in forcing individuals to give up alcohol.

This study was conducted with the concept of maternal instinct. Therefore, maternal instinct strategy could be used to leverage maternal instinct in the community for reducing alcohol consumption. By working within a group of people with maternal instinct, a successful solution to alcohol misuse could be provided, since the drive of maternal instinct plays an important role to create learning improvements. Importantly, the maternal instinct was also found among village health volunteers of the case study. In consequence, it may be beneficial in treating alcohol misuse in this village.

4.3 Research Experimental

In Chapter 3, Table 3.1 presented the research methodology in six steps. It consists of 1) Analyze the knowledge workers of alcohol drinking behavior modification in the rural community, 2) Analyze the pattern of dengue fever protection in housewives VHVs in San Pa Tong area, 3) Observe the work performance of health insurance salesman in selling health insurance to parents customer, 4) Structure the semantic factors model on alcohol drinking behavior modification, 5) Design the Activities based on Maternal Instinct Stimulating and 6) Validate the effectiveness of Maternal Instinct Stimulating Activities. According to the first year project, it was found that the belief of positive reinforcement in alcohol drinking behavior affected the cycle of social learning in the rural communities. In addition, the VHVs are the significant health workers for health problem management. They have an agreeableness trait which links to Maternal Instinct characteristics. The principle of semantic factor modeling conceptual framework for learning improvement of VHVs is hidden in Maternal Instinct. This initial result was found in the literature and data collection from the field of rural community. The samples in this study had the alcohol drinking behavior.

During conducting the study, 5 considerable aspects were found. First, the health workers were analyzed for alcohol drinking behavior modification in the rural communities. VHVs took a part of roles on alcohol problem management. This led to

the basis of Maternal Instinct characteristics of VHVs in order to drive Maternal Instinct semantic factor model for activities designing improvement. Second, Maternal Instinct was proved in order to create confidence with the power of internal motivation in VHVs. Moreover, Maternal Instinct could be applied in health problems management through the case study of dengue fever protection in San Pa Tong area. The research instrument was an open-ended questionnaire for knowledge capturing by two experts. They were identified by health officers in their community. The pattern of VHV working is the attention to their children. However, it could be investigated to the various groups from the expert of health insurance salesman. Third, the Attention drawing in selling health insurance was the explicit pattern for semantic factors modeling. The expert has captured knowledge with the structure of HAM (Human association memory) and ACT-R (Adaptive control of thought). This enhanced to create the semantic factors model for alcohol drinking behavior modification forming which consists of cognition, feeling and action tendency. Fourth, the cognition was the main factor which distinguishes each of the customers. This step was to collect the data with the structure of Attention drawing. Eighteen VHVs experts in the field of study were elicited the knowledge on alcohol drinking behavior modification and then implemented the data for designing the model. Fifth, the authentic situation in the community affected awareness of learning in VHVs. With this step, the activities were designed in order to serve the cognitive of learners and Walk Rally based on situated learning theory as one of the activities. Finally, the effectiveness of Maternal Instinct Stimulating Activities for learning improvement of VHVs were implemented and validated.

4.4 Quality of Samples

This section mentions about the quality of sample groups in this study. It leads to accurate representation and consequential work in order to respond to the research objectives. The sample groups were categorized into four groups. The first group was the group which understood the alcohol problem, the second group studied the maternal instinct of housewife VHVs, the third group created the design of activities by semantic

factors and the last group implemented the Maternal Instinct model. This view is explained in Figure 4.2.

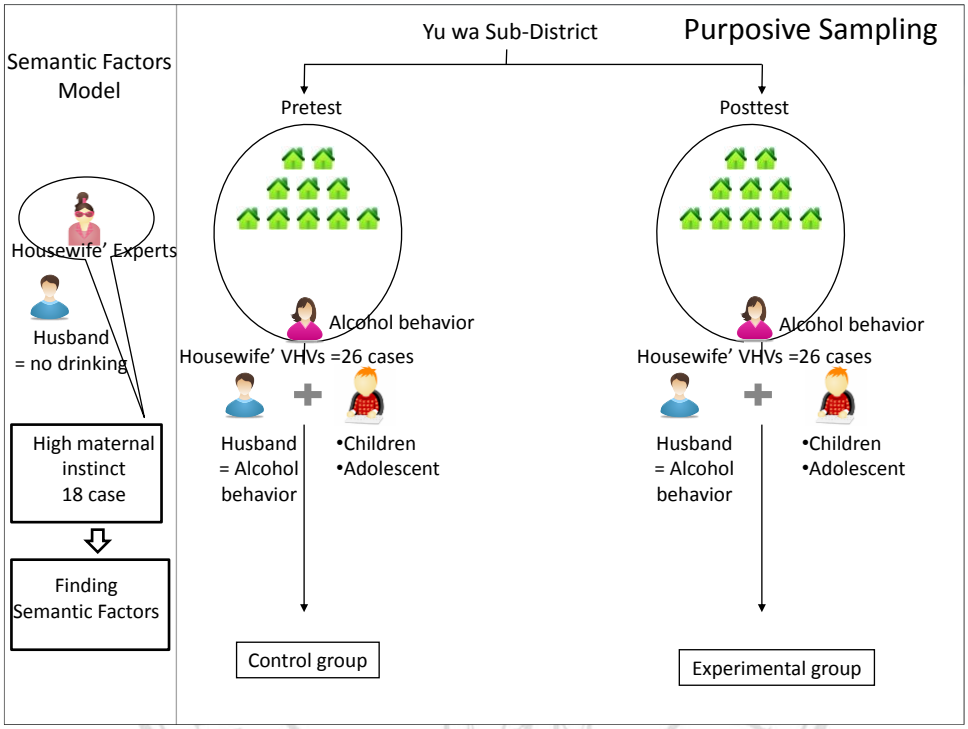


Figure 4.2 The quality of samples of housewife VHVs

4.4.1. Sample group to understand the alcohol problems in rural communities

This sample group consisted of 6 VHVs experts on alcohol drinking behavior modification in 6 areas in the North of Thailand. They were identified by a management structure from the director of Center of Alcohol studies (CAS). The data of this samples were gathered by open-ended questions in 5 W 1 H questions based on health promotion planning and evaluation cycle (Nutbeam and Harris, 2004). The consequence of questions acquired the significant role and tacit knowledge for alcohol modification in the rural communities.

4.4.2. Sample group to study the maternal instinct of housewife VHVs Primary health care.

The objective was the latent potential in housewife VHVs. The literatures had the knowledge on the power of maternal instinct being as effectiveness work for housewife' goal setting. This sample was identified by social network of community health officers. The questions were derived from 5 W 1 H based on Maternal Instinct concept for two experts in Dengue fever protection case study. Certainly, the power of Maternal Instinct is hidden in the housewife VHVs. Even though they confronted the problem of alcohol drinking behavior in their communities, they still worked with the other health problems for the best quality.

4.4.3. Sample group to create the activity designing based on maternal instinct semantic factors stimulation on alcohol drinking behavior modification.

This part is divided into 3 groups, (1) They were the executive of health insurance salesman who was captured knowledge by the open-ended questions. The questions were constructed from behavior modification theory and Attention framework. Then, the knowledge representation pointed out the cognition with semantic factors. Later, the semantic factors model was validated by the executive again. (2) The samples were eighteen housewife VHV experts on alcohol drinking behavior modification in San Pa Tong community. The structure of model acquired the measurement of social network in San Pa Tong field, semantic factors model on Attention, HAM (Human association memory) and ACT (Adaptive control of thought) and (3) The semantic factors model on alcohol drinking behavior in rural communities was designed by situated learning with Walk Rally Activity for twenty-six housewife VHVs in Yuwa Sub-District, Amphur San Pa Tong. This model was validated by three experts before the activities were implemented and evaluated in the community.

4.4.4. Sample group to evaluate the maternal instinct indicator on alcohol drinking behavior modification.

Finally, twenty-six housewife VHVs were the samples. They were evaluated by blank paper for Maternal Instinct estimation and other findings. The AUDIT (Alcohol Use Disorder Identification Test) was tested with them (Babor et al., 2001) in order to know the level of alcohol problem risks and their alcohol drinking behavior modification. After that, the designed activity was verified by the community health experts again. There was confidence that Maternal Instinct semantic factors model was effective pattern for the rural communities.

4.5 Result from the Process of Maternal Instinct Semantic Factors Discovery

4.5.1 Result from Process One: The effect of VHVs' role on alcohol modification in the rural areas, North Thailand

Knowledge map is an alternative tool which the health workers can use to manage alcohol problems in particular areas. The knowledge management from the experience of human resources in the community is beneficial for alcohol drinking behavior modification. The knowledge can be transferred from tacit to explicit knowledge of the real practice and it can be stored in the system for implementation.

Figures 4.3.1-4.8.8 show the 6 areas from capturing knowledge in order to present the source of knowledge map. They consist of Ban Sop Tia, Chiang Mai, Ban Mueang Chi, Lamphun, Ban Dong, Lampang Ban Samkha, Lampang, Ban Du Tai, Nan and Ban Mae Chai, Payao.

Figures 4.3.1-4.3.8 show the tasks, inferences and domains of VHV expert, Ban Sop Tia, Chiang Mai Province. The figures view the framework of internal motivation for alcohol drinking behavior modification in rural communities. The below figure starts with intensity or earnestness task and explains the tacit knowledge for the practitioners.

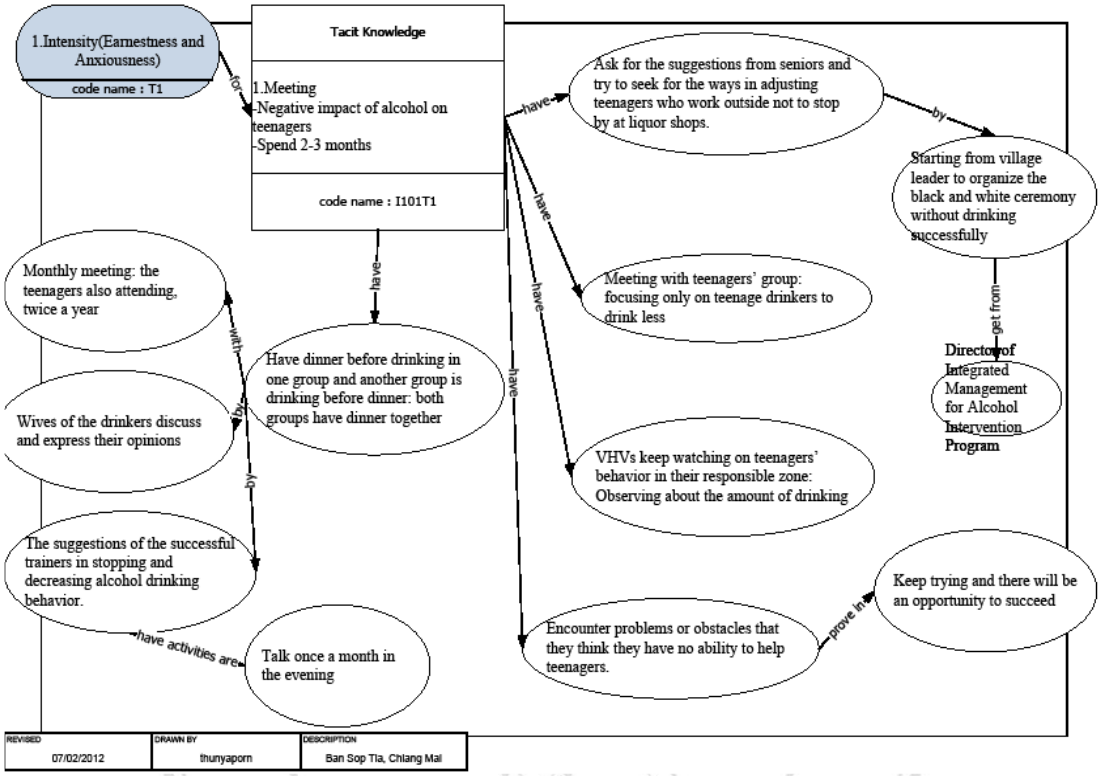


Figure 4.3.1 The intensity task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

The expert, Ban Sop Tia, Chiang Mai Province, mentions the intensity task of practitioners for alcohol drinking behavior modification in the community. The inference aims at 2 parts: 1) Meet VHVs talking about the negative impact of alcohol on teenagers, spend 2-3 months. The domains of this inference are varied in 4 ways for modification: 1.1) Ask for the suggestions from seniors and try to seek for the ways in adjusting teenagers who work outside not to stop by at liquor shops. They start from village leader to organize the black and white ceremony without drinking successfully. The information is obtained from the director of integrated management for alcohol intervention program, 1.2) VHVs meet with the teenagers' group, focusing only on teenage drinkers to drink less, 1.3) VHVs keep watching on teenagers' behavior in their responsible zone: Observing about the amount of drinking, 1.4) VHVs encounter problems or obstacles that they think they have no ability to help teenagers. Keep trying

and there will be an opportunity to succeed, 1.5) The targets are to have dinner before drinking as one group and another group is drinking before dinner, both groups have dinner together. Monthly meeting, the teenagers also attend, twice a year. Wives of the drinkers discuss and express their opinions. The suggestions of the successful trainers can stop and decrease alcohol drinking behavior. The activities are organized once a month in the evening. 2) Inference is the expectation of parents for their children to drink less. The domains of this inference consist of 4 ways, 2.1) VHVs consult with the teenagers' parents, 2.2) VHVs set the village meeting and the village leader announces about the fight after drinking, 2.3) Each VHV talks individually to each household and keeps on surveillance, 2.4) VHVs assess the results after helping the teenagers such as meeting at the market. The results will lead to the meeting with village leaders. All of these are intensity task, inference and domain for alcohol drinking behavior modification in Ban Sop Tia, Chiang Mai Province.

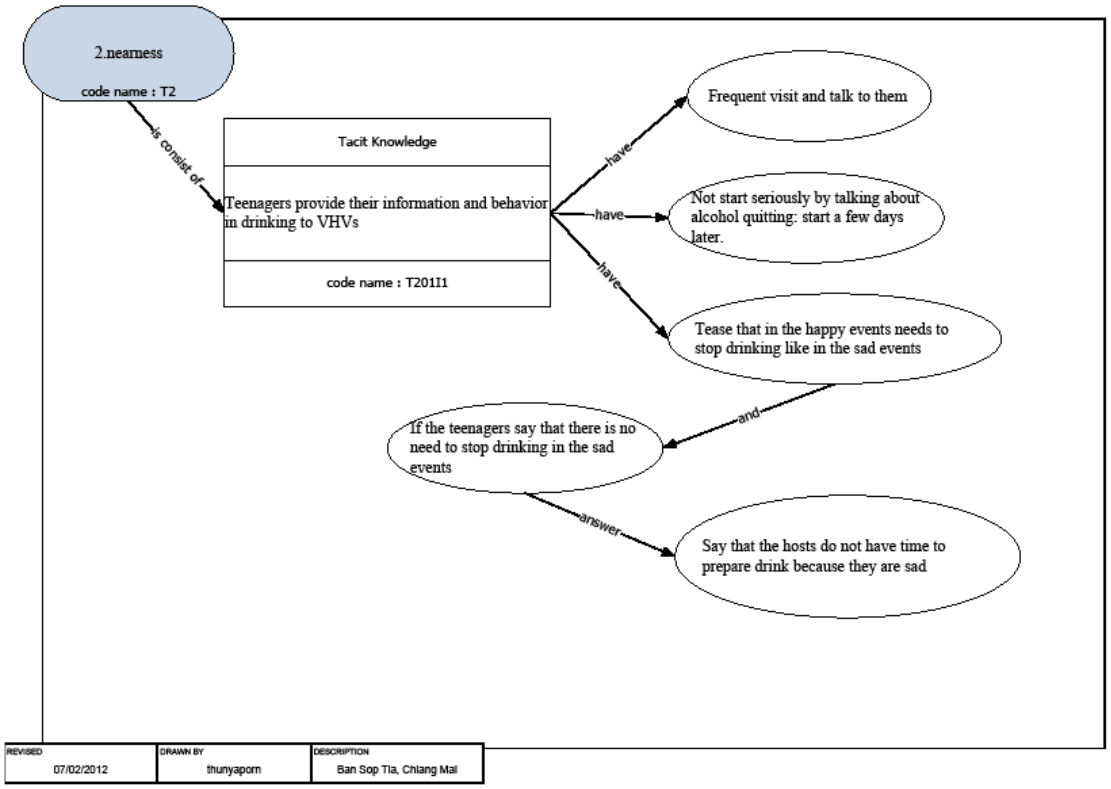


Figure 4.3.2 The nearness task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

The expert, Ban Sop Tia, Chiang Mai Province, tells about the nearness task of practitioners for alcohol drinking behavior in the community. Inference consists of Teenagers provide their information and behavior in drinking to VHVs. This domain includes 3 ways. 1) Frequent visit and talk to them. 2) Not start seriously by talking about alcohol quitting, start a few days later. 3) Tease that in the happy events needs to stop drinking like in the sad events. If the teenagers say that there is no need to stop drinking in the sad events, VHVs must respond that the hosts do not have time to prepare drink because they are sad. All of these are nearness task, inference and domain for alcohol drinking behavior modification in Ban Sop Tia, Chiang Mai Province.

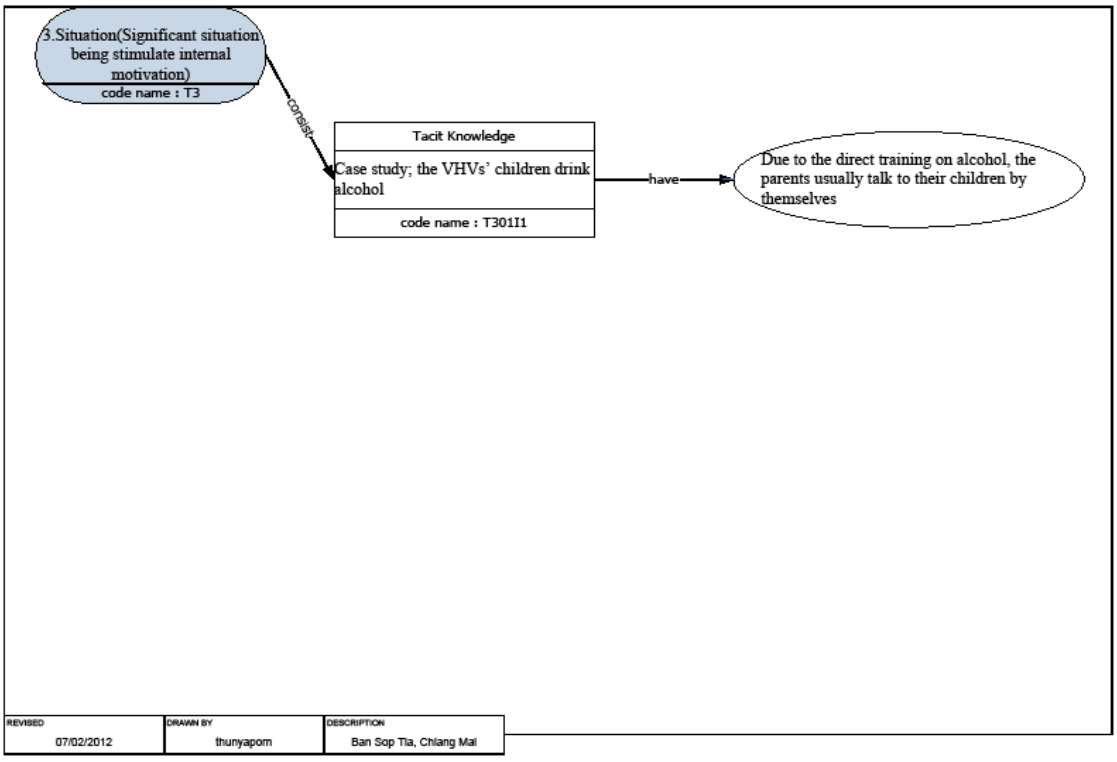


Figure 4.3.3 The situation task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

Figure 4.3.3 is about situation task from the expert, Ban Sop Tia, Chiang Mai Province. The inference is the situation task in practitioners for alcohol drinking

behavior in the community. The inference is found in the case study, the VHVs' children drink alcohol. Due to the direct training on alcohol, the parents usually talk to their children by themselves.

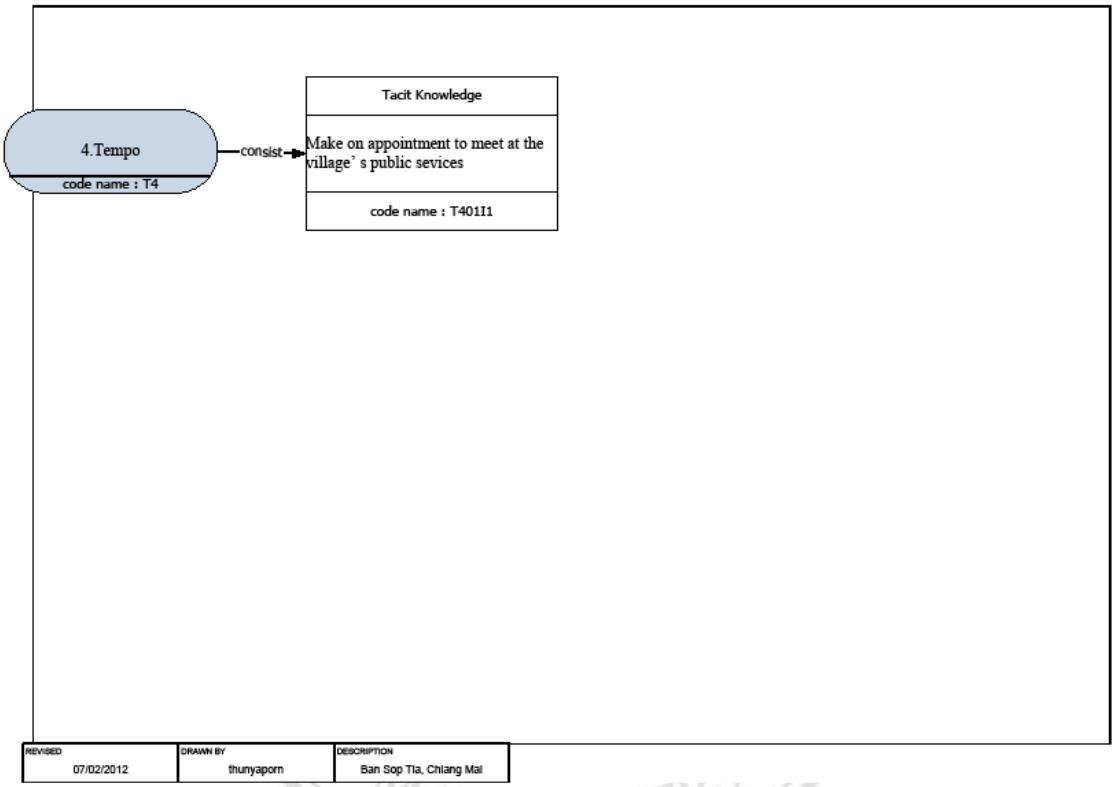


Figure 4.3.4 The Tempo task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

Figure 4.3.4 is about a tempo task from the expert, Ban Sop Tia, Chiang Mai Province. The inference mentions the tempo task in practitioners for alcohol drinking behavior in the community. The inference is to make an appointment to meet at the village' s public services.

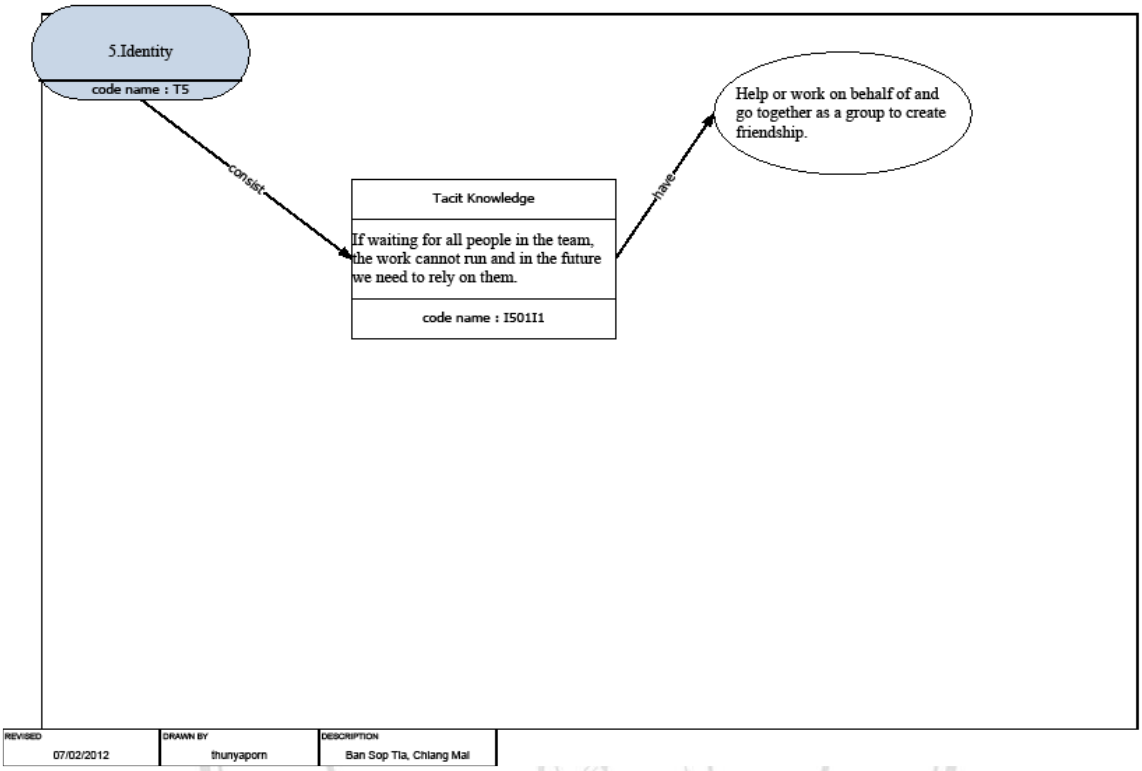


Figure 4.3.5 The identity task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

Figure 4.3.5 is about identity task from the expert, Ban Sop Tia, Chiang Mai Province. The inference mentions the identity task in practitioners for alcohol drinking behavior in the community. If VHVs need to wait for all people in the team, the work cannot run and in the future we need to rely on them. VHVs help or work on behalf of and go together as a group to create friendships.

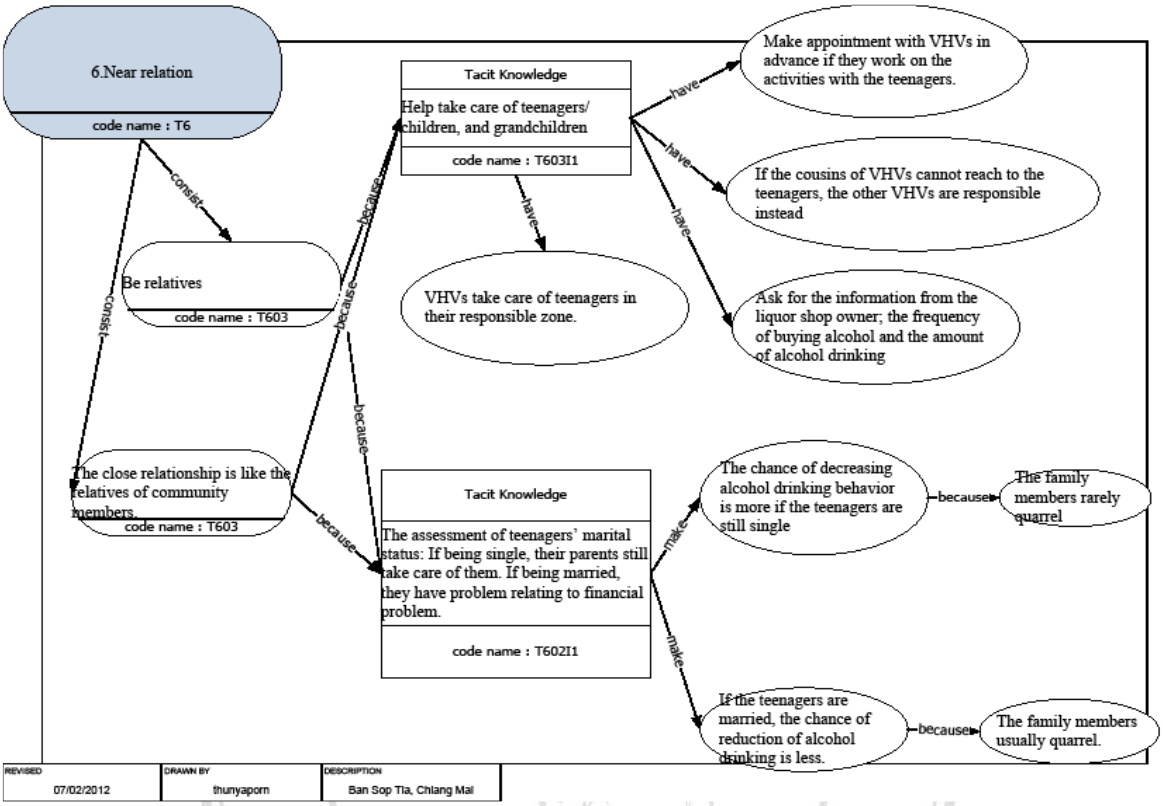


Figure 4.3.6 The near relation task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

Figure 4.3.6 is about near relation from the expert, Ban Sop Tia, Chiang Mai Province. The inference mentions the near relation in practitioners for alcohol drinking behavior in the community. This task has 2 sub tasks 1) VHVs act as relatives and 2) The close relationship is like the relatives of community members. The tasks refers to the inference, 1) VHVs help take care of teenagers/children, and grandchildren. It has four domains, 1.1) The appointment needs to be set with VHVs in advance if they work on the activities with the teenagers. 1.2) If the cousins of VHVs cannot reach to the teenagers, the other VHVs are responsible instead 1.3) The information from the liquor shop owner must be gathered, the frequency of buying alcohol and the amount of alcohol drinking 1.4) VHVs take care of teenagers in their responsible zone. 2) The assessment of teenagers' marital status, if being single, their parents still take care of them. If they get married, they have problem relating to financial problem. The chance

of decreasing alcohol drinking behavior is more if the teenagers are still single. The family members rarely quarrel is the cause. If the teenagers are married, the chance of reduction of alcohol drinking is less. The family members usually quarrels is the cause.

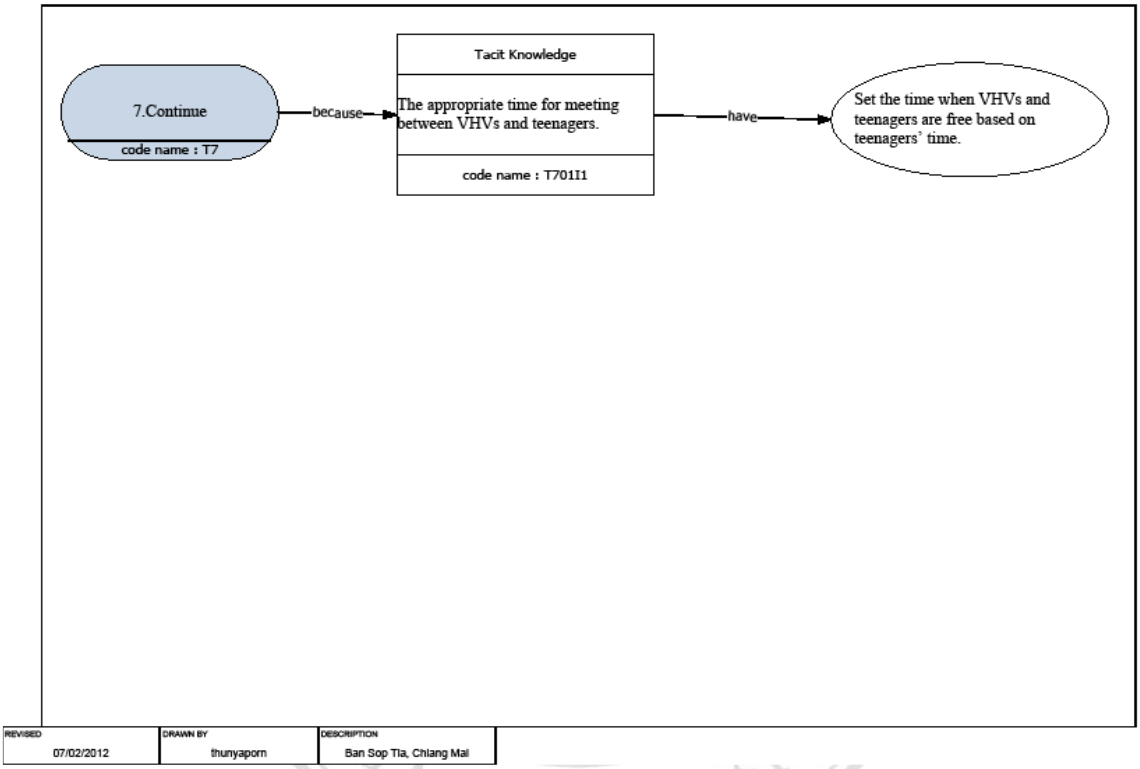


Figure 4.3.7 The continue task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

Figure 4.3.7 is about continuing from the expert, Ban Sop Tia, Chiang Mai Province. The inference mentions the continuing in practitioners for alcohol drinking behavior in the community. The inference is on the appropriate time for meeting between VHVs and teenagers.

The domain is setting the time when VHVs and teenagers are free, based on teenagers' time.

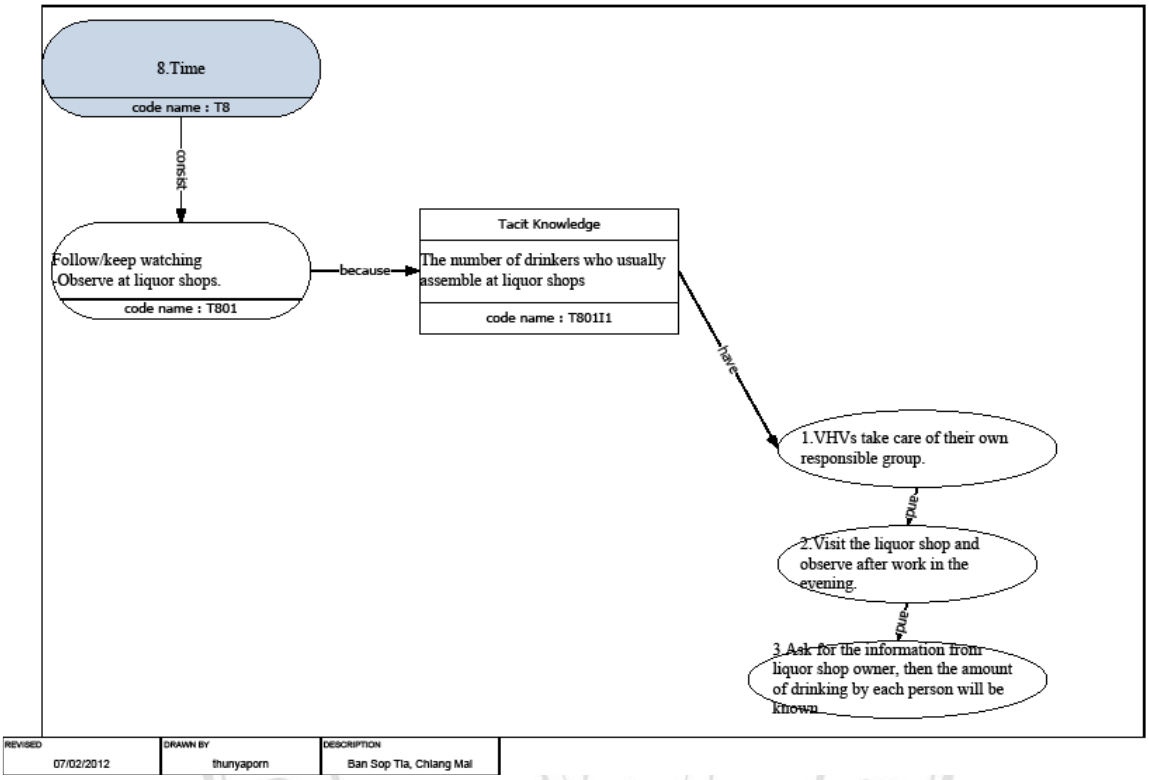


Figure 4.3.8 The time task of the internal motivation components from the VHV expert, Ban Sop Tia, Chiang Mai Province

Figure 4.3.8 is about time for the expert, Ban Sop Tia, Chiang Mai Province. The inference mentions the time in practitioners for alcohol drinking behavior in the community. This sub task is that following and keeping watch, observation at liquor shops. The inference is on the number of drinkers who usually assemble at liquor shops. The domain has 4 ways.1) VHVs take care of their own responsible group. 2) VHVs visit the liquor shop and observe after work in the evening. 3) VHVs gather the information from liquor shop owner, then the amount of drinking by each person will be known.

All of these are time task, inference and domain for alcohol drinking behavior modification in Ban Sop Tia, Chiang Mai Province.

Figures 4.4.1-4.4.8 show the tasks, inferences and domains of VHV expert, Ban Mueang Chi, Lamphun Province. The figures view the framework of internal motivation for alcohol drinking behavior modification in rural communities. The below figure starts with intensity or earnestness task and explains the tacit knowledge for the practitioners.

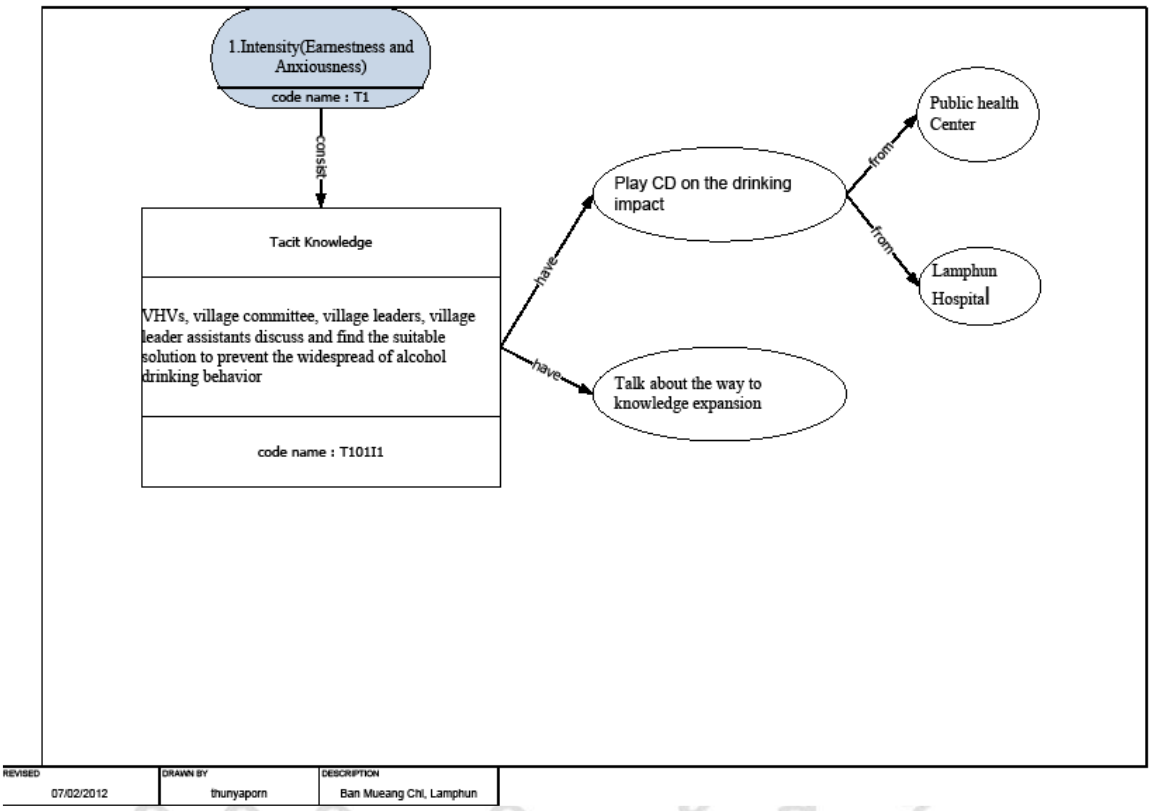


Figure 4.4.1 The intensity task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

The expert, Ban Mueang Chi, Lamphun Province, mentions the intensity task of practitioners for alcohol drinking behavior modification in the community. The inference aims at VHVs, village committee, village leaders, village leader assistants to discuss and find the suitable solution to prevent the widespread of alcohol drinking behavior. The domains of this inference consist of 2 ways for modification, 1) Play CD

on the drinking impact, Public Health Center and Lamphun Hospital 2) Talk about the way to knowledge expansion

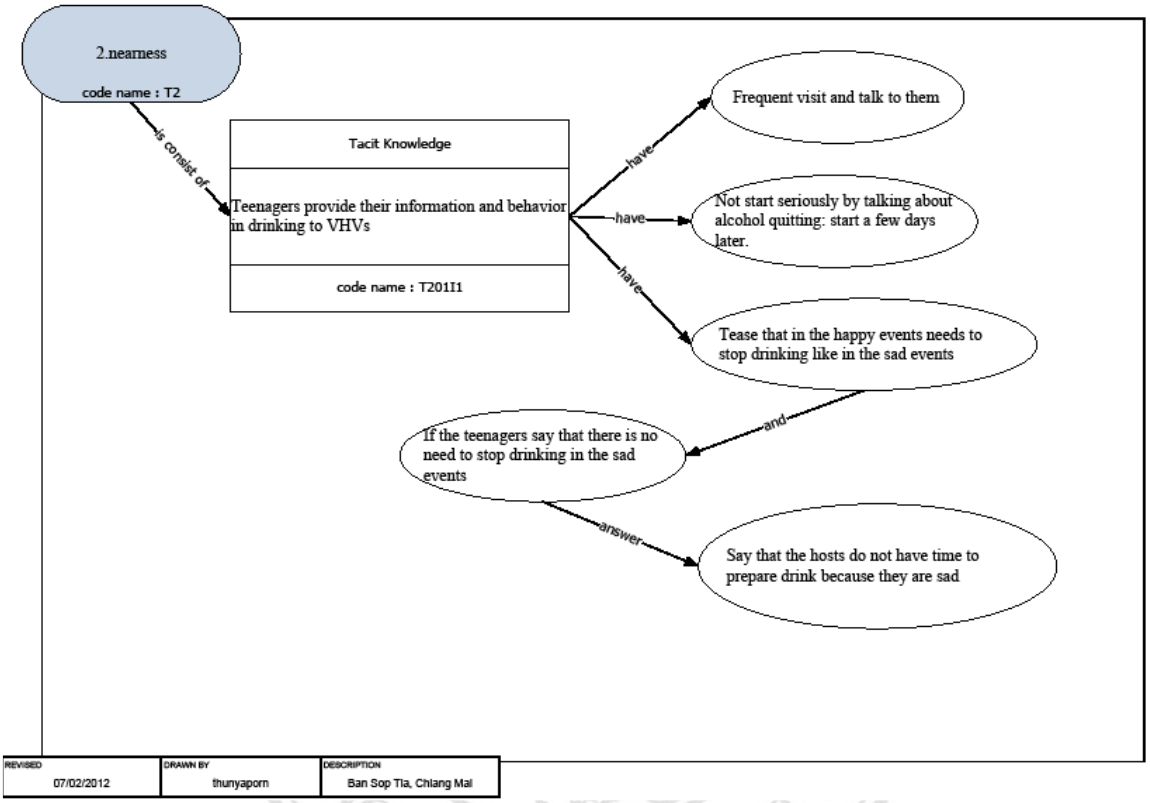


Figure 4.4.2.1 The nearness task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

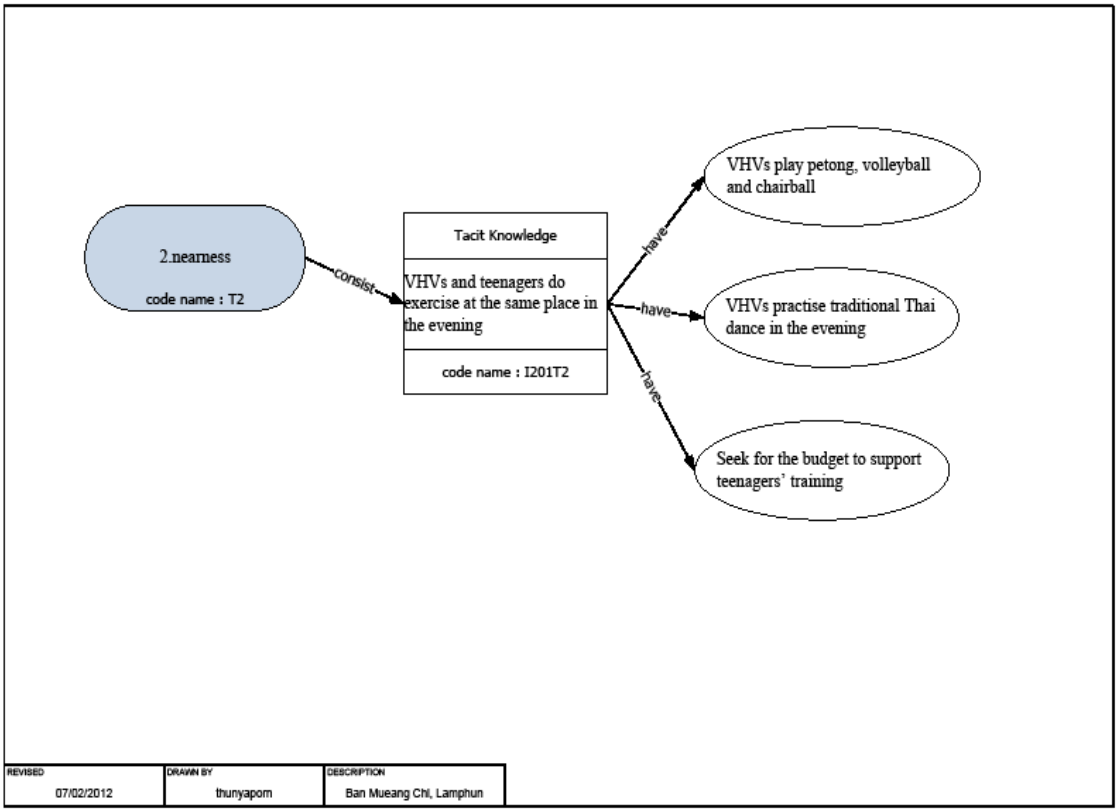


Figure 4.4.2.2 The nearness task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

The expert, Ban Mueang Chi, Lamphun Province, mentions the nearness task of practitioners for alcohol drinking behavior in the community. The inference consists of VHVs and teenagers do exercise at the same place in the evening. This domain includes 3 ways. 1) VHVs play petong, volleyball and chairball. 2) VHVs practise traditional Thai dance in the evening. 3) Seek for the budget to support teenagers' training. All of these are nearness task, inference and domain for alcohol drinking behavior modification in Ban Mueang Chi, Lamphun Province.

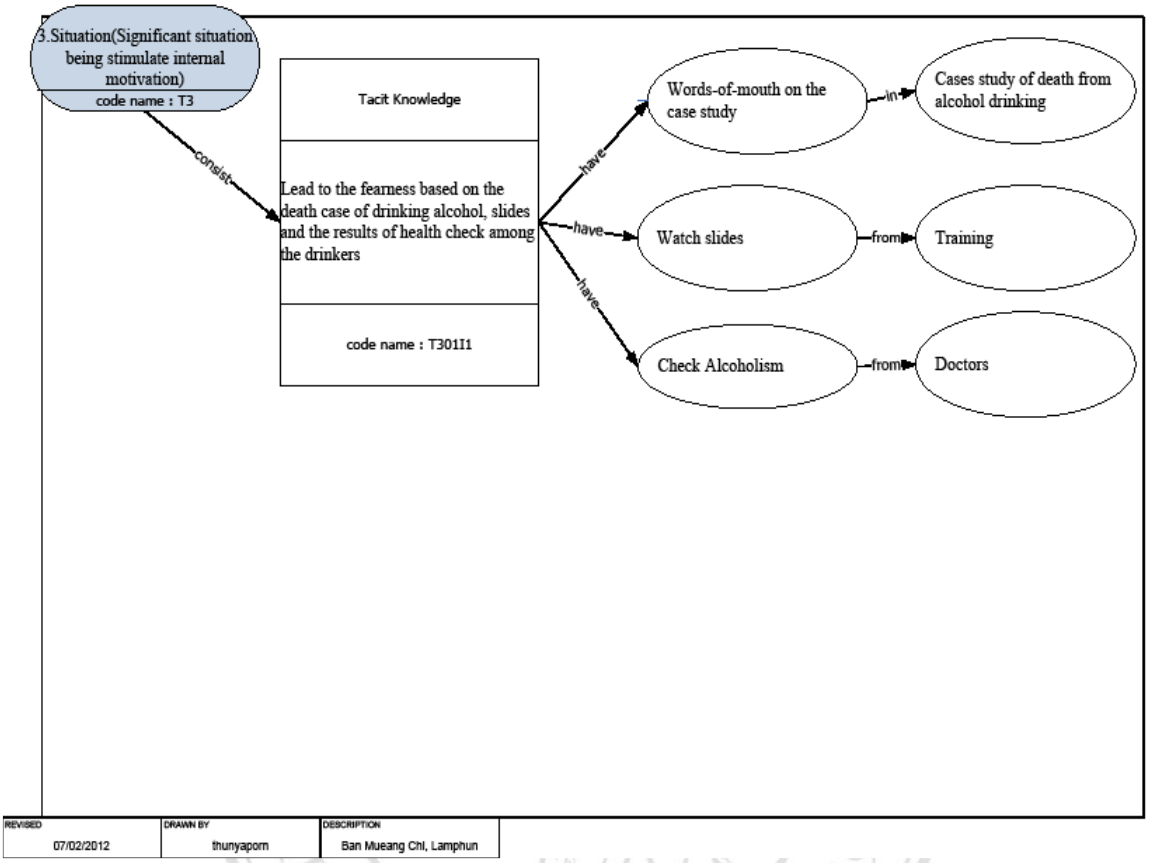


Figure 4.4.3 The situation task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

Figure 4.4.3 is about situation task from the expert, Mueang Chi, Lamphun Province. The inference mentions about the situation task in practitioners for alcohol drinking behavior in the community. The inference is leading to the fearness based on the death case of drinking alcohol, slides and the results of health check among the drinkers. The domain has 3 ways. 1) Words-of-mouth on the case study in case study of death from alcohol drinking. 2) Watch slides from training 3) Check alcoholism from doctors.

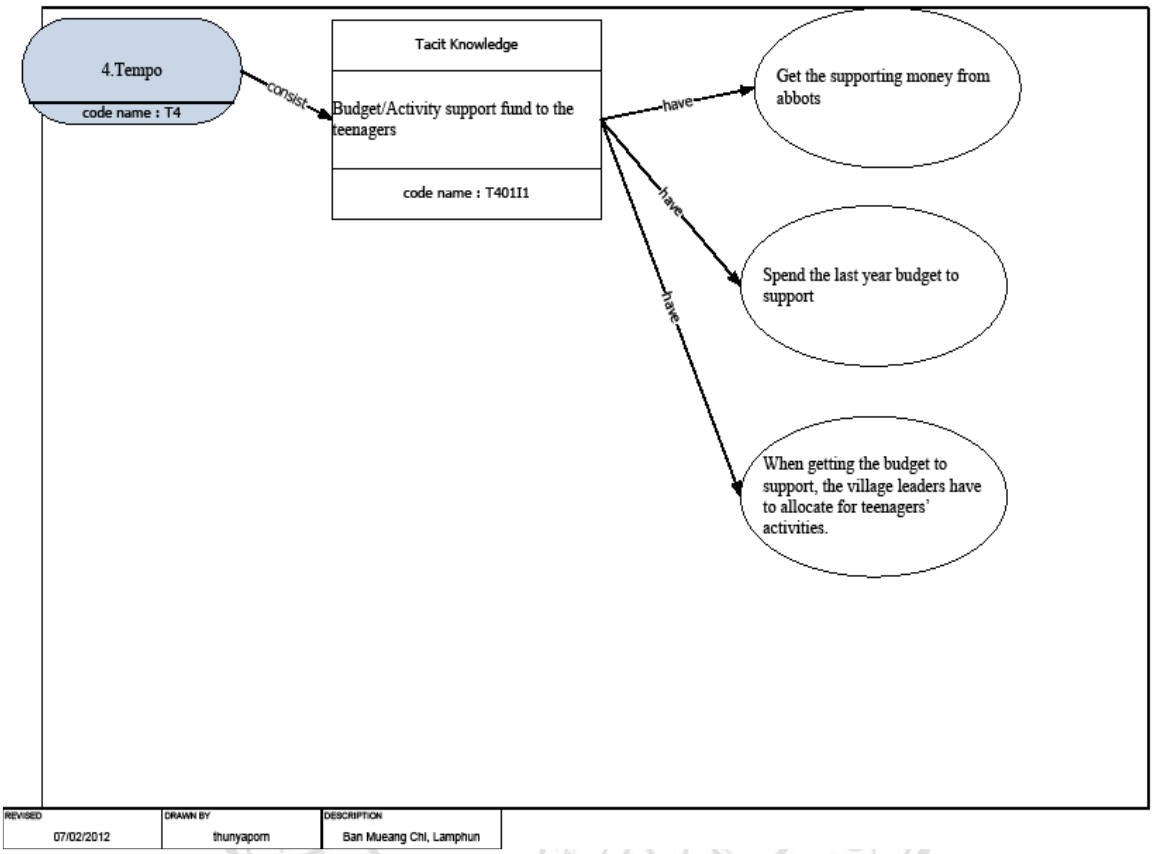


Figure 4.4.4 The tempo task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

Figure 4.4.4 is about a tempo task from the expert, Ban Mueang Chi, Lamphun Province. The inference is budget/activity support fund to the teenagers. The domain has 3 ways. 1) Get the supporting money from abbots 2) Spend the last year's budget to support 3) When getting the budget to support, the village leaders have to allocate to teenagers' activities.

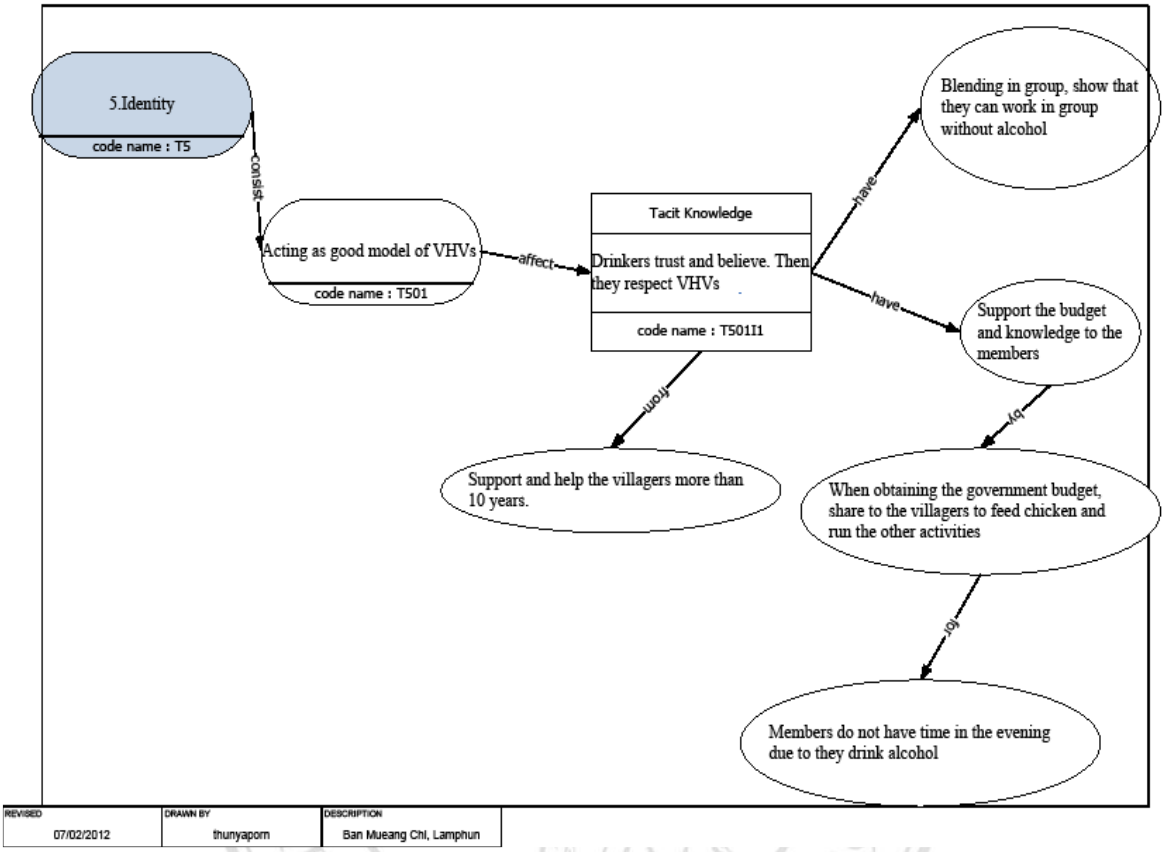


Figure 4.4.5 The identity task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

Figure 4.4.5 is about identity task from the expert, Ban Mueang Chi, Lamphun Province. The inference is acting as good model VHVs that drinkers trust and believe. Then they respect VHVs. They support and help the villagers more than ten years. The domain has 2 ways. 1) Blending in group to show that they can work in group without alcohol. 2) VHVs support the budget and knowledge to the members. When obtaining the government budget, share to the villagers to feed chicken and run the other activities. Members do not have time in the evening due to they drink alcohol.

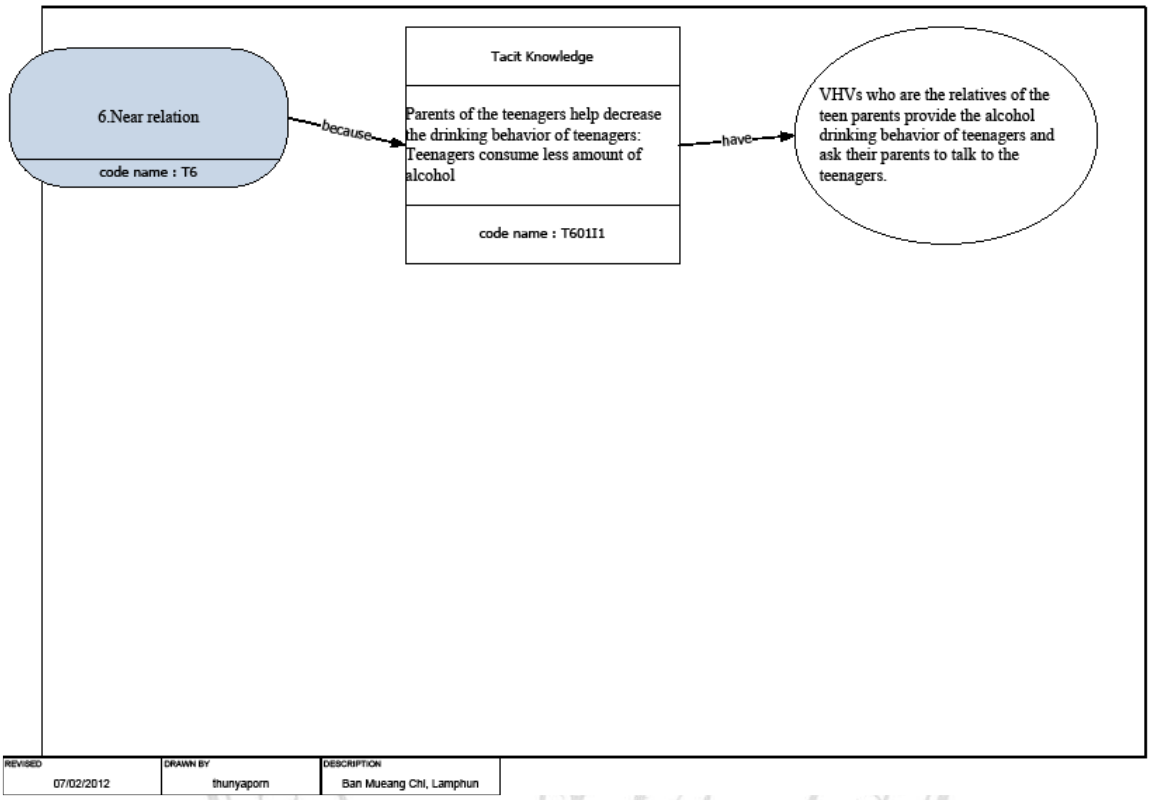


Figure 4.4.6 The near relation task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

Figure 4.4.6 is about near relation from the expert, Ban Mueang Chi, Lamphun Province. The inference is noted as the near relation in practitioners for alcohol drinking behavior in the community. The inference is the parents of the teenagers to help decrease the drinking behavior of teenagers, teenagers consume less amount of alcohol. The domain is VHVs who are the relatives of the teen parents provide the alcohol drinking behavior of teenagers and ask their parents to talk to the teenagers.

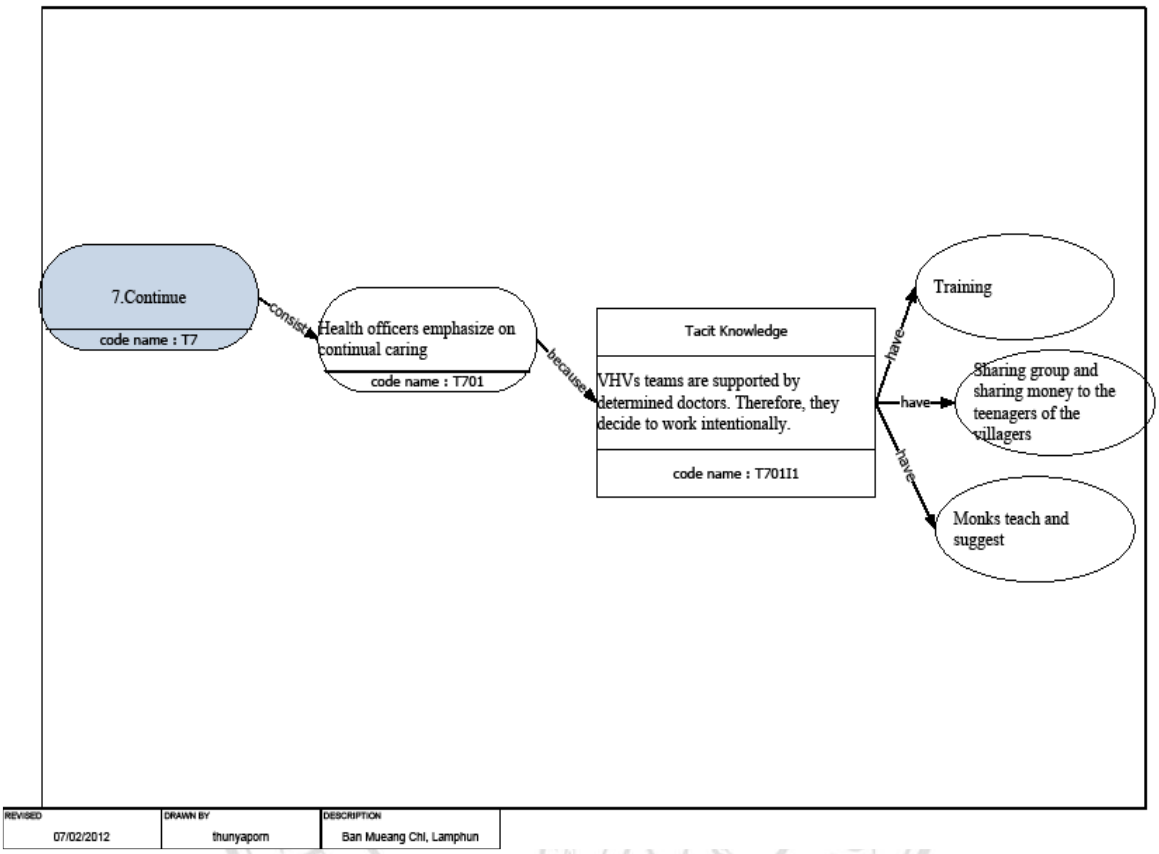


Figure 4.4.7 The continue task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

Figure 4.4.7 is about continuing from the expert, Ban Mueang Chi, Lamphun Province. The inference is on the continuing in practitioners for alcohol drinking behavior in the community. The inference is that VHVs teams are supported by determined doctors. Therefore, they decide to work intentionally. Health officers emphasize on continual caring. The domain has 3 ways. 1) Training 2) Sharing group and sharing money to the teenagers of the villagers 3) Monks teach and suggest.

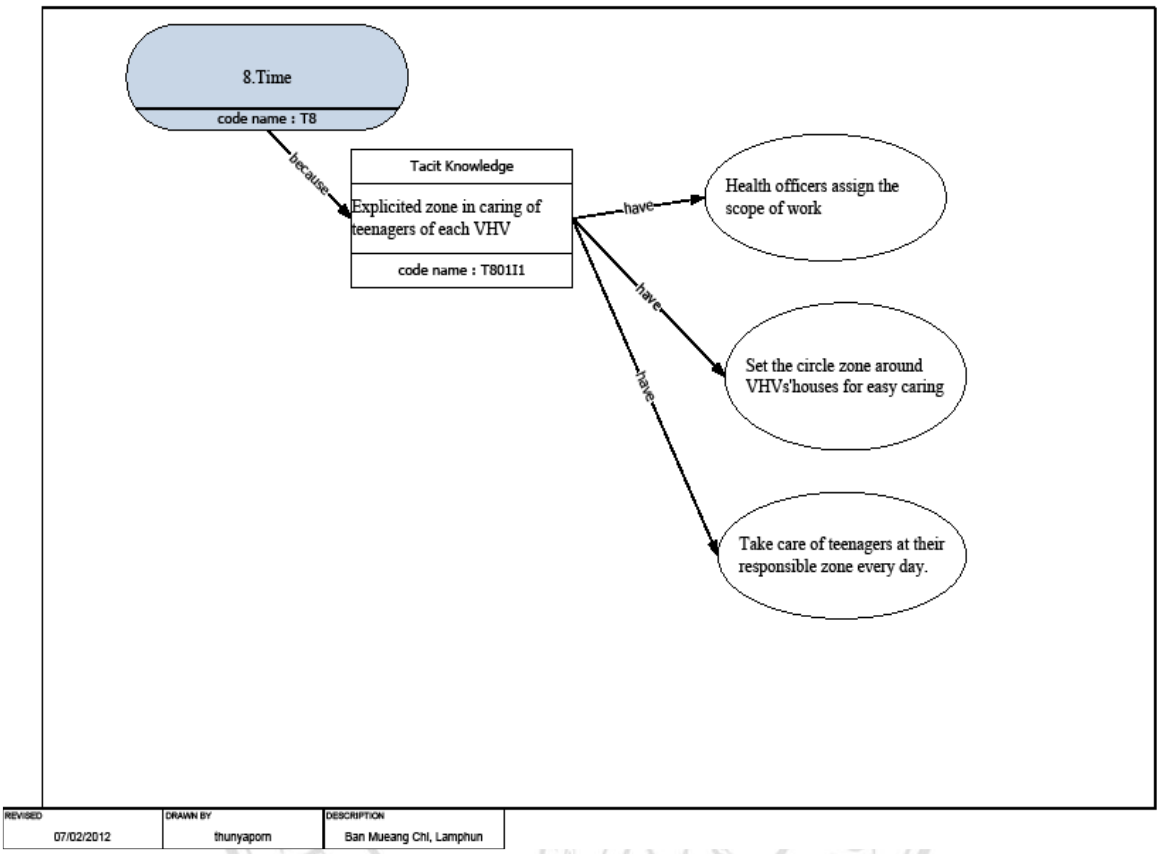


Figure 4.4.8 The time task of the internal motivation components from the VHV expert, Ban Mueang Chi, Lamphun Province

Figure 4.4.8 is about time for the expert, Ban Mueang Chi, Lamphun Province. The inference is on the time in practitioners for alcohol drinking behavior in the community. The inference is explicited zone in caring of teenagers of each VHV. The domain has 3 ways. 1) Health officers assign the scope of work 2) Set the circle zone around VHVs'houses for easy caring 3) Take care of teenagers at their responsible zone every day. All of these are time task, inference and domain for alcohol drinking behavior modification in Ban Mueang Chi, Lamphun Province.

Figures 4.5.1-4.5.8 show the tasks, inferences and domains of VHV expert, Ban Dong, Lampang Province. The figures view the framework of internal motivation for

alcohol drinking behavior modification in rural communities. The below figure starts with intensity or earnestness task and explains the tacit knowledge for the practitioners.

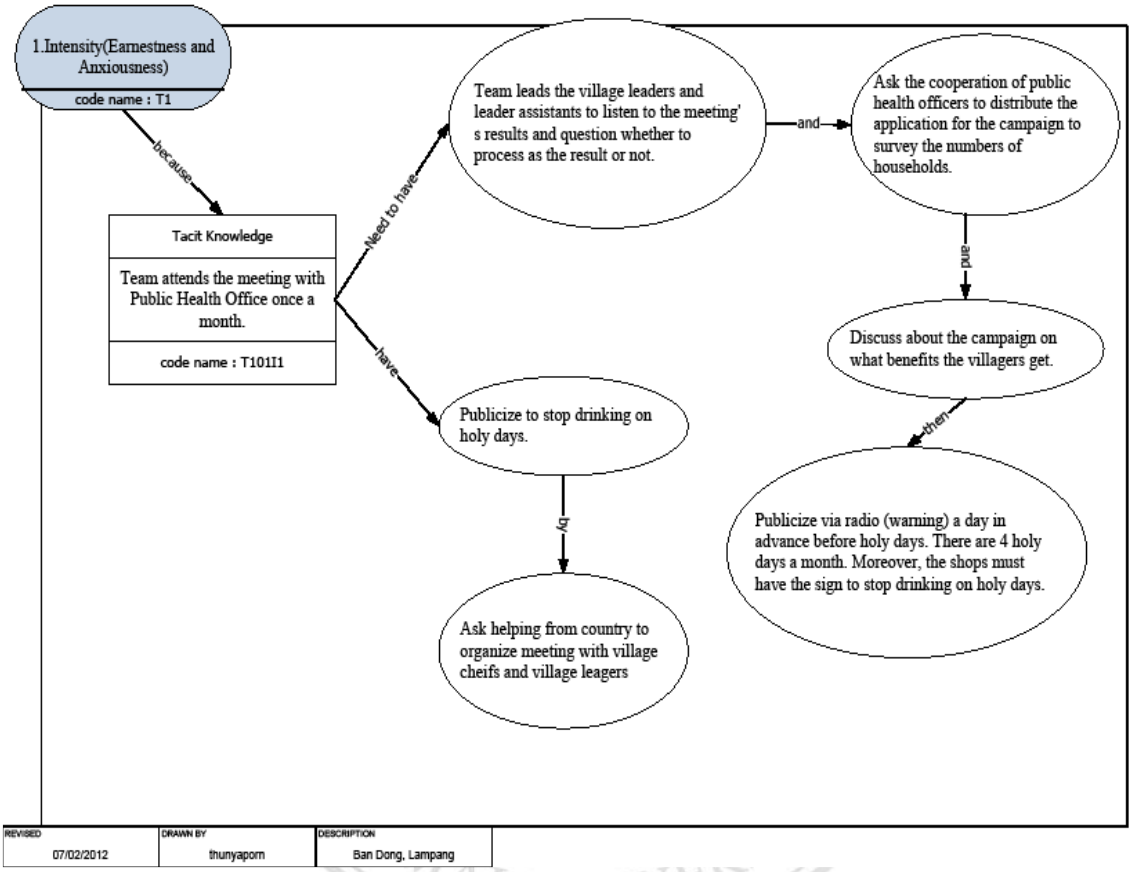


Figure 4.5.1 The intensity task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

The expert, Ban Dong, Lampang Province mentions about the intensity task of practitioners for alcohol drinking behavior modification in the community. The inference aims at the team attending the meeting with Public Health Office once a month. The domain of this inference consists of 2 ways for modification, 1) Team leads the village leaders and leader assistants to listen to the meeting's results and question whether to process as the result or not. They have to ask for the cooperation of public health officers to distribute the application for the campaign to survey the numbers of households. VHVs discuss about the campaign on what benefits the

villagers get. Publicize via radio (warning) a day in advance before holy days. There are 4 holy days a month. Moreover, the shops must have the sign to stop drinking on holy days. 2) Should publicize the posters on stop drinking on holy days. Ask helping from country to organize meeting with village chiefs and village leaders. All of these are intensity task, inference and domain for alcohol drinking behavior modification in Ban Dong, Lampang Province.

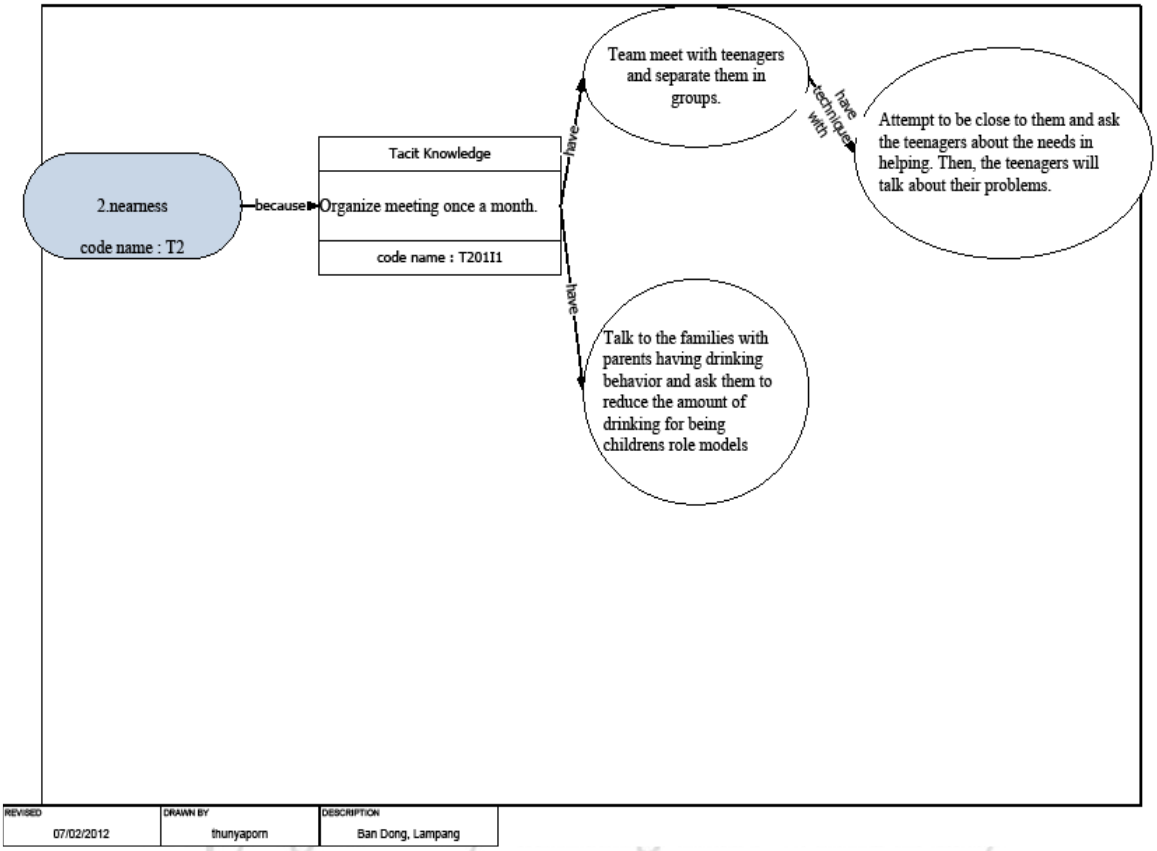


Figure 4.5.2 The nearness task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

The expert, Ban Dong, Lampang Province mentions the nearness task of practitioners for alcohol drinking behavior in the community. Inference consists of organizing meeting once a month. This domain includes 2 ways. 1) The team meets

with teenagers and separates them in groups. Attempt to be close to them and ask the teenagers about the needs in helping. Then, the teenagers will talk about their problems. 2) Talk to the families with parents having drinking behavior and ask them to reduce the amount of drinking for being children's role models. All of these are nearness task, inference and domain for alcohol drinking behavior modification in Ban Dong, Lampang Province.

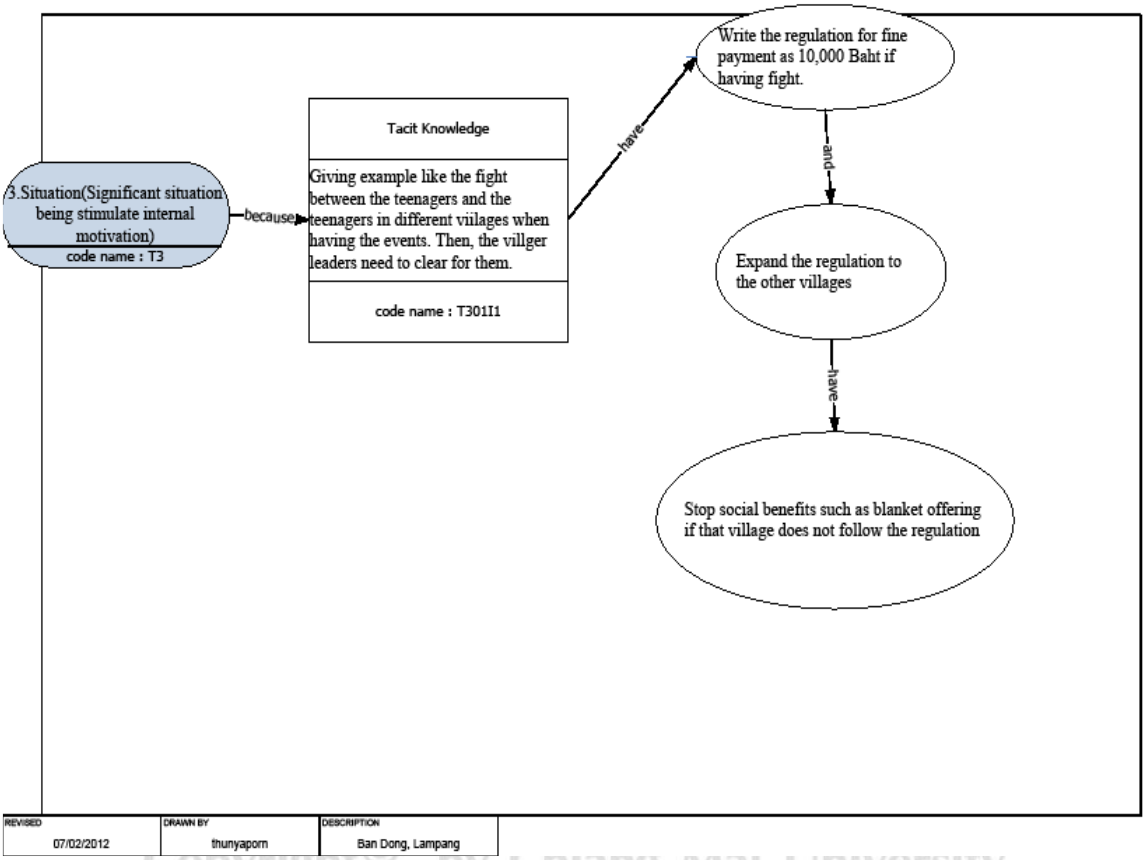


Figure 4.5.3 The situation task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

Figure 4.5.3 is about situation task from the expert, Ban Dong, Lampang Province. The inference mentions the situation task in practitioners for alcohol drinking behavior in the community. The inference is giving example like the fight between the teenagers and the teenagers of different villages when having the events. Then, the

village leaders need to clear for them. The domain is writing the regulation for fine payment as 10,000 Baht if there is a fight. The payment is practised as the regulation to the other villages. Social benefits are stopped such as blanket offering if that village does not follow the regulation.

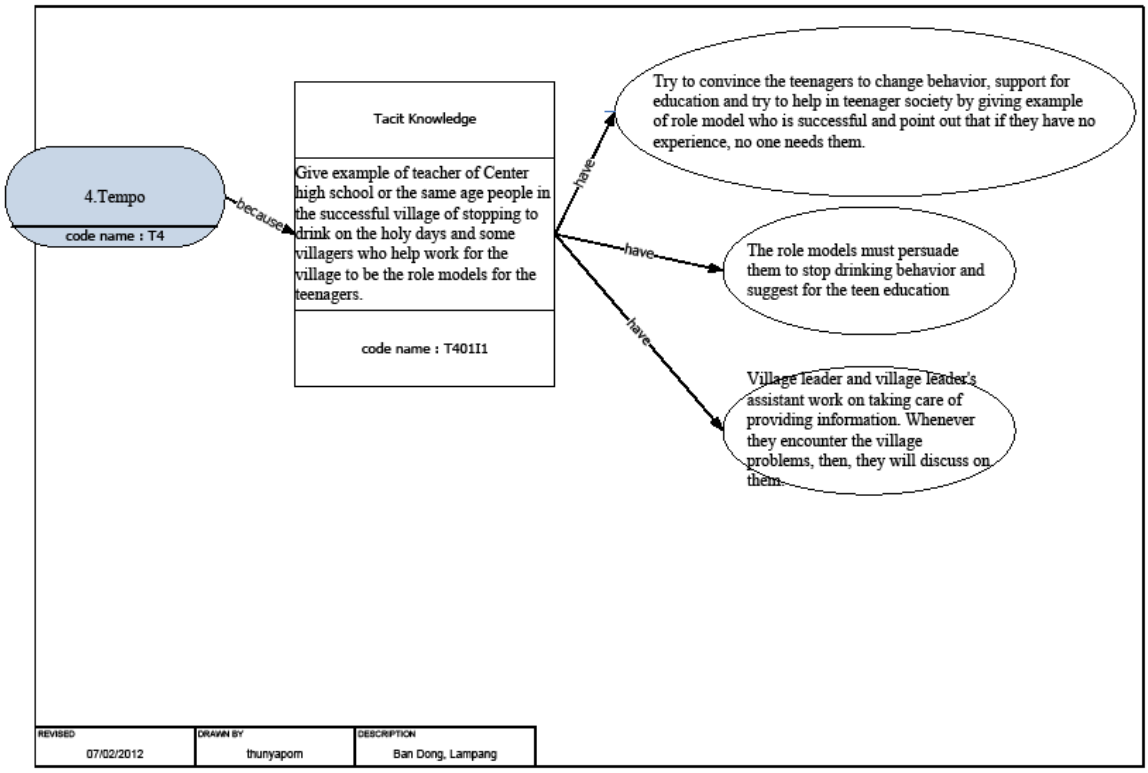


Figure 4.5.4 The Tempo task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

Figure 4.5.4 is about a tempo task from the expert, Ban Dong, Lampang Province. The inference mentions the tempo task in practitioners for alcohol drinking behavior in the community. The inference is to give an example of teacher working at the center of high school or the same age of people in the successful village for stopping to drink on the holy days and some villagers who help work for the village to be the role models for the teenagers. Domain has 3 parts. 1) Try to convince the teenagers to change behavior, support for education and try to help in teenager society by giving an

example of role model who is successful and point out that if they have no experience, no one needs them. 2) The role models must persuade them to stop drinking behavior and suggest for the teen education. 3) Village leader and village leader's assistant work on taking care of providing information. Whenever they encounter the village problems, then, they will discuss on them.

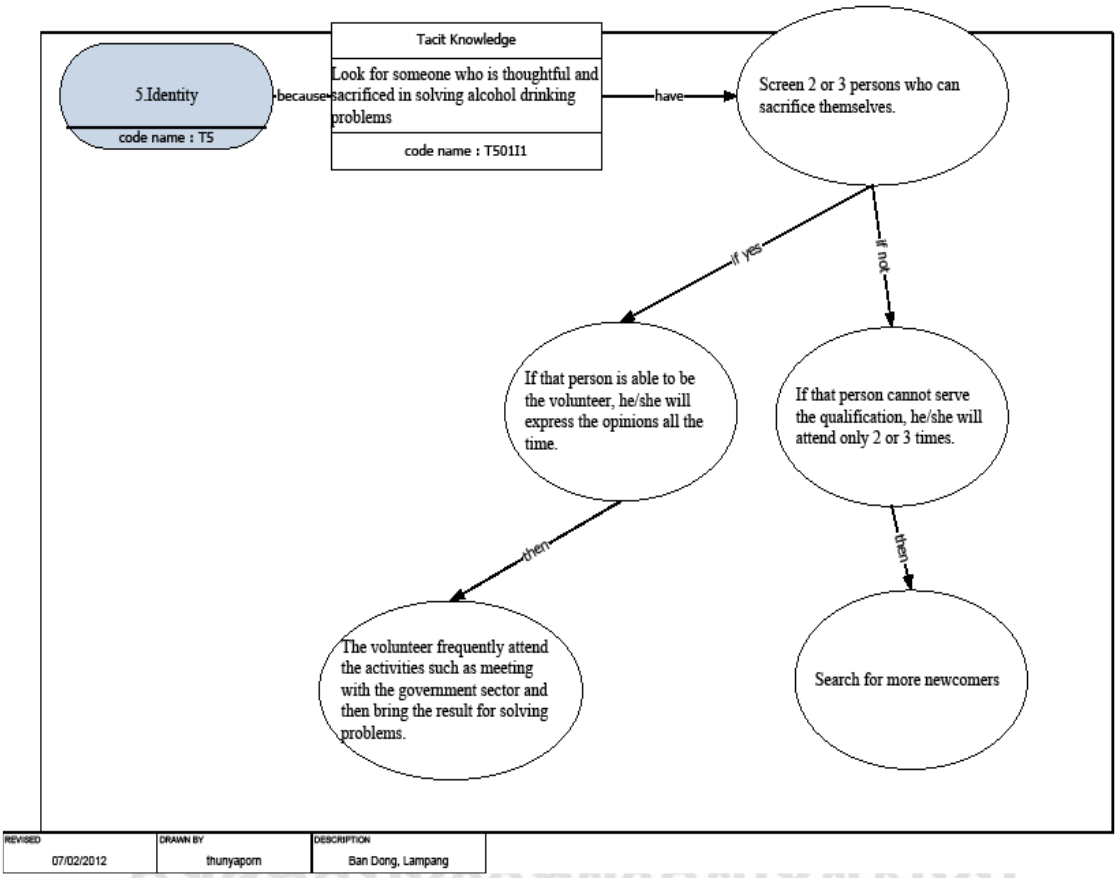


Figure 4.5.5 The identity task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

Figure 4.5.5 is about identity task from the expert, Ban Dong, Lampang Province. The inference mentions the identity task in practitioners for alcohol drinking behavior in the community. Inference is looking for someone who is thoughtful and sacrificed in solving alcohol drinking problems. The domain is screening 2 or 3 persons who can sacrifice themselves. If that person is able to be the volunteer, he/she will

express the opinions all the time. The volunteers frequently attend the activities such as meeting with the government sector and then bring the result for solving problems. If that person cannot serve the qualification, he/she will attend only 2 or 3 times and search for more newcomers.

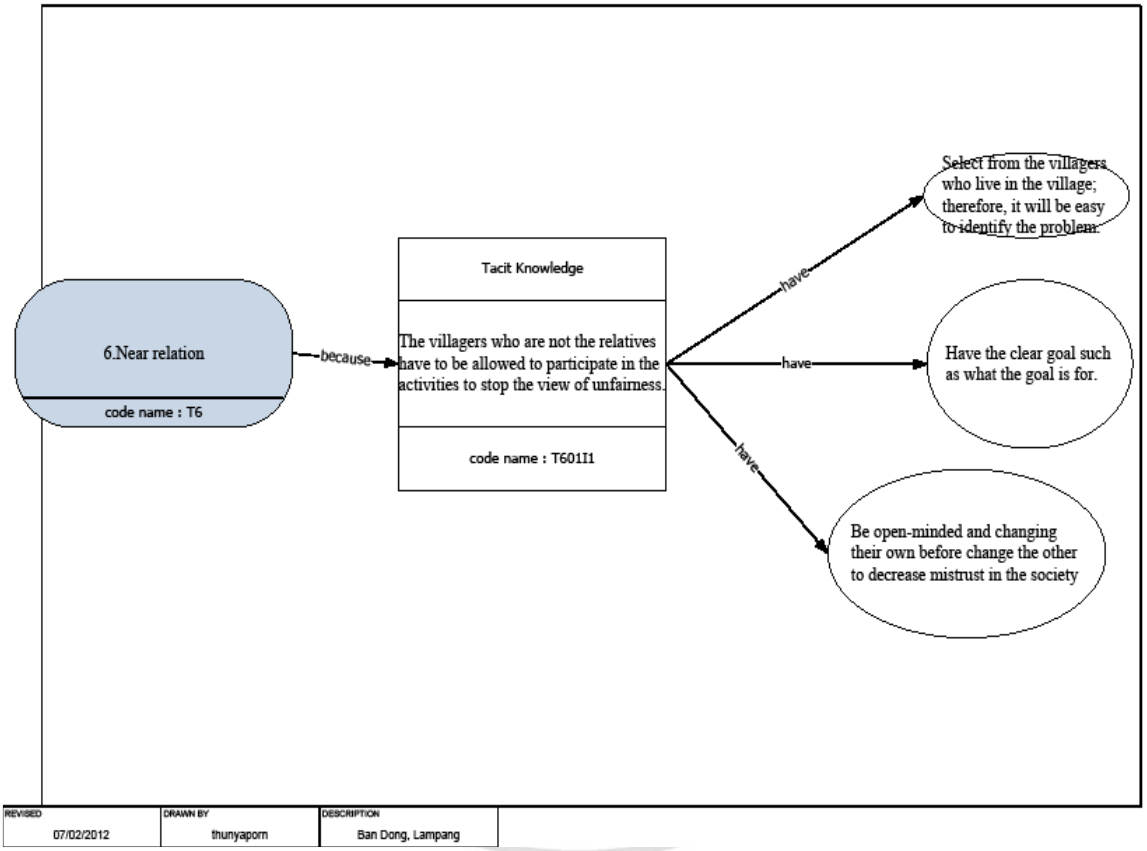


Figure 4.5.6 The near relation task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

Figure 4.5.6 is about near relation from the expert, Ban Dong, Lampang Province. The inference mentions the near relation in practitioners for alcohol drinking behavior in the community. The tasks mention the inference, the villagers who are not the relatives have to be allowed to participate in the activities to stop the view of unfairness. The domain has 3 parts. 1) Select from the villagers who live in the village; therefore, it will be easy to identify the problem. 2) Have the clear goal such as what the

goal is for. 3) Be open-minded and changing their own before changing the other to decrease mistrust in the society.

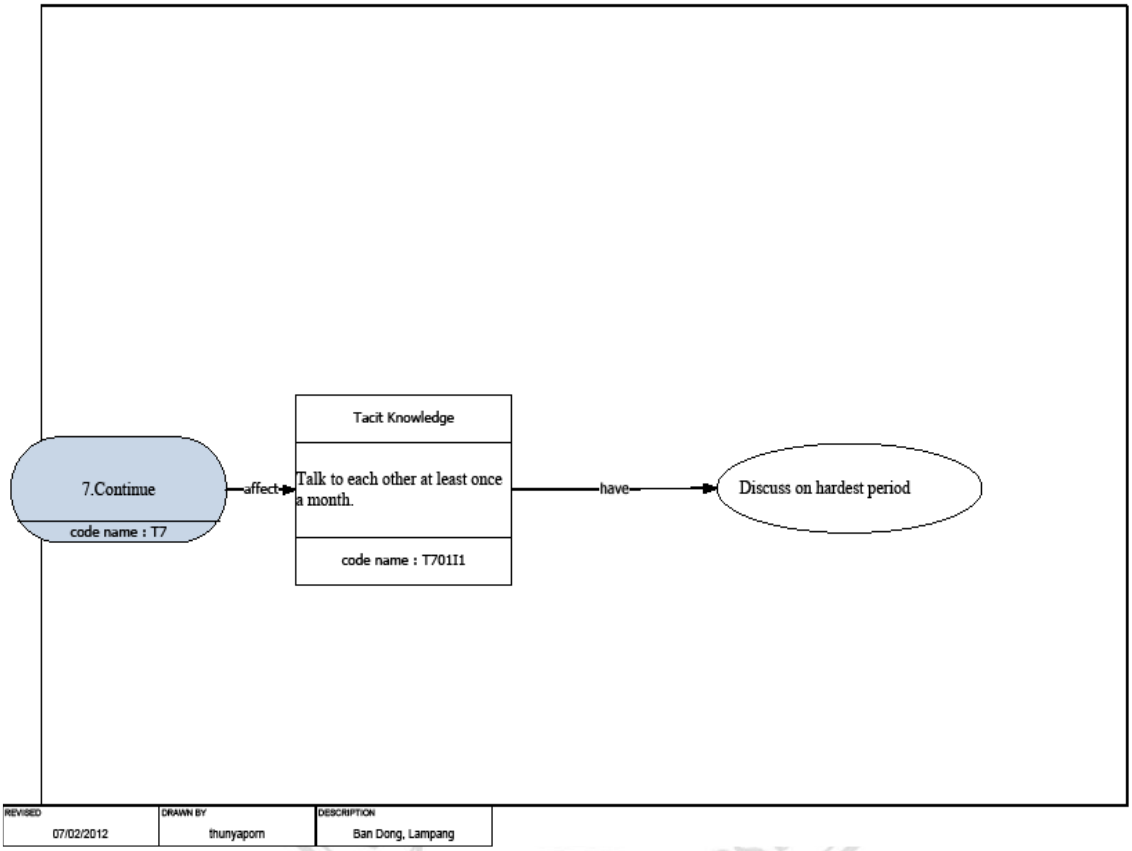


Figure 4.5.7 The continue task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

Figure 4.5.7 is about continuing from the expert, Ban Dong, Lampang Province. The inference mentions the continuing in practitioners for alcohol drinking behavior in the community. The inference is that VHVs talk to each other at least once a month. Domain is discussed on hardest period.

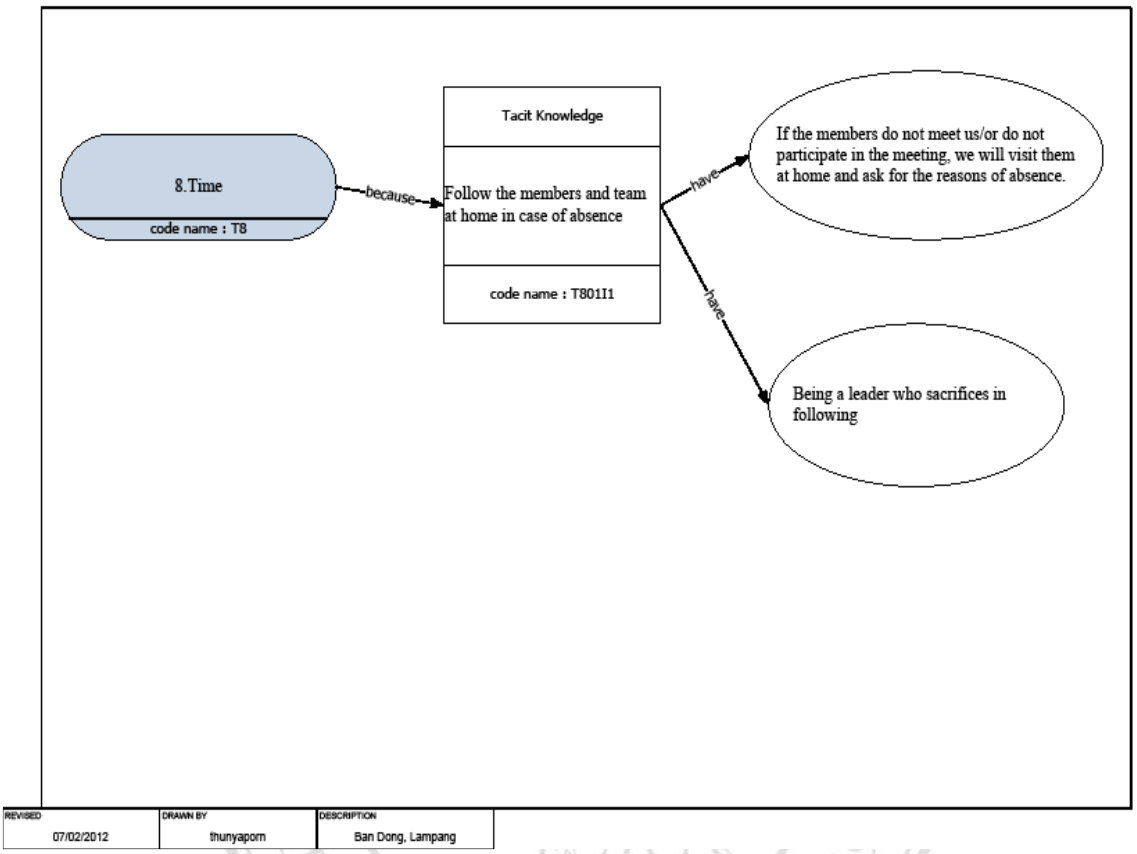


Figure 4.5.8 The time task of the internal motivation components from the VHV expert, Ban Dong, Lampang Province

Figure 4.5.8 is about time for the expert, Ban Dong, Lampang Province. The inference mentions the time in practitioners for alcohol drinking behavior in the community. The inference is that VHVs follow the members and team at home in case of absence. The domain has 2 parts. 1) If the members do not meet us/or do not participate in the meeting, we will visit them at home and ask for the reasons of absence. 2) Being a leader who sacrifices in following.

Figures 4.6.1-4.6.8 show the tasks, inferences and domains of VHV expert, Ban Sam Kha, Lampang Province. The figures view the framework of internal motivation for alcohol drinking behavior modification in rural communities. The below figure

starts with intensity or earnestness task and explains the tacit knowledge for the practitioners.

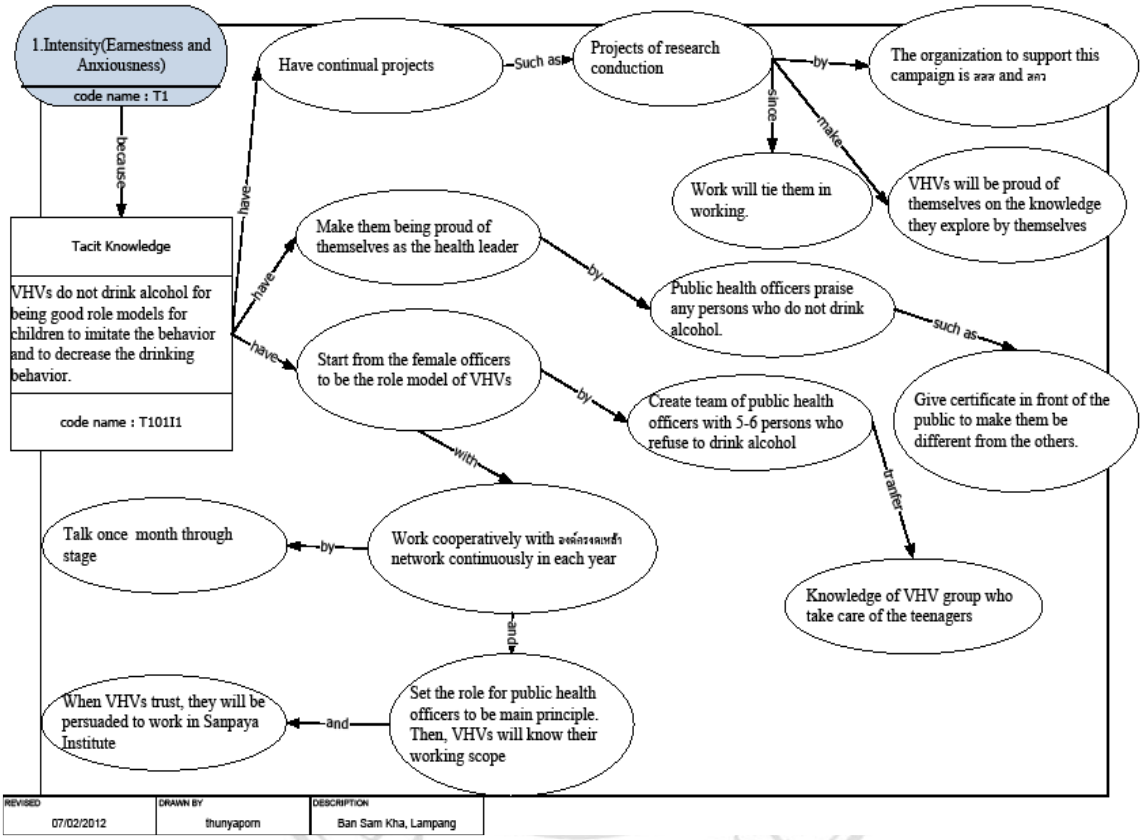


Figure 4.6.1 The intensity task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

The expert, Ban Sam Kha, Lampang Province, mentions the intensity task of practitioners for alcohol drinking behavior modification in the community. The inference aims that VHVs do not drink alcohol because of being good role models for children and avoiding the imitation of the behavior and to decrease the drinking behavior. The domains of this inference consist of 3 ways for modification, 1) The continual projects need to be done such as projects of research conduction. The organization supporting this campaign is Health Promotion Foundation and The Thailand Research Foundation. VHVs will be proud of themselves on the knowledge

they explore by themselves. Working will tie them in working. 2) VHVs make them being proud of themselves as the health leader. Public health officers praise any persons who do not drink alcohol such as give a certificate in front of the public to make them be different from the others. 3) Start from the female officers to be the role model of VHVs. The team of public health officer should be created with 5-6 persons who refuse to drink alcohol. They transfer knowledge of VHV group who take care of the teenagers. Work cooperatively with stop drinking network continuously in each year by talking once month through stage. Set the role for public health officers to be main principle. Then, VHVs will know their working scope. When VHVs trust, they will be persuaded to work in Sanpaya Institute. All of these are intensity task, inference and domain for alcohol drinking behavior modification in Ban Sam Kha, Lampang Province.

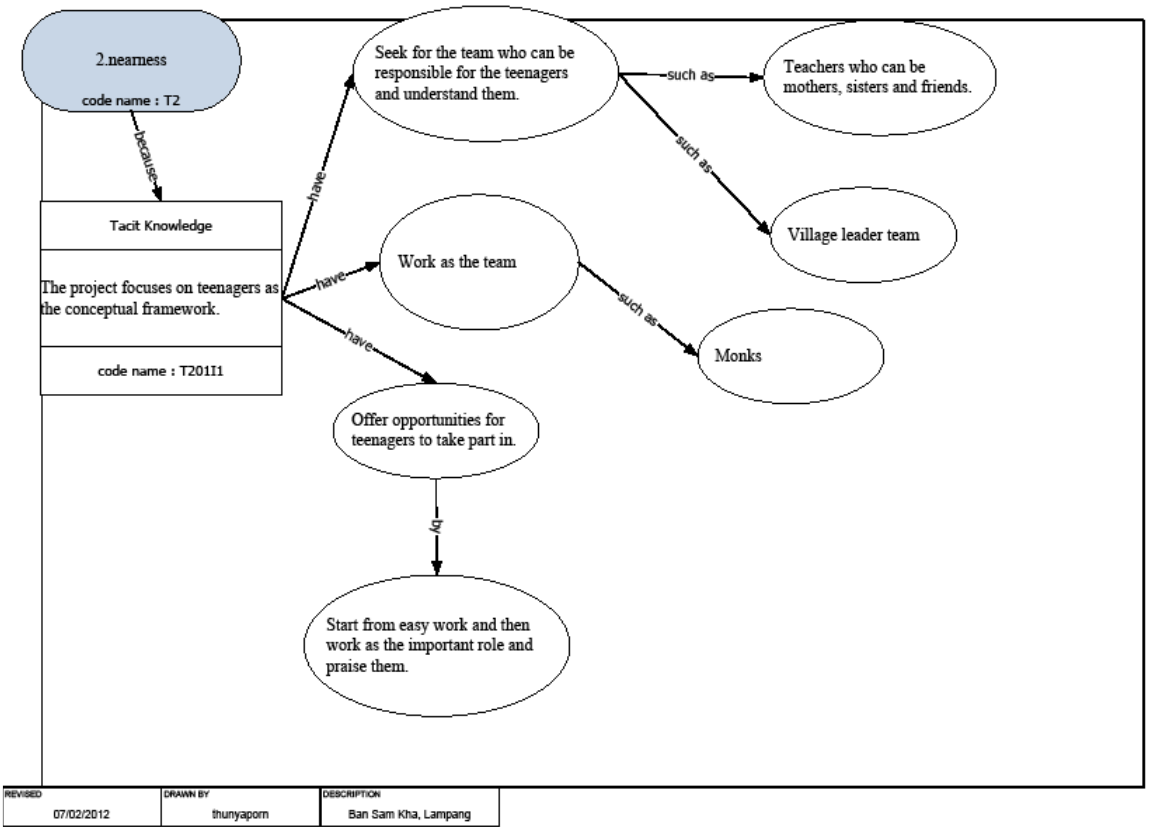


Figure 4.6.2 The nearness task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

The expert, Ban Sam Kha, Lampang Province tells the nearness task of practitioners for alcohol drinking behavior in the community. Inference consists of the project focusing on teenagers as the conceptual framework. This domain includes 3 ways. 1) Seek for the team who can be responsible for the teenagers and understand them such as teachers who can be mothers, sisters and friends, village leader team. 2) Work as the team such as Monks 3) Offer opportunities for teenagers to take part in. Start from easy work and then work as the important role and praise them. All of these are nearness task, inference and domain for alcohol drinking behavior modification in Ban Sam Kha, Lampang Province.

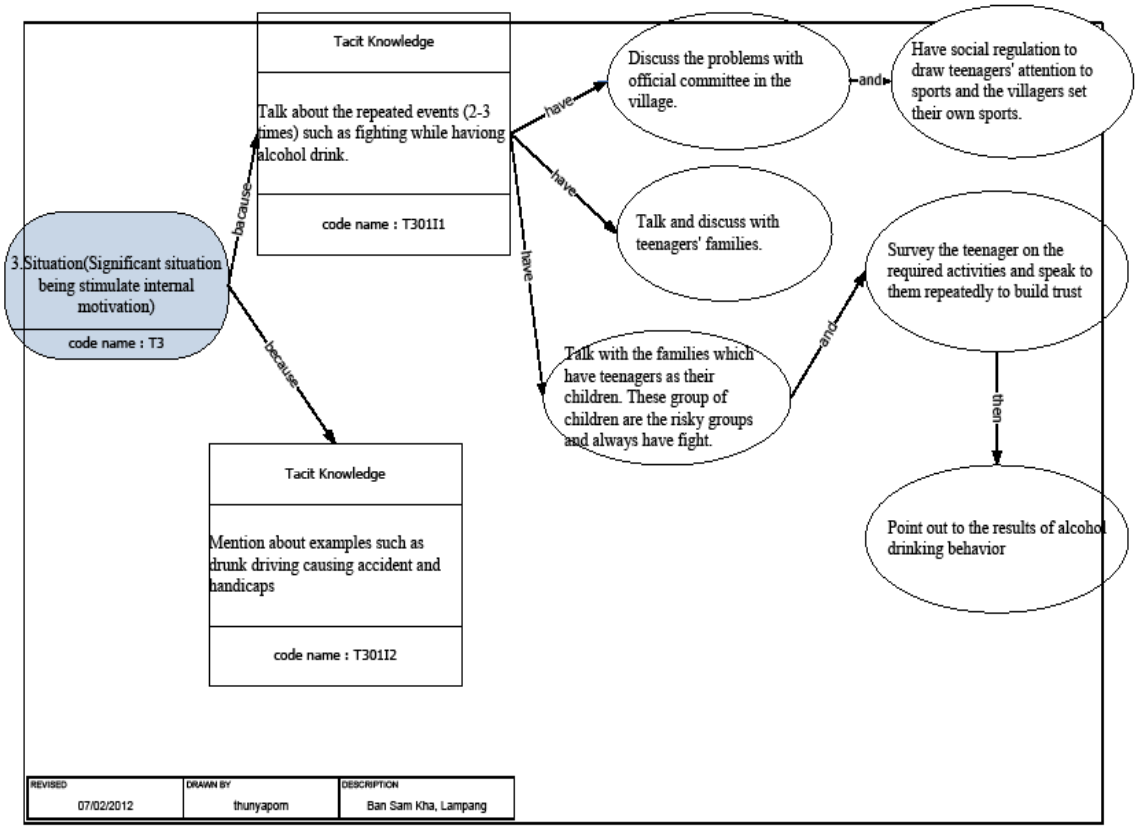


Figure 4.6.3 The situation task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

Figure 4.6.3 is about situation task from the expert, Ban Sam Kha, Lampang Province. The inference is about the situation task in practitioners for alcohol drinking behavior in the community. The inference has 2 parts. 1) Talk about the repeated events (2-3 times) such as fighting while having alcohol drink. The domain has 3 ways. 1.1) Discuss the problems with the official committee in the village and have social regulation to draw teenagers' attention to sports and the villagers set their own sports. 1.2) Talk and discuss with teenagers' families. 1.3) Talk to the families which have teenagers as their children. This group of children are the risky groups and always have fight. Survey the teenager on the required activities and speak to them repeatedly to build trust. Point out to the results of alcohol drinking behavior. 2) Mention about examples such as drunk-driving causing accident and handicaps.

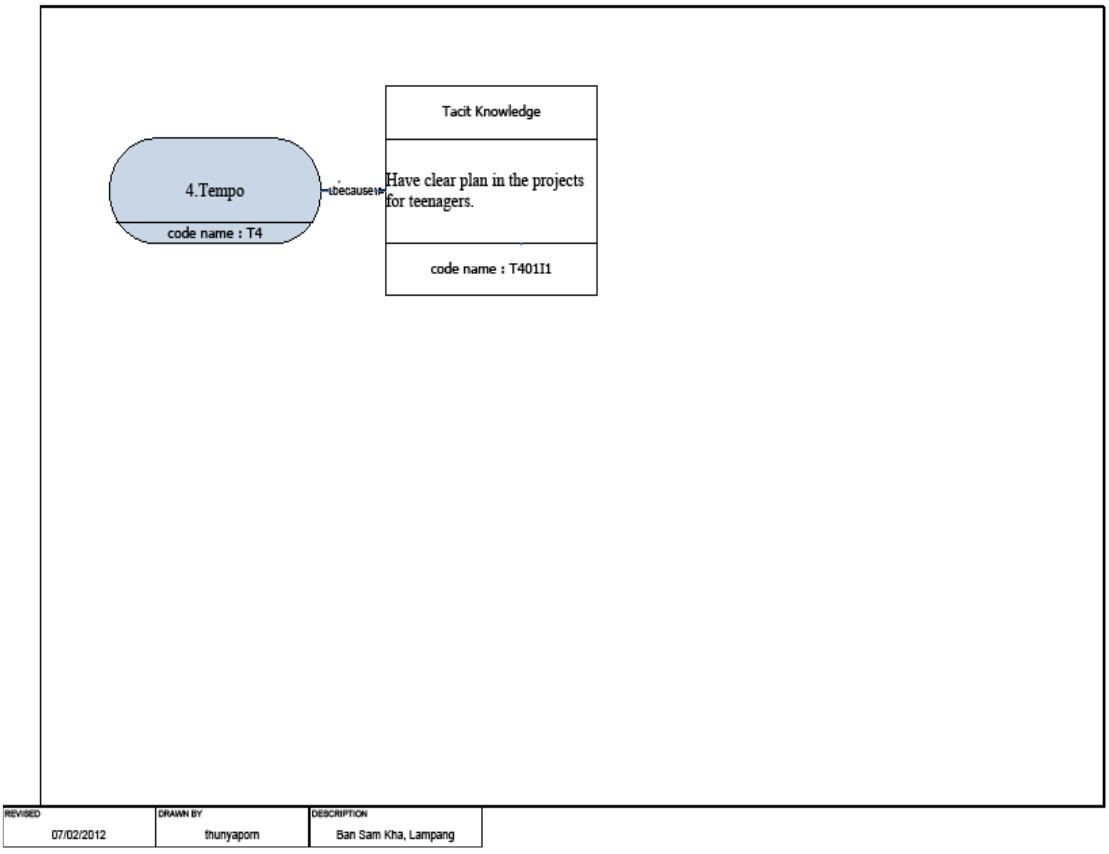


Figure 4.6.4 The Tempo task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

Figure 4.6.4 is about a tempo task from the expert, Ban Sam Kha, Lampang Province. The inference mentions about the tempo task in practitioners for alcohol drinking behavior in the community. The inference is having a clear plan in the projects for teenagers.

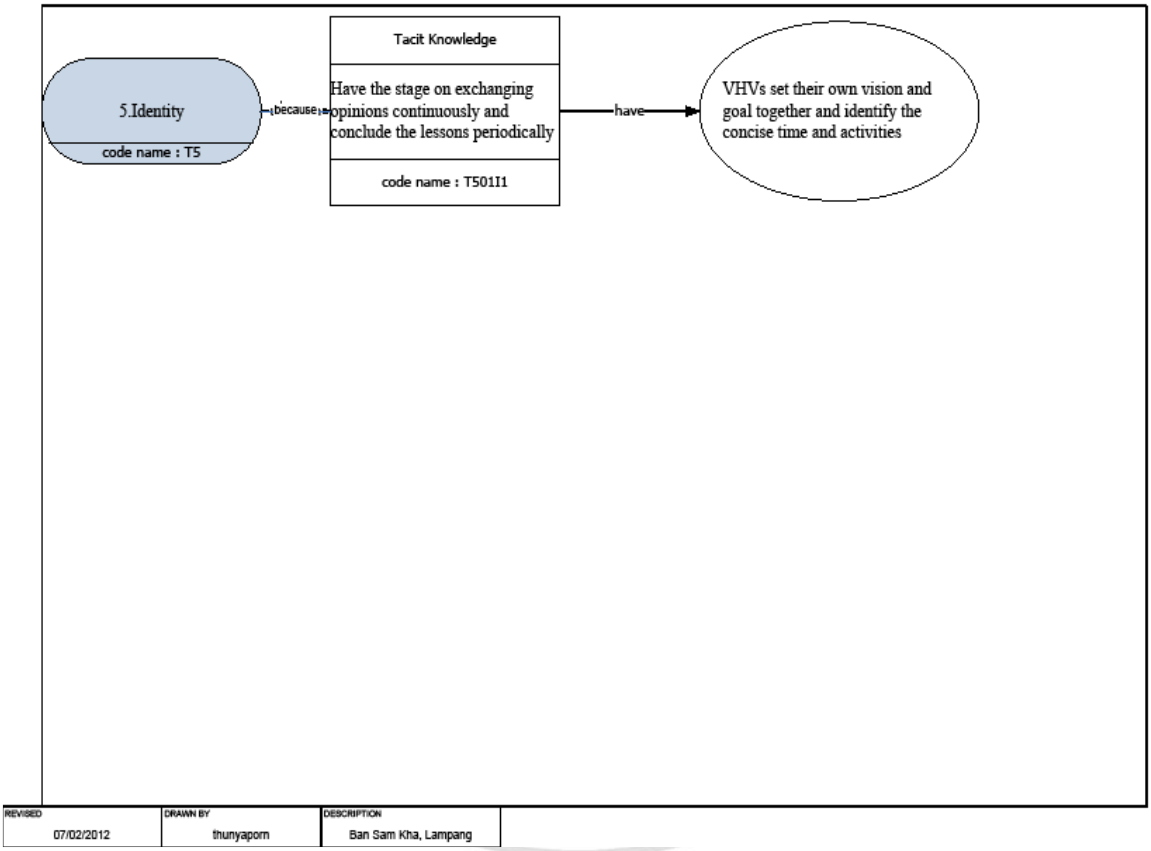


Figure 4.6.5 The identity task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

Figure 4.6.5 is about identity task from the expert, Ban Sam Kha, Lampang Province. The inference tells about the identity task in practitioners for alcohol drinking behavior in the community. VHVs have the stage on exchanging opinions continuously and conclude the lessons periodically. VHVs set their own vision and goal together and identify the concise time and activities.

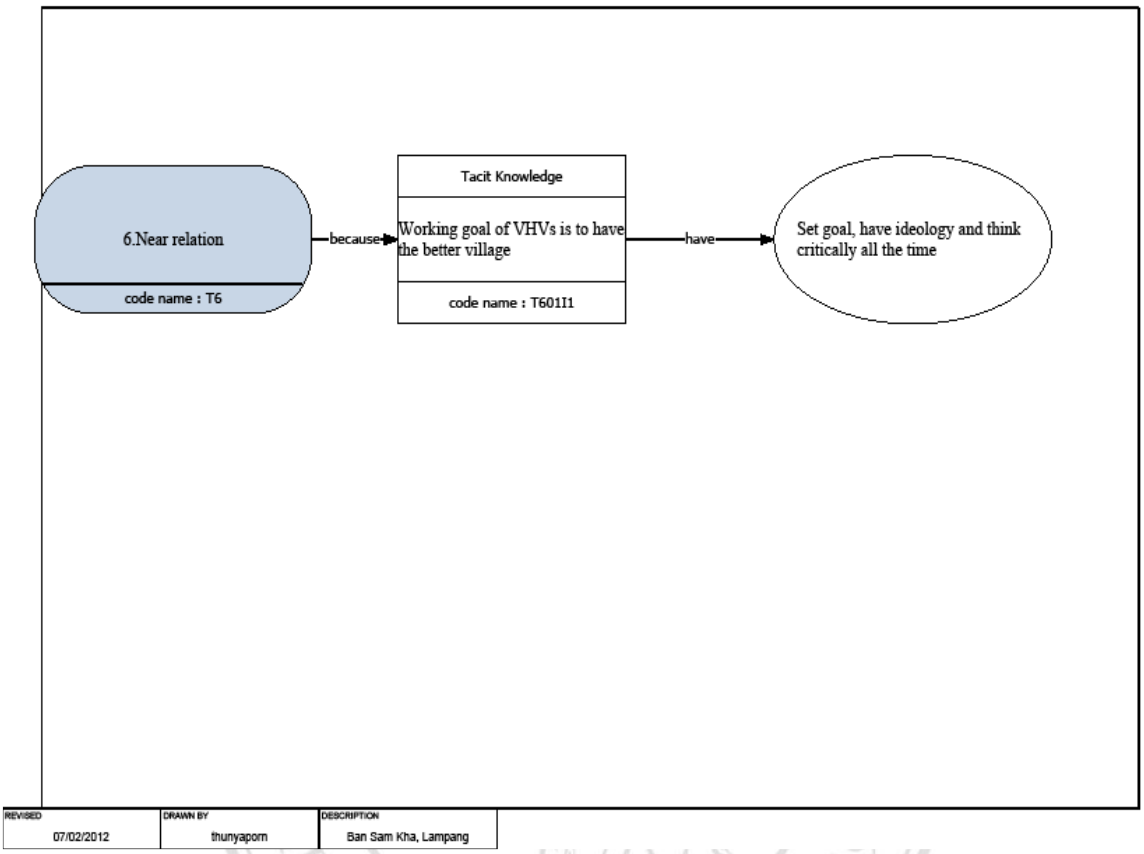


Figure 4.6.6 The near relation task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

Figure 4.6.6 is about near relation from the expert, Ban Sam Kha, Lampang Province. The inference is on the near relation in practitioners for alcohol drinking behavior in the community. The tasks mention the inference, working goal of VHVs is to have the better village. Set goal, have ideology and think critically all the time.

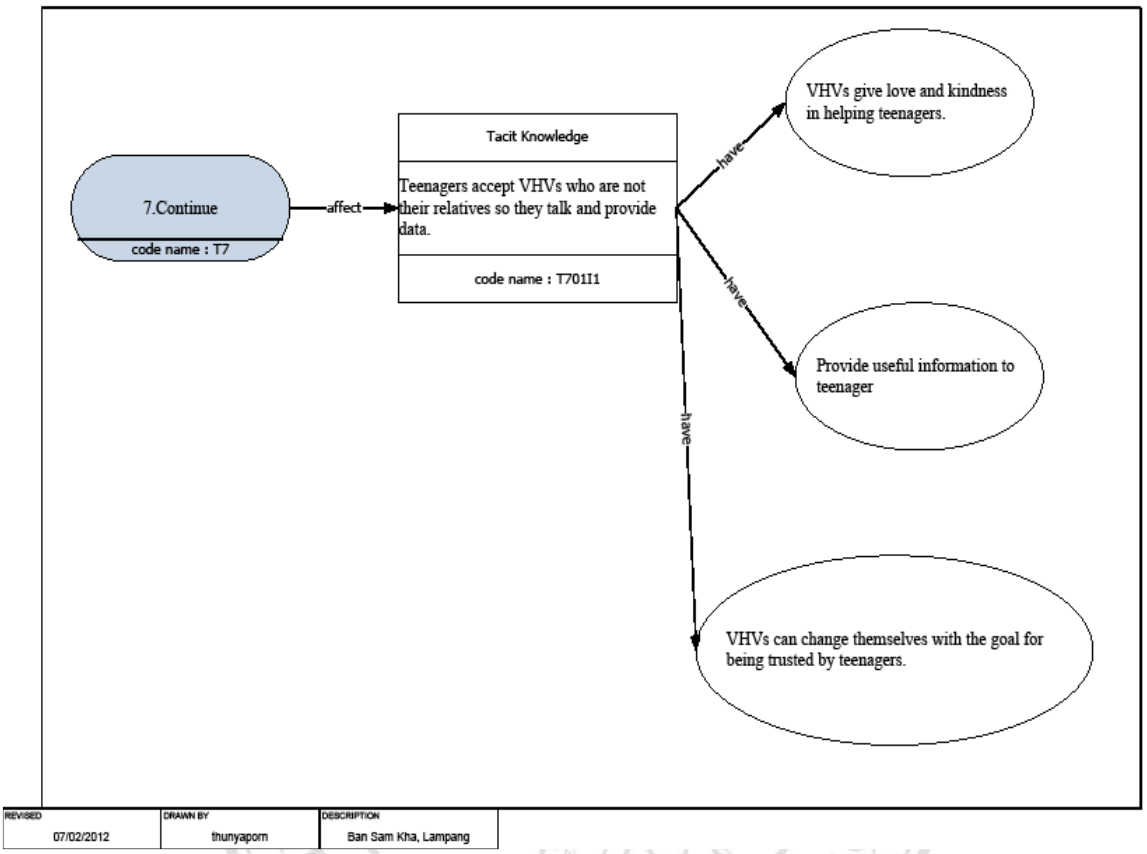


Figure 4.6.7 The continue task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

Figure 4.6.7 is about continuing from the expert, Ban Sam Kha, Lampang Province. The inference is that the teenagers accept VHVs who are not their relatives so they talk and provide data. The domain has 3 ways. Teenagers accept VHVs who are not their relatives so they talk and provide data. VHVs provide useful information to teenager. VHVs can change themselves with the goal of being trusted by teenagers.

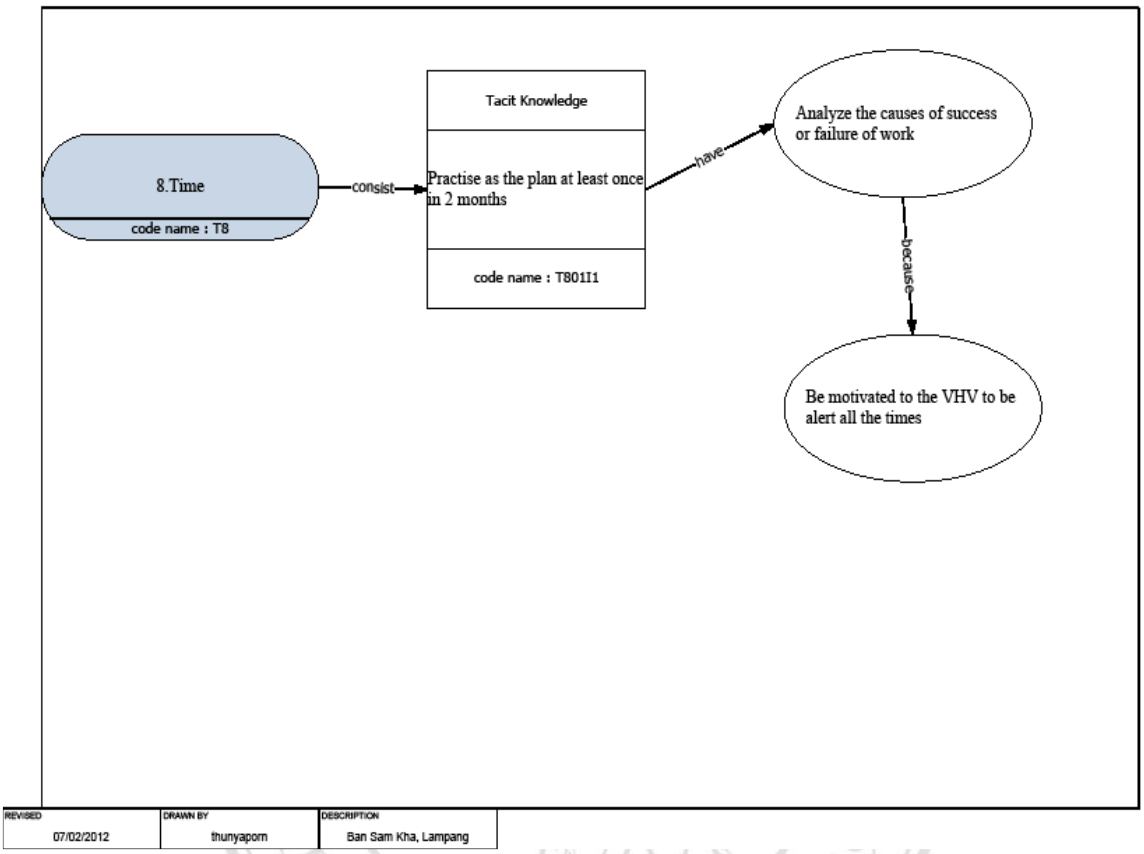


Figure 4.6.8 The time task of the internal motivation components from the VHV expert, Ban Sam Kha, Lampang Province

Figure 4.6.8 is about time for the expert, Ban Sam Kha, Lampang Province. The inference mentions about the time in practitioners for alcohol drinking behavior in the community. The inference is to practise as the plan at least once in 2 months. The domain is VHVs to analyze the causes of success or failure of work. They are motivated to the VHVs to be alert all the times. All of these are time task, inference and domain for alcohol drinking behavior modification in Ban Sam Kha, Lampang Province.

Figures 4.7.1-4.7.8 show the tasks, inferences and domains of VHV expert, Ban Du Tai, Nan Province. The figures view the framework of internal motivation for alcohol drinking behavior modification in rural communities. The below figure starts with intensity or earnestness task and explains the tacit knowledge for the practitioners.

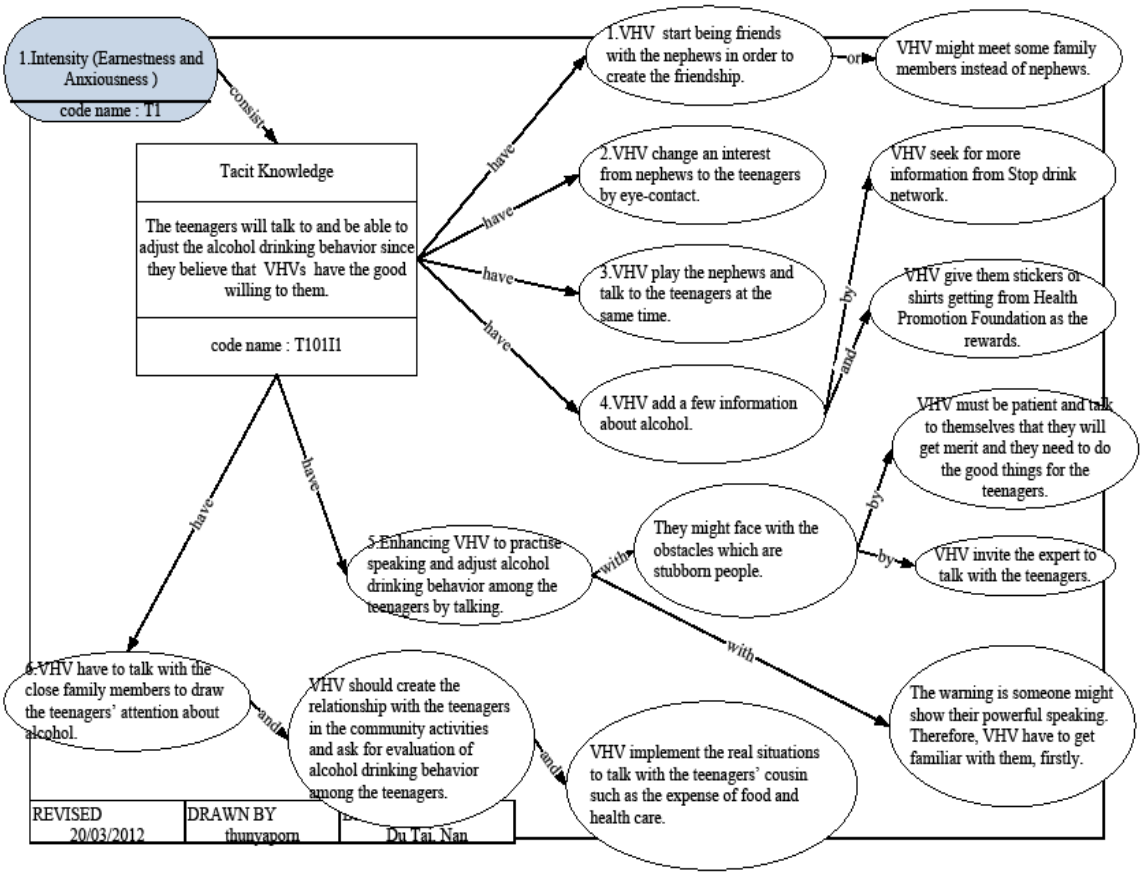


Figure 4.7.1 The intensity task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

The expert, Ban Du Tai, Nan Province mentions the intensity task of practitioners for alcohol drinking behavior modification in the community. The inference needs the trust of practitioners from the drinkers. It helps the teenagers talk and adjust their alcohol drinking behavior. Domains of this inference consist of 6 ways for modification: 1) VHVs start being friends with the nephews in order to create the friendship. Sometimes, VHVs might meet some family members instead of nephews. 2) VHVs change an interest from nephews to the teenagers by eye-contact. 3) VHVs play with the nephews and talk to the teenagers at the same time. 4) VHVs add some information about alcohol by seeking for more information from Stop drink network. VHVs can give them stickers or shirts getting from Health Promotion Foundation as the rewards. 5) VHVs are enhanced to practise speaking and adjust alcohol drinking

behavior among the teenagers by talking. They might face with the obstacle which is stubborn people. VHVs must be patient and talk to themselves that they will make merit and they need to do the good things for the teenagers. VHVs invite the expert to talk to the teenagers. Additionally, the warning is someones might show their powerful speaking, therefore, VHVs have to get familiar with them. 6) VHVs have to talk with the close family members to draw the teenagers' attention about alcohol. VHVs should create the relationship with the teenagers in the community activities and ask for evaluation of alcohol drinking behavior among the teenagers. VHVs implement the real situations to talk with the teenagers' cousin such as the expenses of food and health care. All of these are intensity task, inference and domain for alcohol drinking behavior modification in Ban Du Tai, Nan Province.

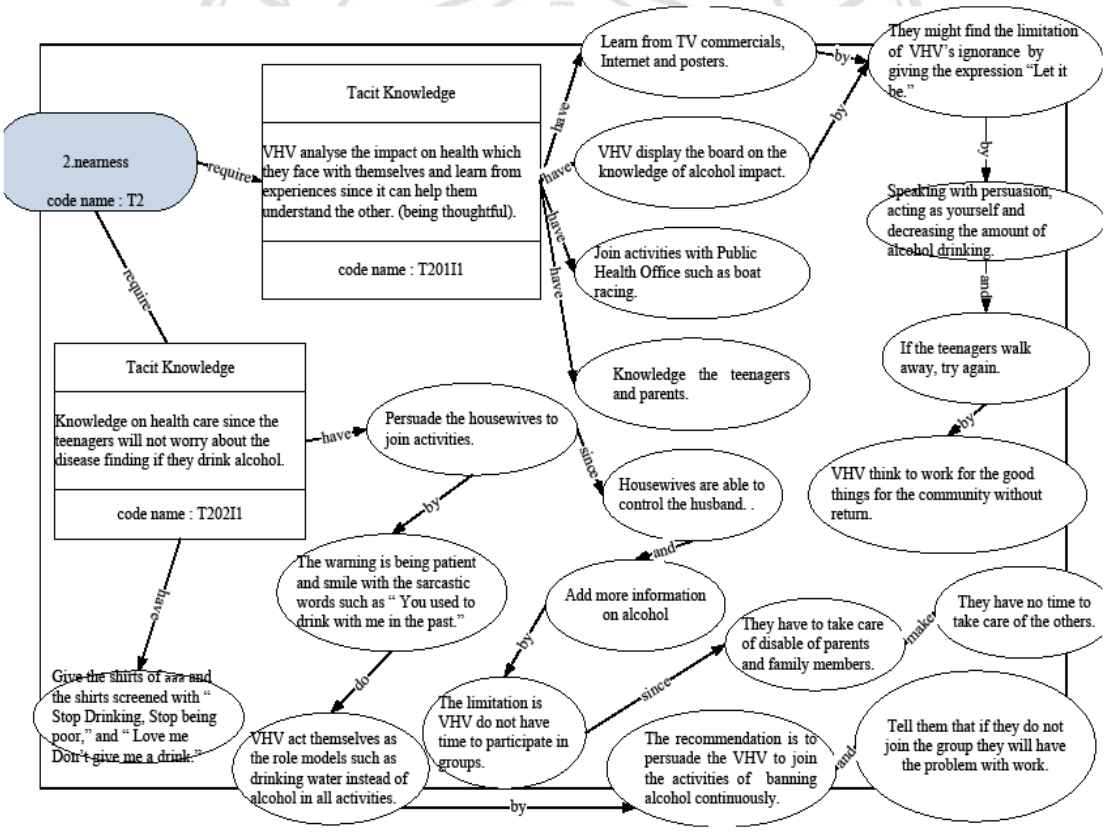


Figure 4.7.2.1 The nearness task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

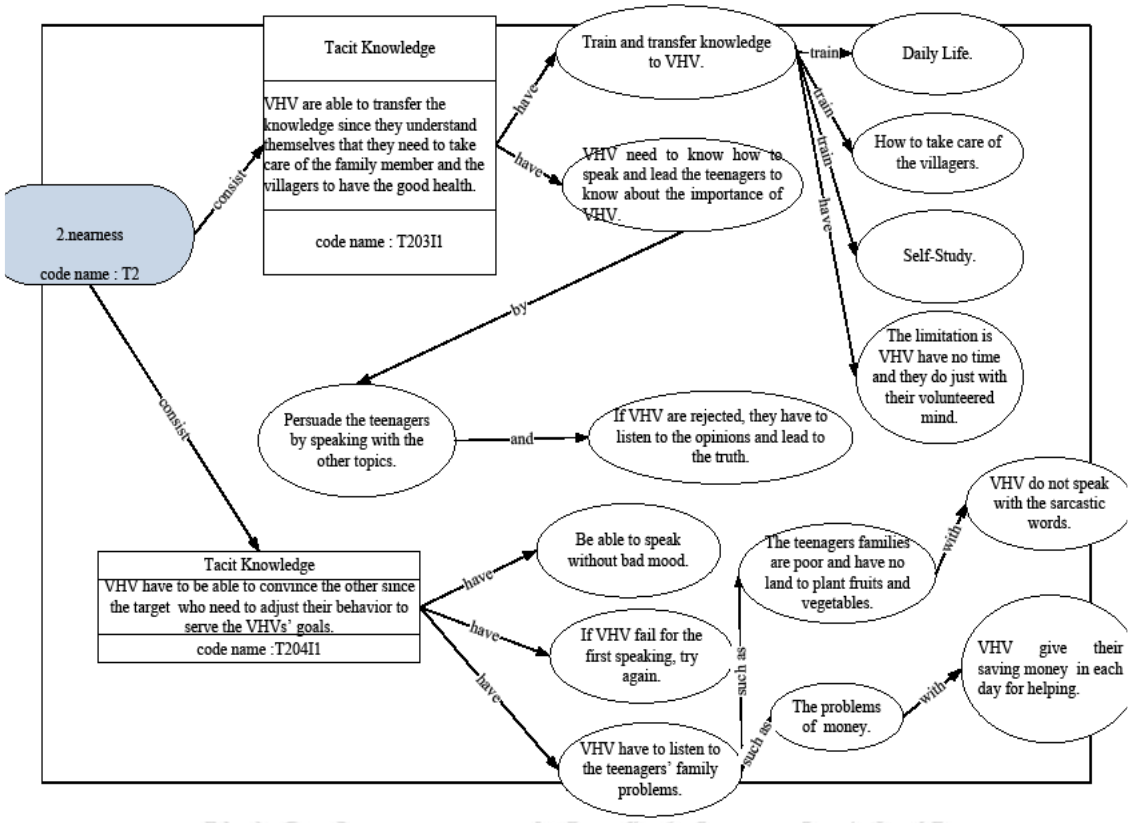


Figure 4.7.2.2 The nearness task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

The expert, Ban Du Tai, Nan Province, mentions the nearness task of practitioners for alcohol drinking behavior in the community. Inference requires 1) VHVs analyse the impact on health which they face with themselves and learn from experiences since it can help them understand the other (being thoughtful). This domain includes 4 ways, 1.1) Learn from TV commercials, Internet and posters, 1.2) VHVs display the board on the knowledge of alcohol impact. They might find the limitation of VHVs' ignorance by giving the expression "Let it be." Speaking with persuasion, acting as yourself and decreasing the amount of alcohol drinking. If the teenagers walk away, try again. VHVs think that working is for the good things for the communities without return, 1.3) Join activities with Public Health Office such as boat racing, 1.4) Knowledge to the teenagers and parents. 2) Knowledge on health care since the

teenagers will not worry about the disease found if they drink alcohol. This domain processes as 2 ways. 2.1) Persuade the housewives to join activities since housewives are able to control the husband and add more information on alcohol. The limitation is VHVs do not have time to participate in groups because they have to take care of disabled parents and family members. They have no time to take care of the others. VHVs act themselves as the role models such as drinking water instead of alcohol in all activities. The recommendation is to persuade the VHVs to join the activities of banning alcohol continuously. 2.2) Give the shirts of Health Promotion Foundation and the shirts screened with " Stop Drinking, Stop being poor," and " Love me Don't give me a drink." 3) VHVs are able to transfer the knowledge since they themselves understand that they need to take care of the family members and the villagers to have the good health. This domain has 2 ways. 3.1) Train and transfer knowledge to VHVs in daily life, how to take care of the villagers, self-study, the limitation is VHVs have no time and they do just with their volunteered mind. 3.2) VHVs need to know how to speak and lead the teenagers to know about the importance of VHVs. VHVs persuade the teenagers by speaking with the other topics. If VHVs are rejected, they have to listen to the opinions and lead to the truth. 4) VHVs have to be able to convince the other since the target who need to adjust their behavior to serve the VHVs' goals. The domain consists 3 features. 4.1) Be able to speak without bad mood. 4.2) If VHVs fail in the first speaking time, try again. 4.3) VHVs have to listen to the teenagers' family problems, such as, the teenagers' families are poor and have no land to plant fruits and vegetables. VHVs do not speak with the sarcastic words. If the teenagers have the problems of money, VHVs give their saving money on each day for helping. All of these are nearness task, inference and domain for alcohol drinking behavior modification in Ban Du Tai, Nan Province.

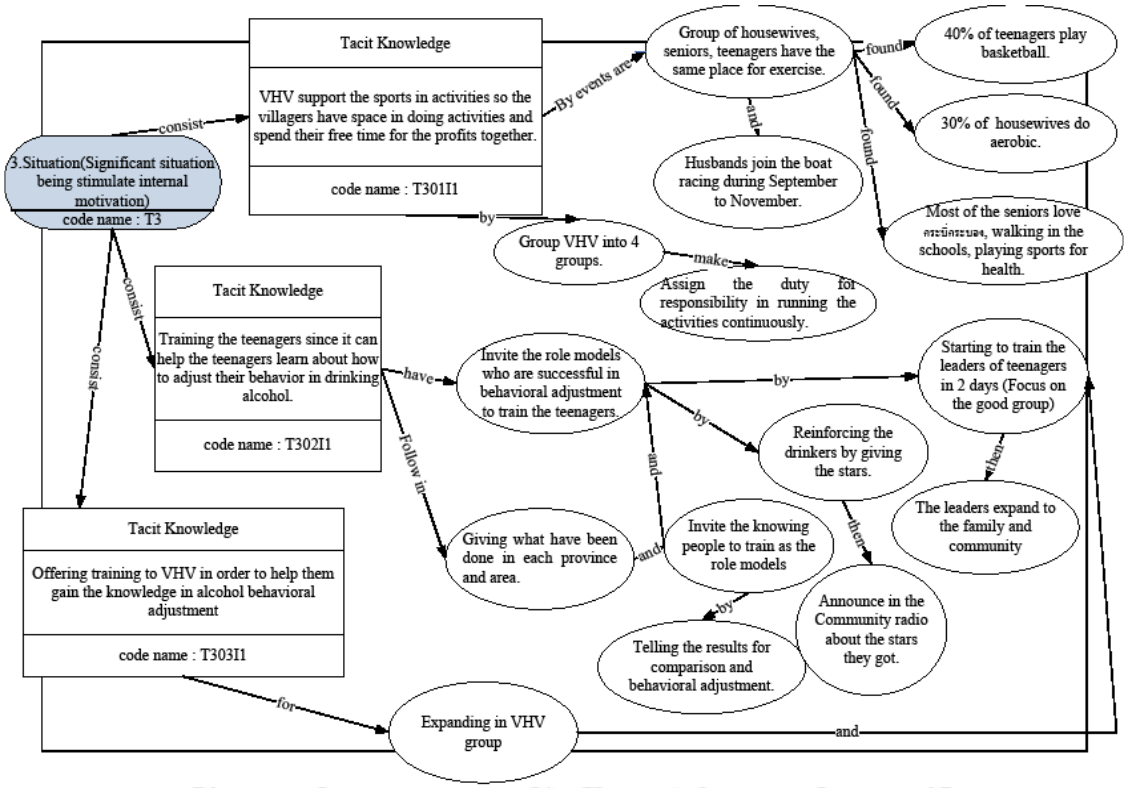


Figure 4.7.3.1 The situation task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

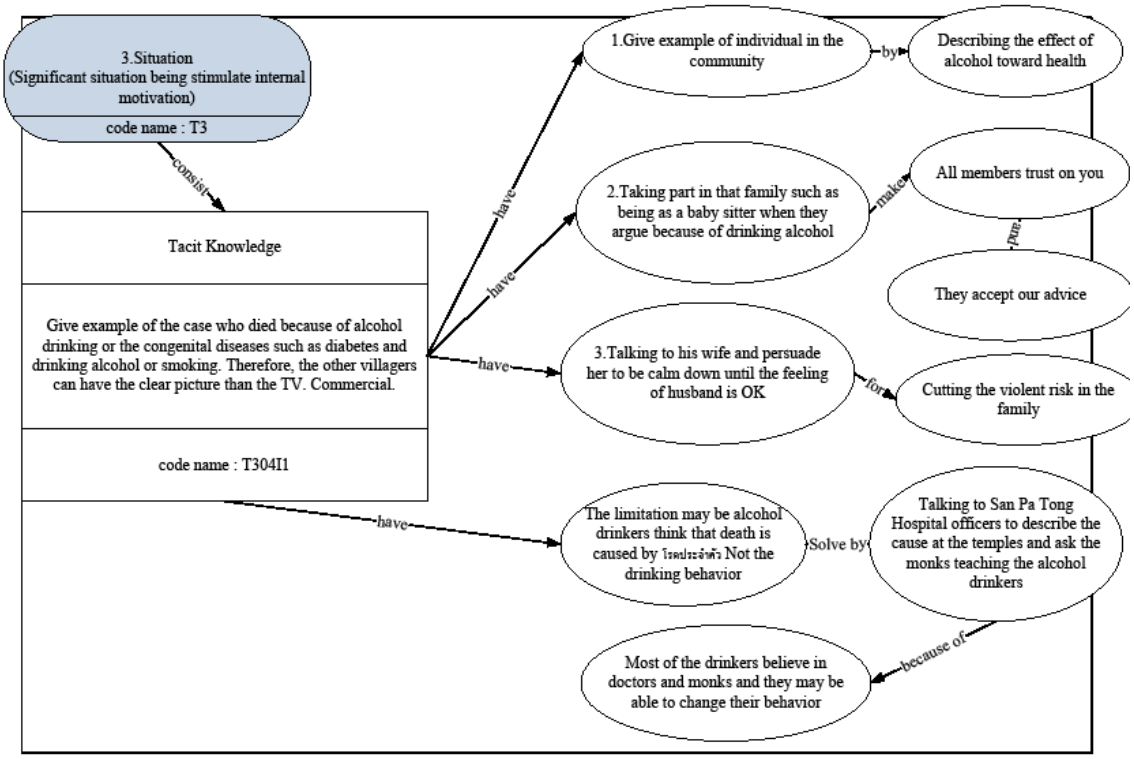


Figure 4.7.3.2 The situation task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

Figures 4.7.3.1 and 4.7.3.2 are about situation task from the expert, Ban Du Tai, Nan Province. The inference mentions the situation task in practitioners for alcohol drinking behavior in the community. This task has 4 inferences. They consist of 1) VHVs support the sports activities so the villagers have space in doing activities and spend their free time for the profits together. The events are in the groups, group of housewives, seniors, teenagers have the same place for exercise. Husbands join the boat racing during September to November. It was found that 40% of teenagers play basketball, 30% of housewives do aerobics and most of the seniors love swordplay, walking in the schools, playing sports for health. Four groups are assigned the duty of responsibility in running the activities continuously. 2) Training the teenagers since it can help the teenagers learn about how to adjust their behavior in drinking alcohol. This domain has two parts. 2.1) Invite the role models who are successful in behavioral

adjustment to train the teenagers. Starting to train the leaders of teenagers in two days (Focus on the good group), then the leaders expand to the family and community. Reinforcing the drinkers by giving the stars and announce in the Community radio about the stars they got. 2.2) Giving what have been done in each province and area and invite the well-known people to train as the role models. The results for comparison and behavioral adjustment should be announced. 3) Offering training to VHVs in order to help them gain the knowledge in alcohol behavioral adjustment. The domain is expanding in VHVs' group. 4) Give an example of the case who died because of alcohol drinking or the congenital diseases such as diabetes and drinking alcohol or smoking. Therefore, the other villagers can have a clearer picture than the TV commercial. They have 4 models. 4.1) Give an example of an individual in the community. Describing the effect of alcohol toward health, 4.2) Taking part in that family such as being as a babysitter when they argue because of drinking alcohol. All members trust on you and they accept our advice, 4.3) Talking to his wife and persuade her to calm down until the feeling of husband is OK for cutting the violent risk in the family, 4.4) The limitation may be alcohol drinkers think that death is caused by congenital diseases Not the drinking behavior. It is solved by talking to San Pa Tong Hospital officers to describe the cause at the temples and ask the monks to teach the alcohol drinkers because most of the drinkers believe in doctors and monks and they may be able to change their behavior. All of these are situation task, inference and domain for alcohol drinking behavior modification in Ban Du Tai, Nan Province.

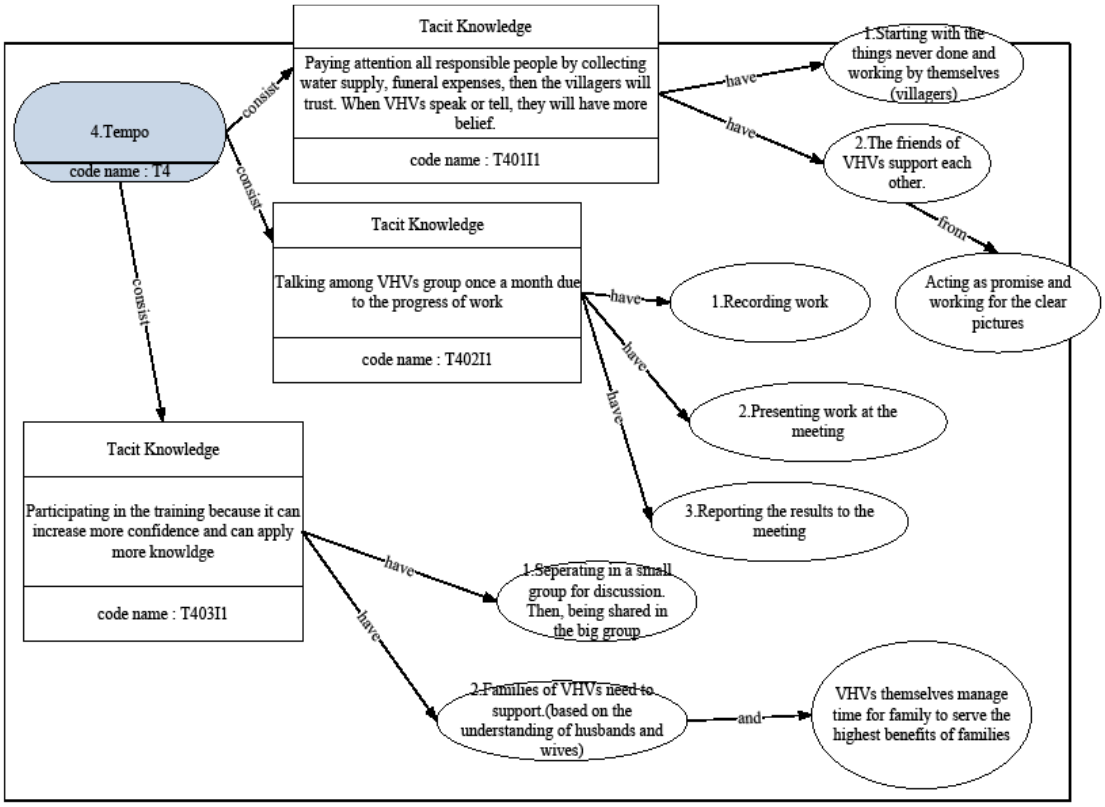


Figure 4.7.4 The Tempo task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

Figure 4.7.4 is about a tempo task from the expert, Ban Du Tai, Nan Province. The inference mentions the tempo task in practitioners for alcohol drinking behavior in the community. This task has 3 inferences. They consist of 1) Paying attention to all responsible people by collecting water supply, funeral expenses, then the villagers will trust. When VHVs speak or tell, they will have more belief. The domains have 2 parts. 1.1) Starting with the things never done and worked by themselves (villagers). 1.2) The friends of VHVs support each other. Acting as promise and working for the clear pictures. 2) Talking among VHVs group once a month to the progress of work. The domains have 3 parts. 2.1) Recording work, 2.2) Presenting work at the meeting, 2.3) Reporting the results to the meeting. 3) Participating in the training because it can increase more confidence and can apply more knowledge. The domains have 2 parts. 3.1) Separating in a small group for discussion. Then, being shared in the big group,

3.2) Families of VHVs need to support (based on the understanding of husbands and wives). VHVs themselves manage time for family to serve for the highest benefits of families. All of these are tempo task, inference and domain for alcohol drinking behavior modification in Ban Du Tai, Nan Province.

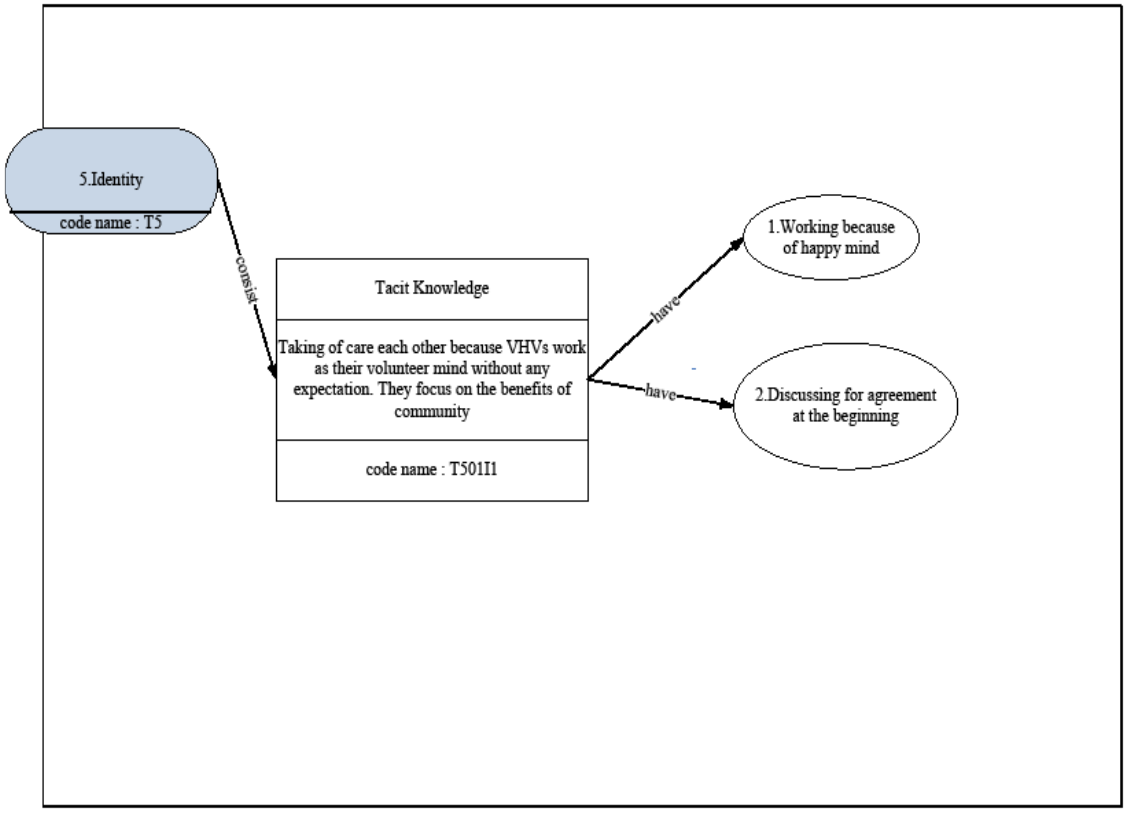


Figure 4.7.5 The identity task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

Figure 4.7.5 is about identity task from the expert, Ban Du Tai, Nan Province. The inference mentions the identity task in practitioners for alcohol drinking behavior in the community. This task is taking care of each other because VHVs work as volunteer without any expectation. They focus on the benefits of community. 1) Working because of happy mind. 2) Discussing for agreement at the beginning.

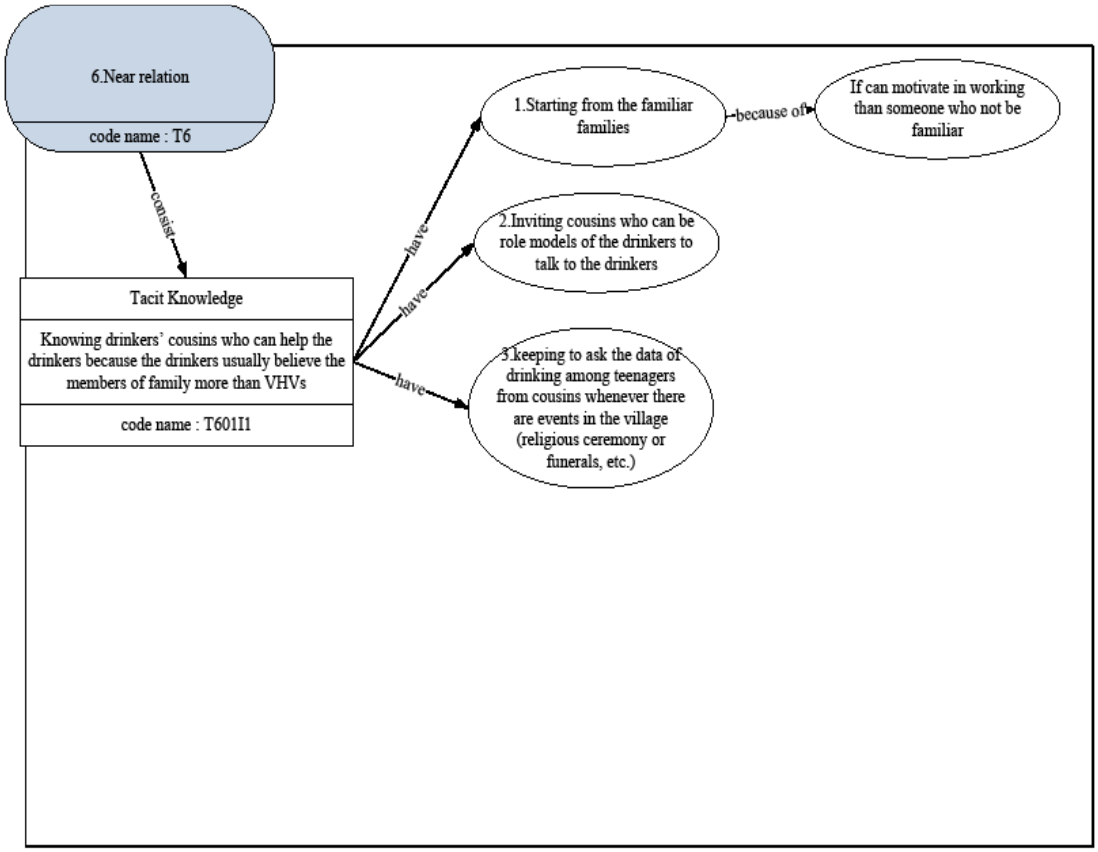


Figure 4.7.6 The near relation task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

Figure 4.7.6 is about near relation from the expert, Ban Du Tai, Nan Province. The inference mentions the near relation in practitioners for alcohol drinking behavior in the community. This task is knowing drinkers' cousins who can help the drinkers because the drinkers usually believe the members of the family more than VHVs. The domain has 3 parts. 1) Starting from the familiar families. If can motivate in working than someone who is not familiar. 2) Inviting cousins who can be role models of the drinkers to talk to the drinkers. 3) keeping to ask the data of drinking among teenagers from cousins whenever there are events in the village (religious ceremony or funerals, etc.). All of these are near relation task, inference and domain for alcohol drinking behavior modification in Ban Du Tai, Nan Province.

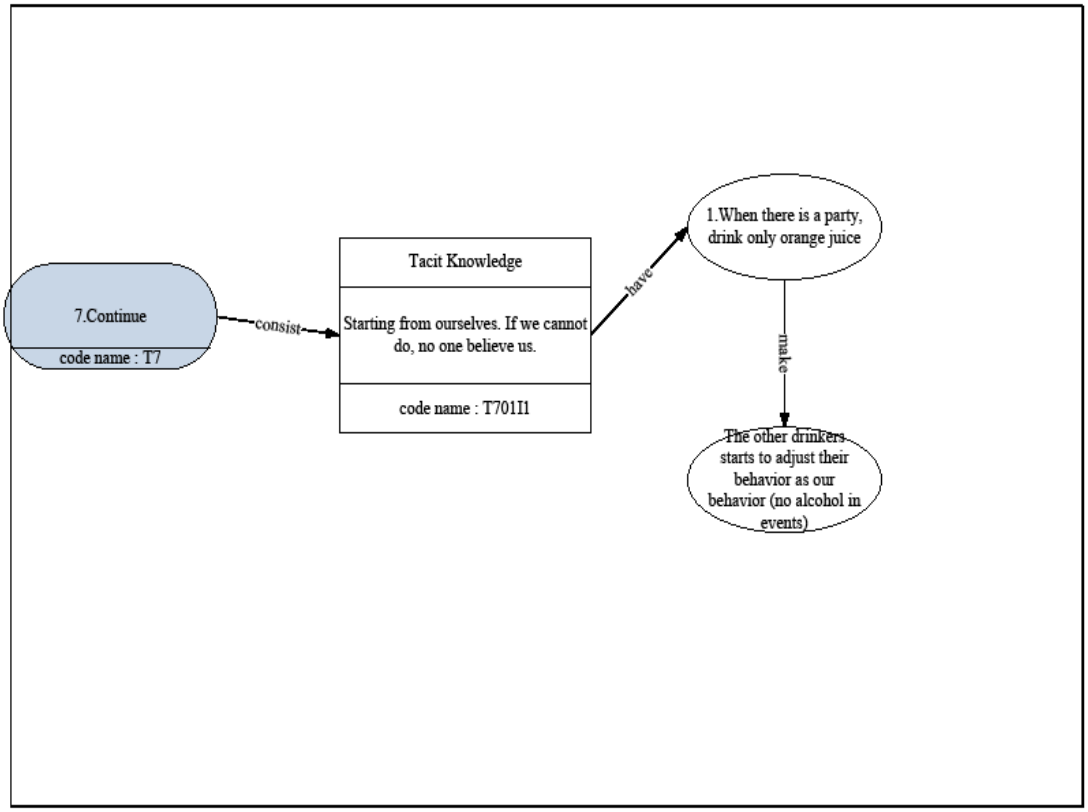


Figure 4.7.7 The continue task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

Figure 4.7.7 is about continuing from the expert, Ban Du Tai, Nan Province. The inference mentions the continue in practitioners for alcohol drinking behavior in the community. The inference is starting with ourselves. If we cannot do, no one believes us. The domain is when there is a party, drink only orange juice. The other drinkers start to adjust their behavior as our behavior (no alcohol at events).

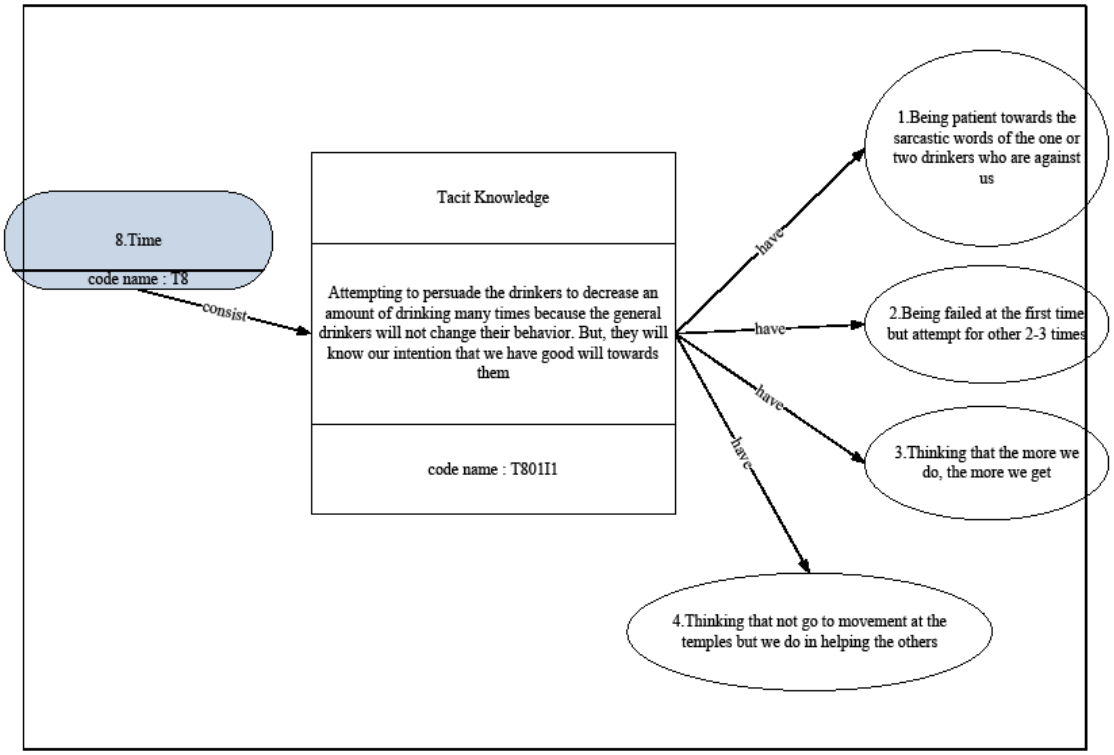


Figure 4.7.8 The time task of the internal motivation components from the VHV expert, Ban Du Tai, Nan Province

Figure 4.7.8 is about time for the expert, Ban Du Tai, Nan Province. The inference mentions the time in practitioners for alcohol drinking behavior in the community. This inference is attempting to persuade the drinkers to decrease an amount of drinking many times because the general drinkers will not change their behavior. But, they will know our intention that we have good will towards them. The domain has 4 parts. 1) Being patient towards the sarcastic words of the one or two drinkers who are against us. 2) Being failed at the first time ,but attempt for another 2-3 times. 3) Thinking that the more we do, the more we get. 4) Thinking that is not go to movement at the temples but we do in helping the others. All of these are time task, inference and domain for alcohol drinking behavior modification in Ban Du Tai, Nan Province.

Figures 4.8.1-4.8.8 show the tasks, inferences and domains of VHV expert, Ban Mae Chai, Payoa Province. The figures view the framework of internal motivation for alcohol drinking behavior modification in rural communities. The below figure starts with intensity or earnestness task and explains the tacit knowledge for the practitioners.

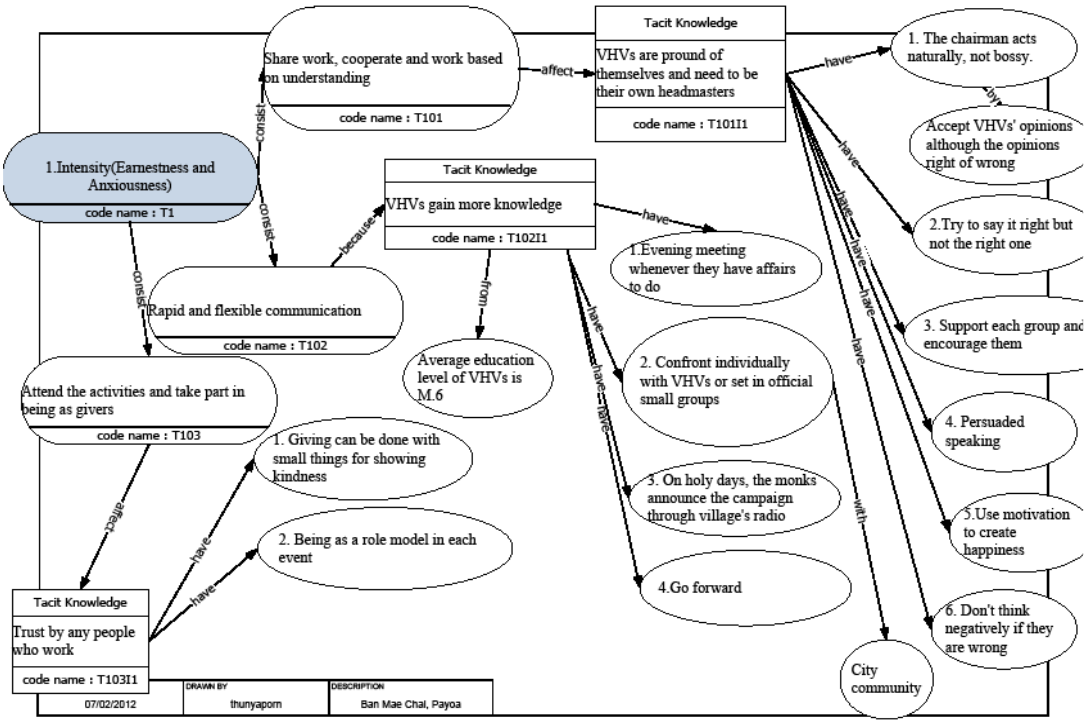


Figure 4.8.1 The intensity task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

The expert, Ban Mae Chai, Payoa Province, mentions the intensity task of practitioners for alcohol drinking behavior modification in the community. The task has three sub-tasks. The first sub-task is share work, cooperate and work based on understanding. The inference aims that VHVs are pround of themselves and need to be their own headmasters. This domain has 6 ways. 1) The chairman acts naturally, not bossy. Accept VHVs' opinions although the opinions right or wrong. 2) Try to say it right, but not the right one 3) Support each group and encourage them 4) Persuaded speaking 5) Use motivation to create happiness 6) Don't think negatively if they are

wrong. The second sub-task is rapid and flexible communication. The inference is that VHVs gain more knowledge from average education level of VHVs is M.6. The domain has 4 ways. 1) Evening meeting whenever they have affairs to do. 2) Confront individually with VHVs or set in official small groups. 3) On holy days, the monks announce the campaign through village's radio 4) Go forward. The third sub-task is attending the activities and take part in being as givers. The inference is trusted by any people who work. The domain has 2 ways. 1) Giving can be done with the small things for showing kindness 2) Being as a role model in each event. All of these are intensity task, inference and domain for alcohol drinking behavior modification in Ban Mae Chai, Payoa Province.

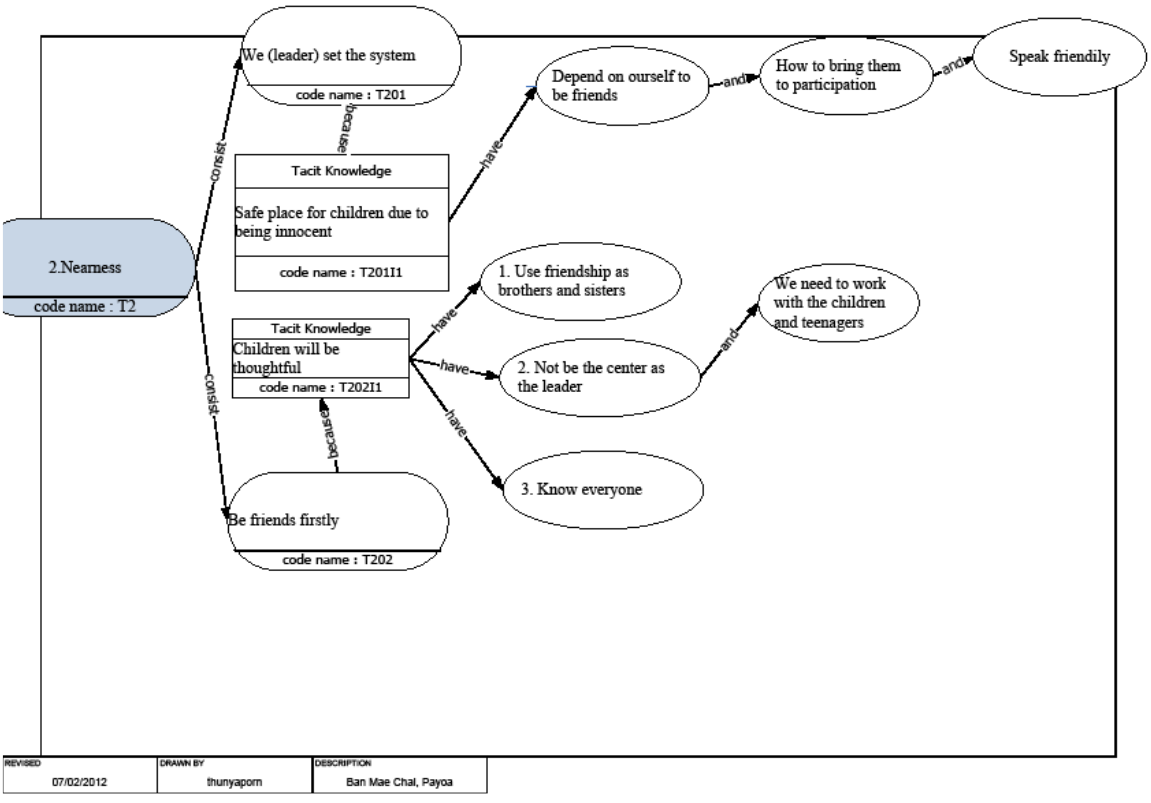


Figure 4.8.2 The nearness task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

The expert, Ban Mae Chai, Payoa Province, mentions the nearness task of practitioners for alcohol drinking behavior in the community. The task has two sub-tasks. The first sub-task is that we (leader) set the system. The inference is saving place for children due to being innocent. The domain is depending on ourself to be friends. How to bring them to participate and speak friendly. The second sub-task is to be friends firstly. The inference is that children will be thoughtful. This domain has 3 ways. 1) Use friendship as brothers and sisters 2) Not be the center as the leader. We need to work with the children and teenagers. 3) Know everyone.

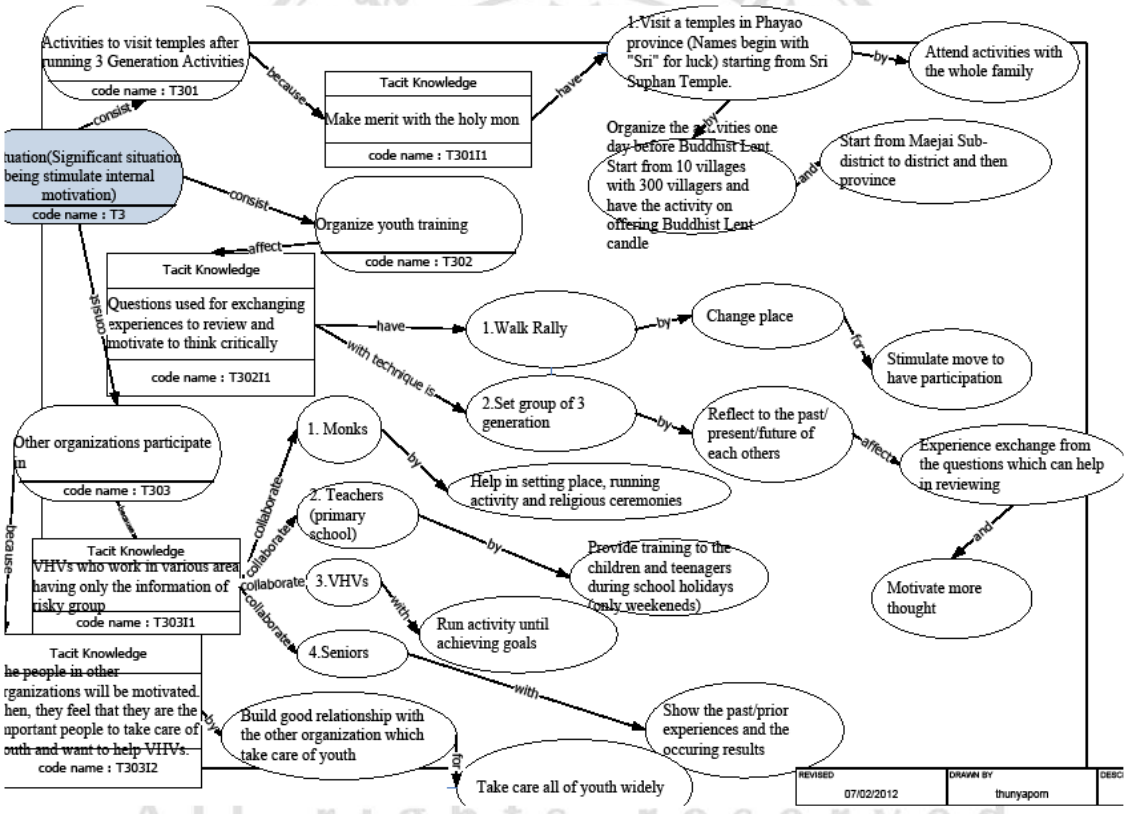


Figure 4.8.3 The situation task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

Figure 4.8.3 is about situation task from the expert, Ban Mae Chai, Payoa Province. The inference is about the situation task in practitioners for alcohol drinking behavior in the community. The task has three sub-tasks. The first sub-task is the

activities to visit temples after running three Generation Activities. The inference is making merit on the holy day. The domain is visiting a temple in Phayao province (Names begin with "Sri" for luck) starting from Sri Suphan Temple by attending activities with the whole family. Organize the activities one day before Buddhist Lent. Start from ten villages with three hundred villagers and have the activity of offering Buddhist Lent candle and start from Maejai Sub-district to district and then province.

The second sub-task is to organize youth training. The inference is that Questions used for exchanging experiences to review and motivate to think critically. The domain has 2 parts. 1) Walk Rally can create with place change for moving to have participation. 2) Set group of 3 generations with reflection of the past, present and future of each others. They affect the experience exchange of the questions which can help in reviewing and motivating more thought. Third task is other organizations participation. The Inference has 2 parts. 1) VHVs who work in various areas having only the information on risky group. This domain is 1.1) Help in setting place, running activity and religious ceremonies with monks, 1.2) Provide training to the children and teenagers during school holidays (only weekends) with teachers (primary school), 1.3) Run activity until achieving goals with VHVs, 1.4) Show the past/prior experiences and the occurring results with seniors. 2) The people in other organizations will be motivated. Then, they feel that they are the important people to take care of youth and want to help VHVs. The domain is building good relationship with the other organizations which take care all of youth widely.

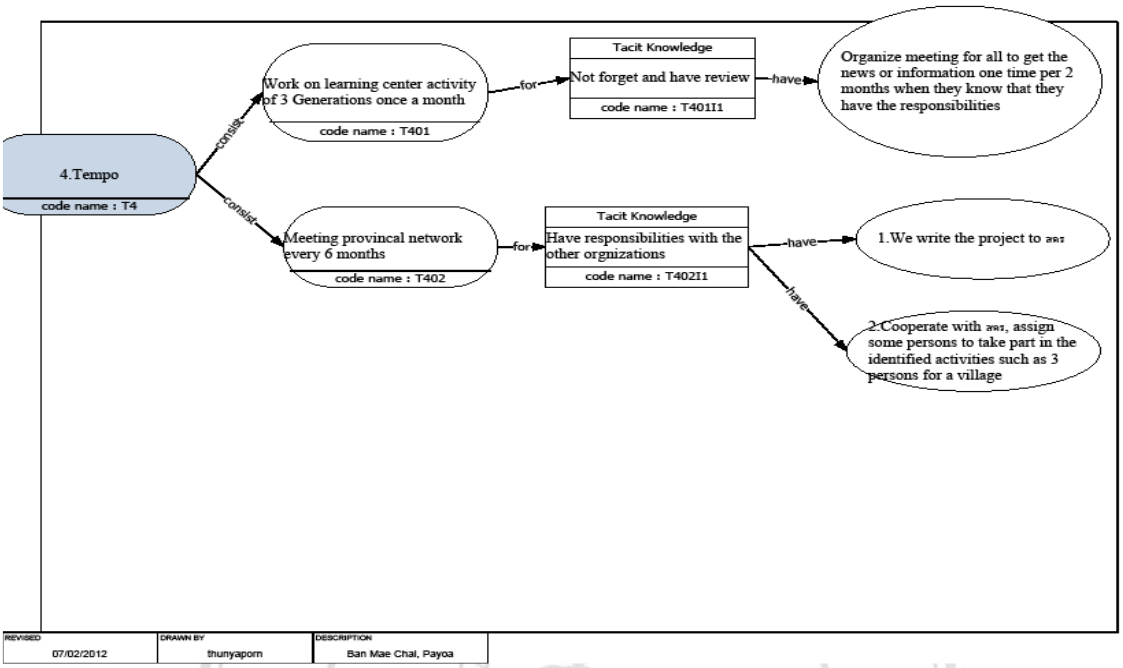


Figure 4.8.4 The Tempo task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

Figure 4.8.4 is about a tempo task from the expert, Ban Mae Chai, Payoa Province. The inference is about the tempo task in practitioners for alcohol drinking behavior in the community. The task consists 2 parts. 1) Work on learning center activity of three generations once a month. The inference is not forgotten and have been reviewed. The domain is that organize meeting for all to get the news or information one time per two months when they know that they have the responsibilities. 2) Meeting provincial network every six months. The inference is having responsibilities with the other organizations. The domain has 2 parts. 2.1) We write the project to the Office of Disease Prevention and Control, 2.2) Cooperate with the Office of Disease Prevention and Control, assign some persons to take part in the identified activities such as three persons for a village.

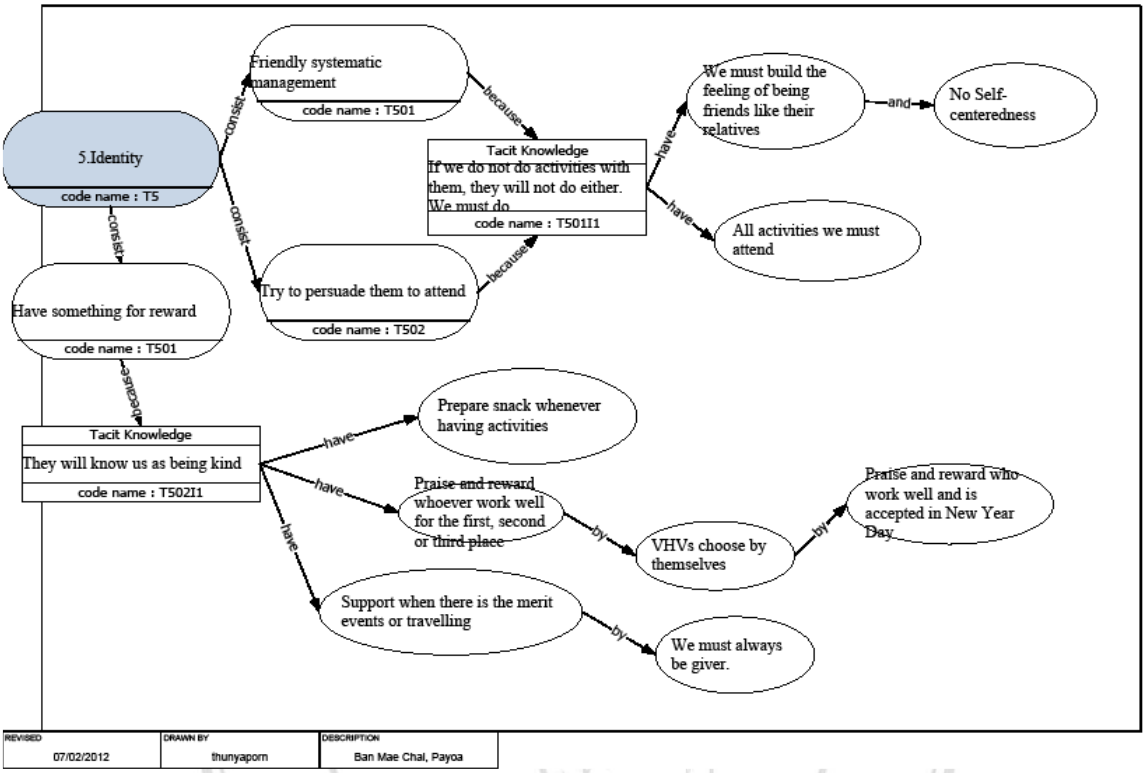


Figure 4.8.5 The identity task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province.

Figure 4.8.5 is about identity task from the expert, Ban Mae Chai, Payoa Province. The inference is about the identity task in practitioners for alcohol drinking behavior in the community. Sub task has 3 parts. 1) Friendly systematic management 2) Try to persuade them to attend. The inference is that if we do not do activities with them, they will not do either. We must do. The domain has 2 ways. 2.1) We must build the feeling of being friends like their relatives and no self-centeredness. 2.2) All activities we must attend 3) Have something for reward. This inference is that they will know us as being kind. The domain has 3 ways. 3.1) Prepare snack whenever having activities, 3.2) Praise and reward whoever work well for the first, second or third place. VHVs choose by themselves. Praise and reward who work well and is accepted in New Year Day, 3.3) Support when there is the merit events or travelling. We must always be giver.

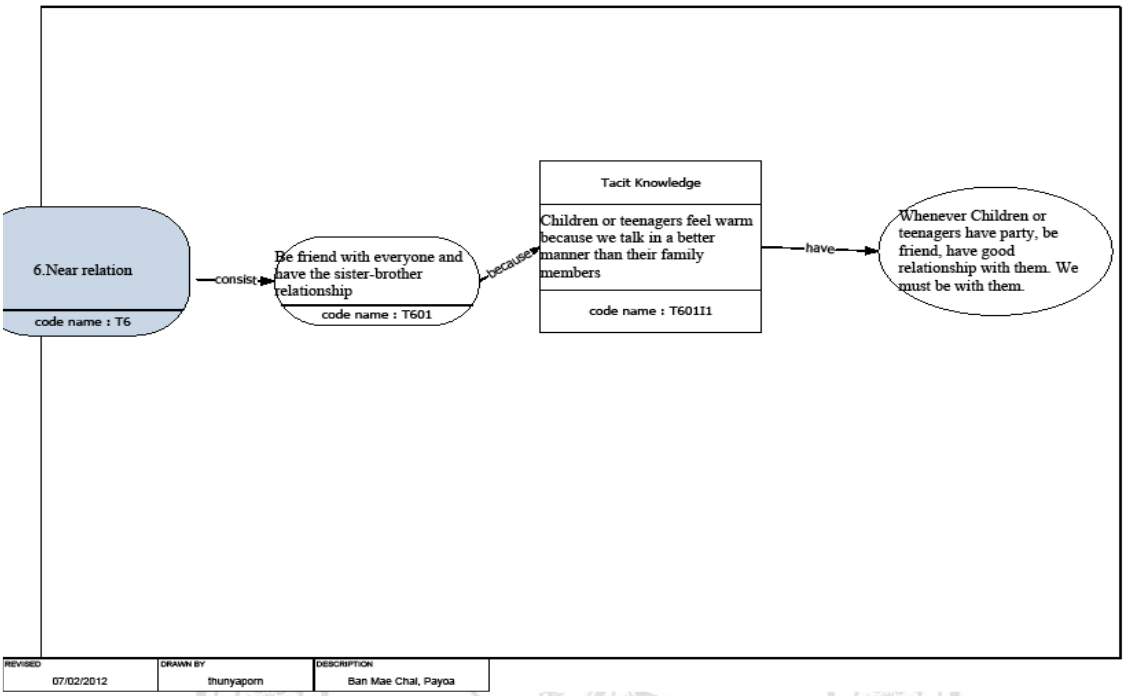


Figure 4.8.6 The near relation task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

Figure 4.8.6 is about near relation from the expert, Ban Mae Chai, Payoa Province. The inference focuses on the near relation in practitioners for alcohol drinking behavior in the community. The task is to be friend with everyone and have the sister-brother relationship. The inference is that children or teenagers feel warm because we talk in a better manner than their family members. Domain is that whenever children or teenagers have party, be friend, have good relationship with them. We must be with them.

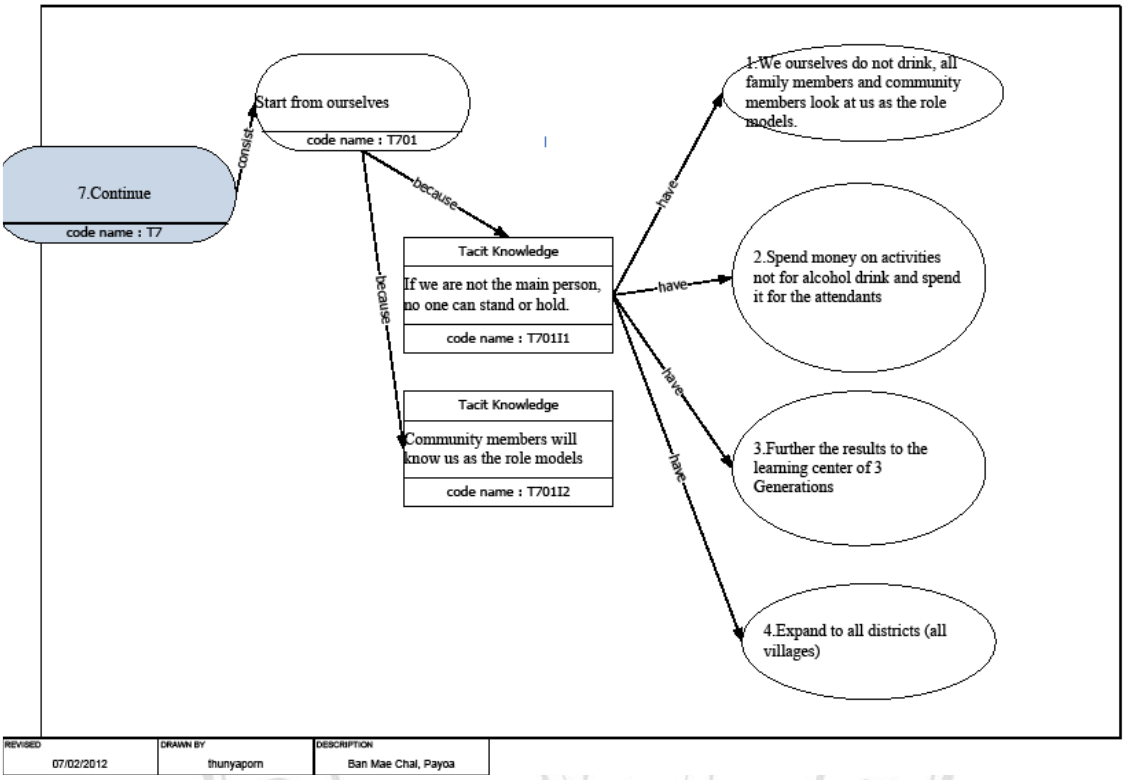


Figure 4.8.7 The continue task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

Figure 4.8.7 is about continuing from the expert, Ban Mae Chai, Payoa Province. The inference mentions the continuing in practitioners for alcohol drinking behavior in the community. The task is starting with ourselves. Inference has 2 parts. 1) if we are not the main person, no one can stand or hold. The domain has 4 ways. 1.1) We ourselves do not drink, all family members and community members look at us as the role models, 1.2) Spend money on activities not for alcohol drink and spend it for the attendants, 1.3) Further the results to the learning center of 3 generations, 1.4) Expand to all districts (all villages). 2) Community members will know us as the role models.

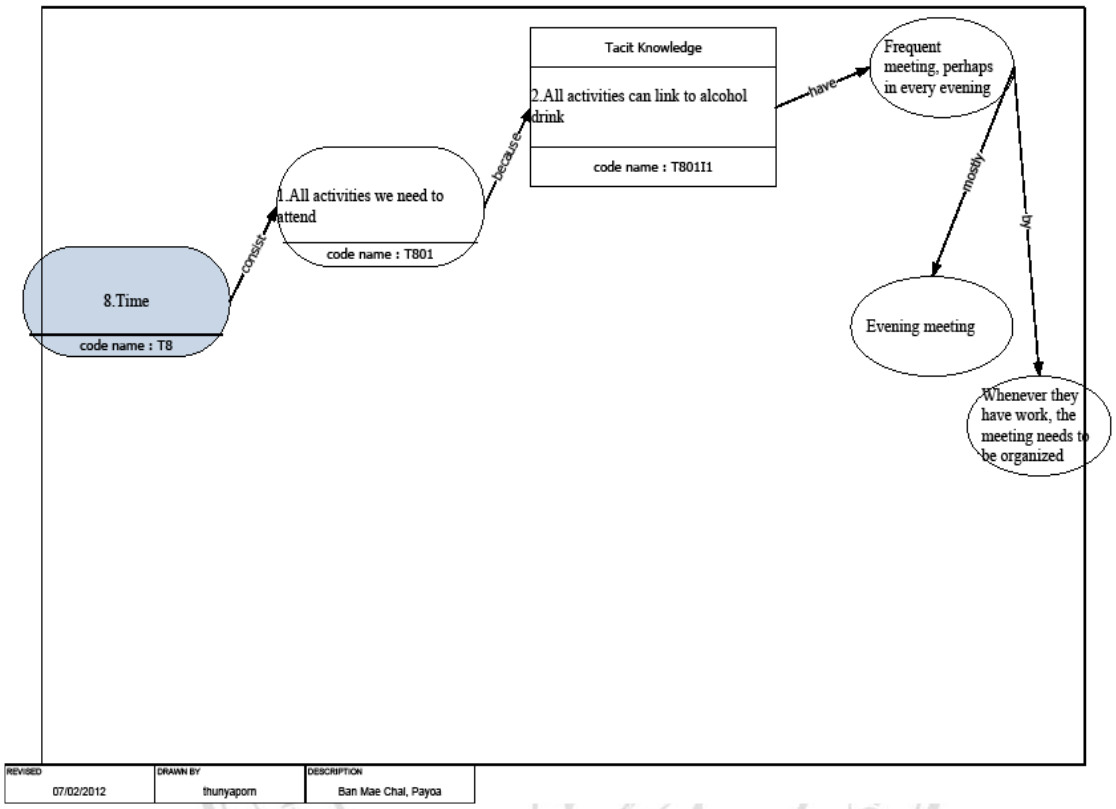


Figure 4.8.8 The time task of the internal motivation components from the VHV expert, Ban Mae Chai, Payoa Province

Figure 4.8.8 is about time for the expert, Ban Mae Chai, Payoa Province. The inference is on the time in practitioners for alcohol drinking behavior in the community. This task is that all activities we need to attend. The inference is that all activities can link to alcohol drink. The domain is frequent meeting, perhaps in every evening. Whenever they have work, the meeting needs to be organized. All of these are time task, inference and domain for alcohol drinking behavior modification in Ban Mae Chai, Payoa Province.

Figures 4.3.1 - 4.8.8 show main factor of alcohol drinking behavior modification which is VHVs. As I known that housewife VHVs have the routine responsibility in caring for their children and adolescents, therefore, they are accepted by the villagers and are assigned to work as the VHVs. Each of them has to be responsible for 15 to 20

households. The characteristic being as the VHV is agreeableness. They are presented as knowledge health workers in the field of public health and need to work cooperatively with the other roles.

Figures also present the knowledge map of alcohol modification systems in the rural area. The knowledge map of alcohol modification system is integrated in six areas, North of Thailand. All indicators are shown in the map and it also represents the relation in each indicator with each role. Obviously, the knowledge map is able to transfer tacit knowledge of experts to explicit knowledge. As in the map, seven roles are included and it also shows that one village health volunteer has various roles. One role which intersects with most VHVs is to be housewives. Importantly, the survey of 6 areas was integrated and then became the knowledge of process for alcohol modification. The data analysis was varied in the different contexts of each community. The communities included: Ban Sop Tia, Chiang Mai, Ban Mueang Chi, Lamphun, Ban Dong, Lampang Ban Samkha, Lampang, Ban Du Tai, Nan and Mae Chai, Payao. The constant comparison was applied in this study in order to obtain knowledge integration.

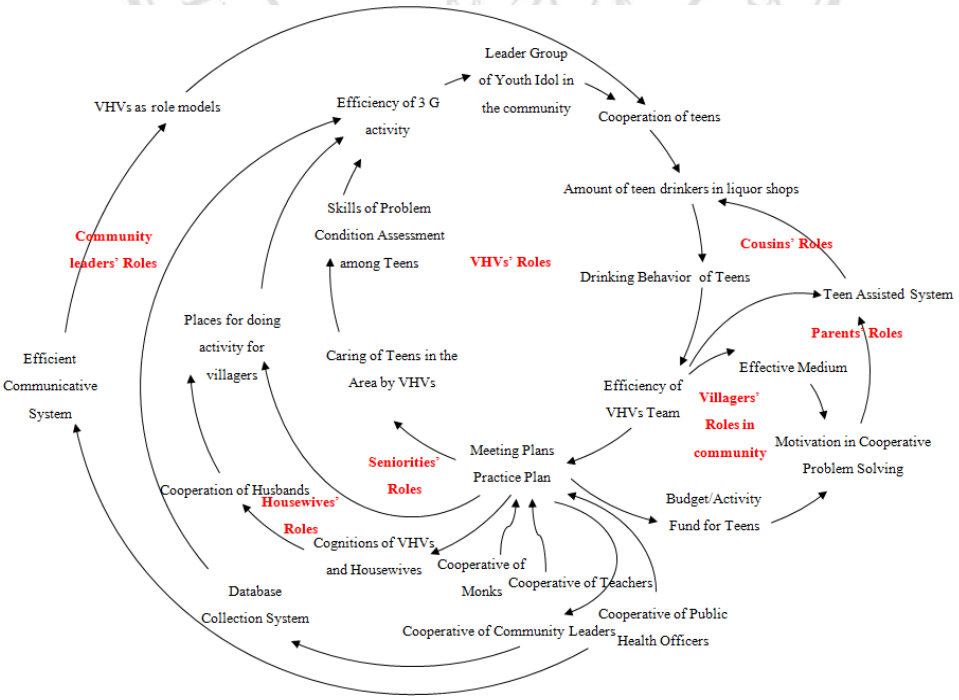


Figure 4.9 The structure of alcohol drinking behavior modification system in rural community, North of Thailand

The figure shows the collaboration of village's members in rural community. Village health volunteers are the major human resource to drive the structure of alcohol modification. The alcohol modification system is conducted by the process of meeting plans and practice plan.

This study captures knowledge in 6 areas of northern part of Thailand which originates the strategies applying in problem-solving. Each village found as following, 1) The management of alcohol problems in Ban Mueang Chi, Lamphun, VHV expert aimed at the leaders, 2) The management of alcohol problems in Ban Sob Tia, Chiang Mai, VHV expert focused on their cousins, 3) The management of alcohol problems in Ban Dong, Lampang, VHV expert focused on working people, 4) The management of alcohol problems in Ban Sam Ka, Lampang, VHV expert aimed at teenagers, 5) The management of alcohol problems in Ban Mae Chai, Phayao, VHV expert focused on teenagers, adults and seniors and 6) The management of alcohol problems in Ban Du Tai, Nan, VHV expert focused on teenagers and adults. Each expert has knowledge and experience in dealing with alcohol problems in rural community. In conclusion, meeting plan and practice plan are the sharing points in cooperation of each role.

Knowledge map has 2 starting points as meeting plan and practice plan. These two points are agreement in working. Meeting can arouse an awareness of roles and lead to the same agreement in dealing with alcohol problems in community and the meeting plan must be relevant to community calendar. There should have a plan and having calendar in working and can create the effective activities as their goals. Members or all roles need to volunteer themselves and community health officers or conductors need to be role models for VHVs as well. Even though some role has some part of action because of limitation or their self - drinking behavior, VHVs' roles have to be the main roles. Conductors or community health officers have to create motivation to members in all roles working cooperatively. If alcohol drinking behavior is successfully modified, it can be derived to the other health behavior problems.

VHVs mainly play an important role from stakeholders. Their roles are described as parents, cousins, villagers, leader, elderly and housewife. VHVs are widely known as knowledge health workers and community health officers are the conductors. VHVs are the role models, therefore, knowledge map can be expanded to the other groups and VHVs can be selected among the activity participation and then they can be the mentors for the other generations. Studying the authentic situation in the village leads to knowing of method in stimulated behavior of VHVs with success. Knowledge map can develop the learning of VHVs to be more efficient since the resources in community are used for the highest benefit leading to the community self-reliance.

4.5.2. Result from Process Two: Dengue fever protection in housewife VHVs in the study area.

Table 4.2 Case Study of Dengue Fever Protection in Ban Sa La Community

Community Members	**Other Assistants**	**Direct Care Person**			**Normal Children**
-They have protection process -It has no chance for Dengue Fever to occur	-Parents take care their children by themselves -Village health volunteers monitors as their responsibilities.	- Parents keep watching them. -Houses are cleaned once a month. -It has the survey of Dengue Fever weekly.			

Table 4.2 Case Study of Dengue Fever Protection in Ban Sa La Community(continued)

Community Members	**Other Assistants**	**Direct Care Person**			**Normal Children**
-They spray the neighborhood within 24 hours. -The children have been sick with Dengue Fever since the end of summer.		-Parents mainly take care of their children. In case they have to work outside, their grandparents take care of them instead.	-Parents take care of their children closely preventing the children to be in risky surrounding. -The spray will be done within 24, 0,		
		-VHVs are in a rush to survey the surrounding which has someone is sick of Dengue Fever.	3, and 7 hours until becoming normal situation.		

Table 4.2 Case Study of Dengue Fever Protection in Ban Sa La Community(continued)

Community Members	**Other Assistants**	**Direct Care Person**	**Sick Children**
-They spray the neighborhood within 24 hours. -The children have been sick with Dengue Fever since the end of summer.	-Parents mainly take care of their children. In case they have to work outside, their grandparents take care of them instead.	-Parents take care of their children closely preventing the children to be in risky surrounding.	
- The spray will be done within 24 hours. - Because of the death and sickness of Dengue Fever beginning from the end of summer, the members have to get knowledge and help to stop the sickness.	-VHVs keep watching to assure that the sick children become normal.	within 24, 0, 3, and 7 hours until becoming normal situation.	

It can obviously be seen that there were there groups of children involved in the case study. They were normal children, risky children and sick children. Each group of children had different persons who were responsible. As the normal children, the community members had their own protection process to stop Dengue Fever. Supportingly, the other assistants were parents and village health volunteers. Anyway,

the direct care persons were parents. They managed to clean houses, surveyed Dengue Fever and monitored their children while the risky children were taken care by parents and grandparents including VHVs. The community members needed to be strict on the cleanness of the area. Therefore, the direct care person such as parents paid more attention on children and surrounding. The last group was sick children, the community members had a major role in 24 hours for spraying. Therefore, they could help stop the sickness. Parents and VHVs were still be the assistants and direct care person to take care closely of them until the situation became normal.

4.5.3. Result from Process Three: Attention framework of health insurance salesman for decision-making of parents customers

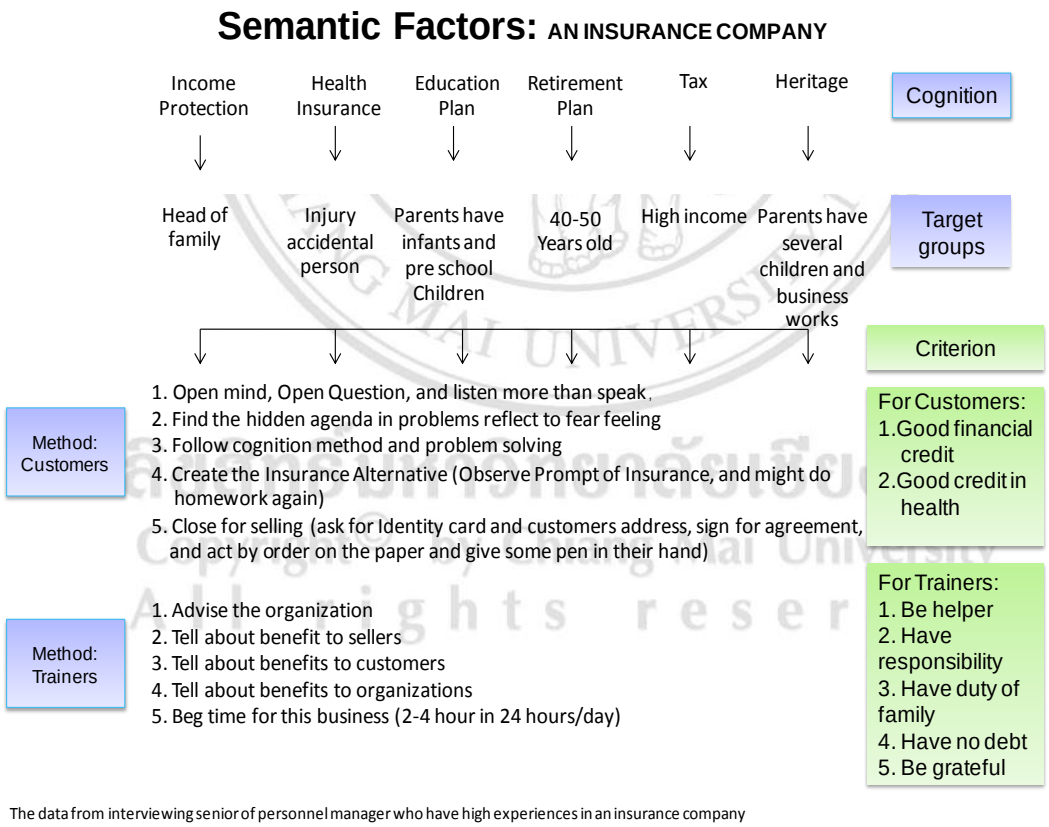


Figure 4.10 Result from Process Three: Attention framework of health insurance salesman for decision-making of parents customers

The finding represented the data from senior personnel manager who had high experiences in a health insurance system. She had the quality of being female, had responsibility for her children and family. The criterion related with Grameen model of Maternal Instinct belief to problem solving. The collections of semi-structured interview data show the organization of semantic factors generalizing from the Maternal Instinct by Attention framework. Attention consists of Cognition, Feeling and Action Tendency (Eagly and Chaiken cited in Gilbert et al., 1998). The guideline of question was easy to understand and answer because it was designed in the framework and had a good competency of interviewee selection. She was a good attention and priority setting to feasible the model.

Referring to Cognition, it is divided into 6 types for customer accessibility such as Income Protection, Health Insurance, Education Plan, Retirement Plan, Tax and Heritage. Certainly, the experts could identify the target group clearly. It led to the mutual understanding and response the demand of clients such as the functional Income Protection Cognition reflects to effect to head of family while Health Insurance influences injury accidental person, etc. Additionally, the experts told that this functional Cognition would be effective by criterion of customers and trainers.

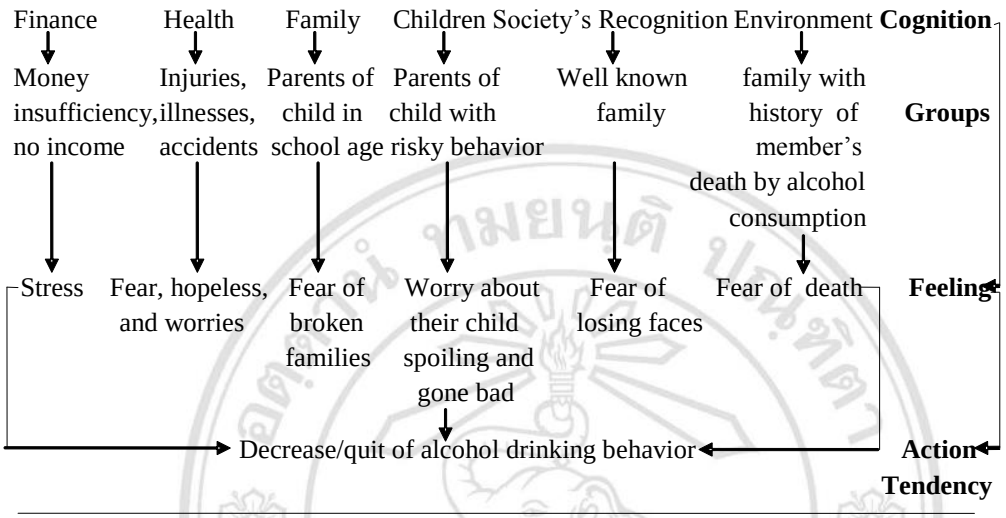
The Attention is analyzed by the method of customers (1) They are open-minded, open-ended questions and listen more than speak, (2) find the hidden agenda in problems reflecting to fear feeling, (3) follow cognition method and problem solving, (4) create the insurance alternative (observe prompt insurance, and might do homework again) and (5) close for sell (ask for Identity card and customers address, sign for agreement and action by order on the paper and give some pen in their hand). Actually, open mind of client was the key success to access and appreciate in the agreement of service. Similarly, using of technical counseling is in the counselors. It could help transfer this tacit to explicit knowledge for simple learning in generation to generation (Worasinchai and Daneshgar, 2012). Besides, the process of trainer could be done by (1) advise the organization, (2) tell about benefit for sellers, (3) tell about benefits for customers, (4) tell about benefits for organizations, (5) beg time for this business (2-4 hours in 24 hours/day).

These patterns resemble the process of counseling to help the patients from illness. Therefore, semantic factors investigation should be significant to search the main issues from the common problems and guide the Cognition of persons. The semantic factors of a health insurance company expertise could be created the apparent of model. This model could be designed by Attention framework and generalize to a community case study of the effect of alcohol drinking behavior. It increases efficiency by Maternal Instinct driving.

According to Sara study, Maternal Instinct is autonomic function of physiology of human. It could drive the action and shows high performance for the target goal. Especially, well-being of babies is sensitively for maternal behavior. Sometimes mothers will be angry and feel guilty. They will show the moody and depression. It looks like she feels confused but mother can overcome the trouble every time (Weisinger, 2009; Hrdy, 2011).

The document was represented clearly after the prototype of the first housewife working sample in health insurance company. Later, the second sample group for creating alcohol drinking behavior learning model was chosen from housewife VHVs as they could occur and was stimulated the power of Maternal Instinct. The health volunteer leaders helped specify the sample groups and the samples were captured in experiences of alcohol drinking behavior modification in the villagers of community. These experiences were transferred to the explicit knowledge for health volunteers and drove semantic factors: housewives' alcohol modification model. The model is displayed in Figure 4.11.

4.5.4. Result from Process Four: Semantic model of housewives VHVs alcohol modification



Methods

1. Monitor sign and symptom or assessment
2. Describe the effects of alcohol consumption (the most important stimulation)
3. Provide concrete example (severe or death case to stimulate t he fear of death)
4. Comparison method to reflect the situation (the possibilities occurring to themselves and their beloved people)
5. Stimulate thinking by questioning (thinking derived from their experiences)
6. Express their concern/ unhappy feeling (their own concern toward the case)
7. Advise the practical ways (to enhance their hope)
8. Suggest the drinking behavior control strategies
   - Refusal Skills
   - Social Skills
   - Social Responsibility skills (do not kill the time but use the time beneficial to others)
   - Being role model in families and communities
   - Family Communication Skills
   - Enhancing self-esteem (identify the task that has be done or success)
9. Give as examples of success cases (to make them hopeful for success)
10. Arouse the religious spirit (Intrinsic belief)
11. Counsel on other problems (decrease of stress influencing alcohol modification)
12. Set an agreement and condition (set goals of alcohol behavior modification)
13. Inspire and motivate participation of cousins (encouraging to adjust alcohol behavior)

Ref.: The data from interview village health volunteer who have high maternal instinct personality San Pa Tong District, Chiang Mai Province

Figure 4.11 Semantic Factor Housewives' Alcohol Drinking Behavior Modification Innovation

The chart above presents the Semantic Factors of Alcohol Modification Learning based on the Maternal Instinct of housewives. The core drive of Maternal Instinct is Attention, which comprises of Cognition, Feeling and Action Tendency.

Based on the results of Attention, 6 aspects were categorized as Finance, Health, Family, Children, Society's Recognition and Environment. Financial Cognition is concealed among the people who confronts a financial problem. As a result, this group of people may be understressed because they became debtors and could not pay back money to creditors. Hence, they will lose the credit and run away from the society (Latrous and Trabelsi, 2012).

Health Cognition is usually found in the sick people who have fear, hopelessness and worries. When they become worried about the increase of diseases, they may have depress and lead to a suicidal idea. Therefore, they should try many ways to decrease the suffering of the illness. They are still afraid of sickness and drink alcohol. However, sometimes alcohol drinking has an effect on their shame and low self esteem. Mental health could be decreased by losing image and low self confidence (Yuill, 2009). The Family Cognition is hidden among the parents whose children are on school period and then they may feel fearful of broken family. If the parents concern more on their child's well-being, they will grow with strong mind in the family. It is essential to bind them with Attention of love.

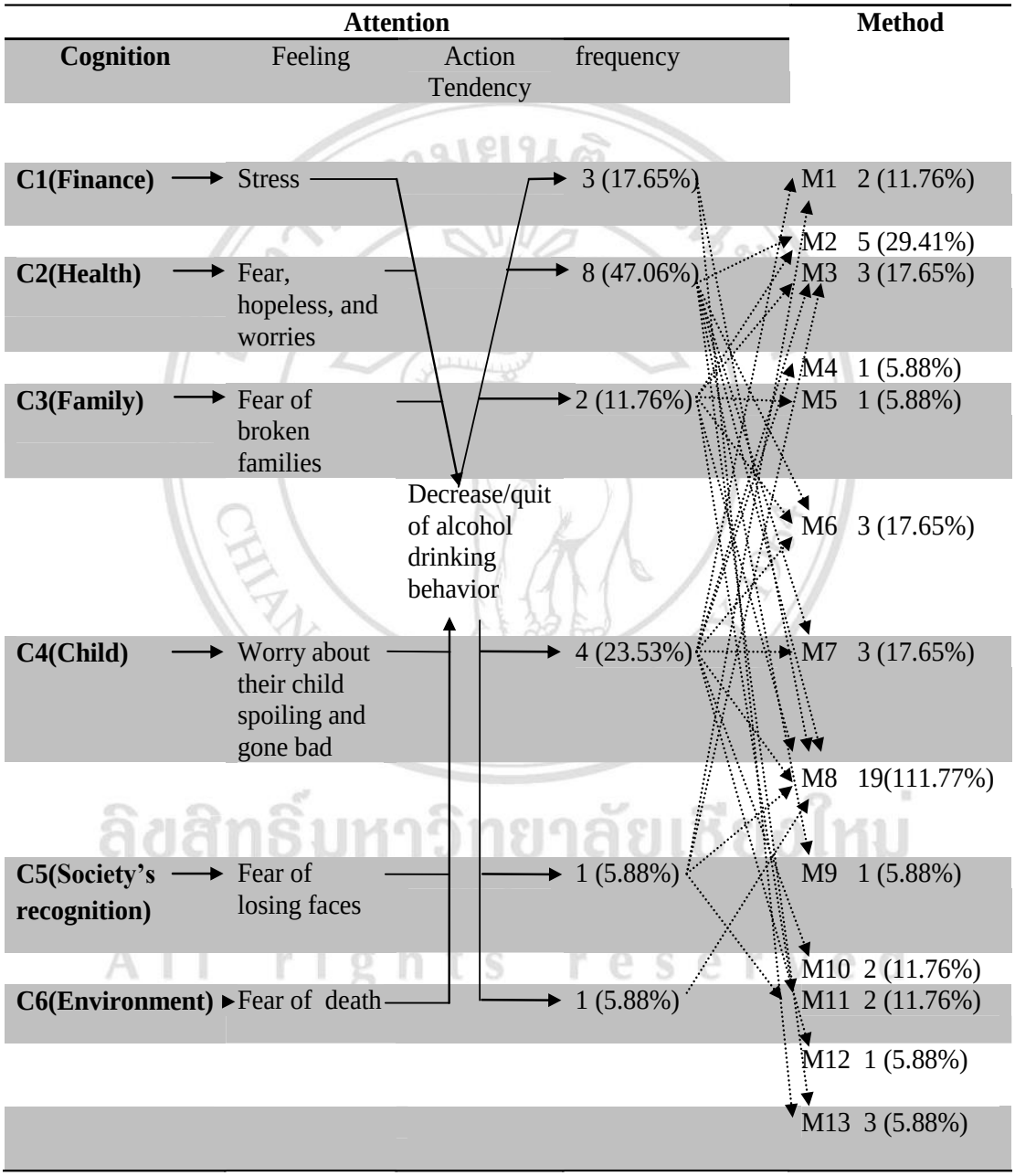
As Child Cognition, it could be shown among the parents of children with risky behaviors. They may feel anxious about their child spoiling. Finally, they sympathize with their children. Their learning might be imitated in the environment and then has an influence more than word of parents (Kuzma, 2012). The aspect of Society's Recognition Cognition could be shown among the well- known family which reflects to the feeling of losing faces. When they drink much, it affects to brawl with housewife. She can brawl and does not feel shameful to expose because she is very angry. Then, the neighbors will be around and curious. This event is rather difficult to hide, especially it will be spread among the government officers or society.

Lastly, it was the Environment Cognition which is revealed among family with members' death by alcohol consumption with the feeling of fear of death. Due to the event could cause to the awareness of death in themselves, it could link to their risk behavior and genetic of family. Besides, they were close with the patient till death. The event still presented the image of their love. All of these 6 aspects are hidden in Attention which are an Action Tendency to decrease or quit alcohol drinking behavior (Andriotis, 2010). It had taken worthiness and self-esteem in the housewife VHVs. The motivation of village health volunteer worked well since it made the better quality of life with the children and family.

The model of Maternal Instinct Semantic Factors on alcohol drinking behavior learning was the result of this study. The below table displays the frequency of Attention process in housewife VHVs. It revealed that Health Cognition of housewife VHVs could persuade most of alcohol drinkers since this Cognition influenced to fear, hopelessness and worries in alcohol drinkers. They could understand themselves with the increase of illness. This Cognition has performed in the patients such as diabetes, cirrhosis of liver, hypertension and other chronic diseases including accidental patients from alcohol drinking behavior. The second Cognition is Child Cognition because this is the worry of parents about their child spoiling and gone bad. Especially, parents who have children with risky behavior such as loaf in nighttime and against and aggressive behavior children, etc. The third Cognition is Finance Cognition, it has an effect to the stress of debt and affordable ability of family. Besides of Cognitions are in the table. It presents the most of the method used. Firstly, the eight methods show the drinking behavior control strategies by Refusal Skills, Social Skills, Social Responsibility Skills (do not kill the time, but use the time beneficial to others), Being role model in families and communities, Family Communication Skills, Enhancing Self-esteem (identify the task that is done or success). Secondly, the second method explains the effects of alcohol consumption (the most important stimulation). Additionally, the other methods could be valuable to design of activity of alcohol drinking behavior modification for health volunteers in the future work study.

Table 4.3 Maternal Instinct Semantic Factor

Maternal Instinct Semantic Factors of housewives as health volunteers



The results of Table 4.3 could capture constant comparison which is method village health volunteers applied to help the people overcome the alcohol drinking

behavior and prevent the sickness. It is called health education. This education could be done both of group and individual with the aims of giving knowledge to the adjustment of attitude. So, it could decrease or stop the drinking behavior. The advantage of the health education is that the large group can participate in this process and the effective content or the village health volunteers processes are well in handling in the knowledge of epidemic in the community, the care of children immunity, the knowledge of nutrition, etc. However, the limitation of health education is to adjust alcohol drinking behavior. The study after training the village health volunteers noticing from pre-test and post-test, the result revealed that there was the increase of the knowledge of village health volunteers but they still drank alcohol. Even though they retrieved more knowledge than the others, they were not able to modify their behavior themselves and also reflected to the belief of the villagers in taking care of public health. Therefore, it had the cause of the mistaken understanding in the society and children and youth acting like them as the role models. Consequently, the way of health education motivated them having more knowledge but still lacked the effectiveness in adjusting their behavior. Hence, the public health officers have to apply basic counseling in adjusting the behavior.

The important process is the patients placed as the center base of the good relationship. To start, the patients need to trust on them with the warm, sincere and friendly behavior. Then, they should be the good listeners and have choices of the solution as the context and potential of the patients till the patients have their own goals, make the conclusion as well as good evaluation. Counseling is one of the effective ways for the health education and the result is more effective because the village health volunteers could understand more in the thought and feeling of the patients.

However, the experiences and skills of the counselors are necessary. It could present the effectiveness of it, therefore, it has its limitation of the village health volunteers. The village health volunteers in Thailand could not focus more on the impact of alcohol drinking behavior because they are responsible for various aspects. Additionally, the Attention of them decreased and the counseling could be done in only a few times which could not be successful. The researcher had to provide more choices

in managing the problems on the impact of alcohol by creating the tool in learning among the village health volunteers, which could decrease the limitation of health education as the part of feeling.

The counseling limitation is the experience level and skills for counseling technique by constructing Semantic Factors based on Maternal Instinct and the experiences of the village health volunteers in helping the drinkers in the community. They have to do under the framework of Attention which are Cognition Feeling as well as Action Tendency and they have to search for the ways to help the housewife VHVs adjust the behavior successfully in the community as shown in the below table.

Table 4.4 Constant comparison: Alcohol Modification Learning for public health officers and village health volunteers

Alcohol Modification	**Methodology**	**Results**
Health education	Alcohol Education 1. The impact of alcohol drinking behavior education 2. Appreciated low risk drinkers	Low risk drinker (AUDIT score0-7)
Counseling	Counseling 1. Case screening, Problem Assessment, Level Reflecting, and Advice 2. Motive Reinforcement 3. Goal Setting 4. Follow up	Hazardous drinker (8-15score) and Harmful use (16-19score)

Table 4.4 Constant comparison: Alcohol Modification Learning for public health officers and village health volunteers(continued)

Alcohol Modification	**Methodology**														**Results**	
Maternal Instinct Semantic Factors -Finance -Health -Family -Children -Society's Recognition -Environment	Case/ Method	1	2	3	4	5	6	7	8	9	10	11	12	13	Alcohol drinking Behavior (cases)	
															Decrease	Quit
	1		/						/						0	3
	2								/						0	3
	3		/	/			/		/			/	/		6	1
	4			/					/						4	2
	5		/						/						3	2
	6	/		/	/		/	/	/	/		/			1	3
	7							/	/						1	0
	8								/						0	1
	9								/						0	1
	10								/					/	1	1
	11								/		/				1	0
	12							/	/	/				/	3	1
	13								/						2	1
	14	/							/						3	1
	15						/		/		/				1	2
	16													/	1	3
	17	/							/						1	1
	18		/			/									0	4

Table 4.4 Constant comparison: Alcohol Modification Learning for public health officers and village health volunteers(continued)

Alcohol Modification	**Methodology**														**Results**	
	Case/ Method	1	2	3	4	5	6	7	8	9	10	11	12	13	Alcohol drinking Behavior (cases)	
															Decrease	Quit
	1. Monitor sign and symptom or assessment 2. Describe the effects of alcohol consumption (the most important stimulation) 3. Provide concrete example (severe or death case to stimulate the fear of death) 4. Comparison method to reflect the situation (the possibilities occurring to themselves and their beloved people) 5. Stimulate thinking by questioning (thinking derived from their experiences) 6. Express their concern/ unhappy feeling (their own concern toward the case) 7. Advise the practical ways (to enhance their hope) 8. Suggest the drinking behavior control strategies • Refusal Skills • Social Skills • Social Responsibility skills (do not kill the time but use the time beneficial to others)															

Table 4.4 Constant comparison: Alcohol Modification Learning for public health officers and village health volunteers(continued)

Alcohol Modification	Methodology	Results	
	• Being role model in families and communities • Family Communication Skills • Enhancing self-esteem (identify the task that has be done or success) 9. Give as examples of success cases (to make them hopeful for success) 10. Arouse the religious spirit (Intrinsic belief) 11. Counsel on other problems (decrease of stress influencing alcohol modification) 12. Set an agreement and condition(set goals of alcohol behavior modification) 13. Inspire and motivate participation of cousins (encouraging to adjust alcohol behavior)		

This table shows the significant method for alcohol drinking behavior modification. This study found that all of village health volunteers were the good role models in alcohol drinking behavior. They experienced quitting or decreasing alcohol drinking behavior for the villagers and testing the intervention effectively. Moreover, some village health volunteers had care taking of children's drug addiction and child game skills. They learned by doing in daily lives in their consciousness for the public.

The village health volunteers had the suggestion on the drinking behavior control strategies. The strategies are employed with (1) Refusal Skills: the village health volunteers applied the refusal skills by recommending the drinkers to stop drinking behavior because the health problems are found in the drinkers. Nevertheless, the

drinkers had the reasons to strongly refuse that they drank and had never drunk, told about their symptoms when they drank, told their friends they were sick, mixed a lot of water with alcohol, if their friends offered a glass of alcohol, they would also get it and do the other things instead , refused to drink by doing the other activities, refused to drink as usually until it became the normal action, suggested drink only a glass all time, the leaders must not drink, refused that their mother were sick of the diseases caused from alcohol (diabetes, could not drink because of the health problems, no feeling to drink, no free time because of work, (2) Social Skills: the village health volunteers suggested the drinkers to drink coke, and ate only snack, they told the drinkers about the impact of alcohol, they got a glass of alcohol but they did not drink, pretended to get drunk and were fun, and the villager health volunteer mixed coke with alcohol, (3) Consciousness Skills: the village health volunteers stimulated the drinkers to do their hobbies (no free time) such as they offered work to the drinkers, working for the health community center (finding herbs, prepare the tools), and amulet watching (Cuenca and Edgar, 2011). They also gave the reasons that if they got drunk, they could not work and lose some income, they retreated the drinkers to caregiver program and also took the mothers and children to train 3 generation activities, they persuaded the drinkers to join 3 generation activity, community activities, (4) Being role model in families and communities skills: the village health volunteers suggested to take the children to join 3 generation activities on alcohol drinking behavior modification for the village health volunteers. The reason that the village health volunteers should behave as role models for their children avoiding to drink alcohol since this could damage their image as the people who had the good health, so they led the children and mother to participate in 3 generation activities, (5) Family Communities Skills : the village health volunteers recommended that there should be the change in family communication by persuading not the strong words and (6) Enhancing self-esteem: the village health volunteers told the results of the successful case in the past and emphasized that they could stop drinking and they could do.

4.5.5. Result from Process Five: Activities in alcohol modification for housewives VHVs in rural area

This section will describe the strong cognitions and methods based on maternal instinct for identifying the semantic factors and proving the idea for maternal instinct application. It was implemented in housewife VHVs because they had quality of maternal instinct and were working mothers. It had power and can display in attention. Additionally, the methods connected to life skills. Then, the data are displayed in Figure 4.12 and 4.13.

Referring to the previous study, the result imitated semantic factor: housewives' alcohol modification for the rural community. The design was done for the knowledge of village health volunteers having high maternal instinct in the community. The semantic factor presents attention model consisting of action tendency, feeling and cognition. These cognitions are as finance, health, family, children, society's recognition and environment. They explore on the feeling and decrease or quit the alcohol drinking behavior of cases. These are the action tendency for creating method. It also presents the explicit knowledge in 13 methods such as (1) sign and symptom monitoring or assessment, (2) explain the effects of alcohol consumption (the most important stimulation), (3) provide concrete examples (severe or death case to stimulate the fear of death), etc. Therefore, the current study has to investigate on the semantic factor model for designing activities on alcohol drinking behavior modification by the correlational analysis. Moreover, the data present the cognition of experts' perception arousing the alcohol consumers. Most cognitions were mentioned as health issues (44.44%) and children issue (27.78%). The health cognition was relative to M1-M4 and M6 (refusal skills, social skills, consciousness, being role model in families and communities and enhancing self-esteem) and M1-M4 connected to the children's cognition as well as most of the methods were chosen in M2 (33.33%) and M4 (22.22%).

Therefore, the semantic factors model could be derived from the design of activities by attention on alcohol drinking behavior. The cognitions should blend into

the authentic context in rural communities. Feeling of village health volunteers stimulated the cognitions from semantic factors knowledge provided from the experts in the community. Finding of this study was the importance of health and children' cognitions, including M1-M4 and M6 often applied alcohol drinking behavior modification. These cognitions were got from the stations designing such as the hospital, the village, the school and the temple as well as using personal resources in their community. They were based on maternal instinct stimulation. The design of activities could be represented in Figure 4.13.

Cognition	**Method**
C1: Finance 16.67% (3)	M1: Refusal Skills 11.11% (2)
C2: Health 44.44% (8)	M2: Social Skills 33.33% (6)
C3: Family 11.11% (2)	M3: Consciousness (do not kill the time but use the time beneficial to others) 5.56% (1)
C4: Children 27.78% (5)	M4: Being role model in families and communities 22.22% (4)
C5: Society's Recognition 5.55% (1)	M5: Family Communication Skills 11.11% (2)
C6: Environment 5.55% (1)	M6: Enhancing self-esteem (identity the task that has been done or success) 5.56% (1)

Figure 4.12 The Relationship of Cognitions and Methods on alcohol drinking behavior modification

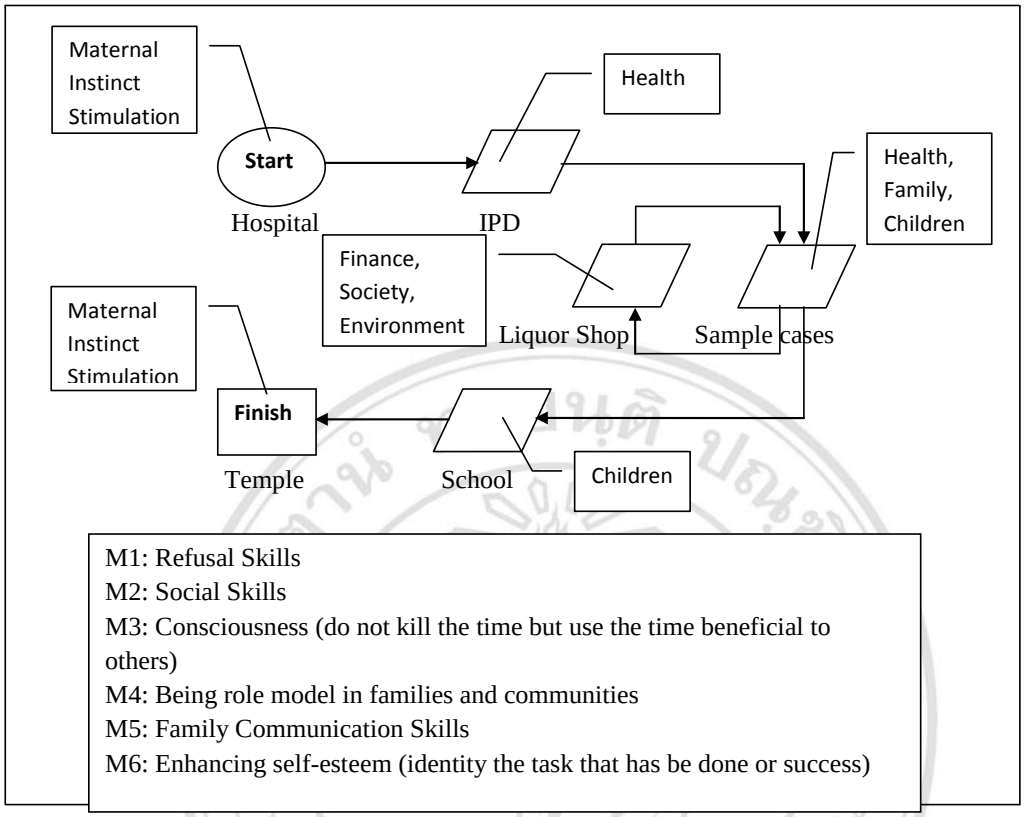


Figure 4.13 The Map of Activities Designing of Maternal Instinct Driving

The activities of the subjects in the 6 stations are described as follow;

Station 1: Watching about maternal instinct driving short-films at the hospital. It was found that maternal instinct VDO reflected to the sympathetic feeling of the housewives. Most of their faces became sad, full of the tear. Their eyes focused on the screen with intention. (The chosen films had the similar content as the mothers' roles in reality as in rural communities).

Station 2: Observing illness cases at IPD (In-patient-Department) of the hospital. The data did not present the feeling of maternal instinct relation. This information drew health cognition to understand severe effects of alcohol drinking behavior in real situation. They perceived suffering of patients and their cousins.

Station 3: Learning about death cases and liquor shop in the village. It had an influence on altruism, harmony, cooperation, brotherhood and self-sacrifice. As they took the participation of teamwork activities, they studied about environment and social as well as finance discussion.

Station 4: Discussing with the role models of alcohol drinking behavior modification in the village. The good cases would be discussed on the knowledge sharing and disciplinary of alcohol drinking. The ability of controlling alcohol and modification technique was applied in their family through semantic factors chart: housewives' alcohol modification. This activity showed the similarity of the feeling in station 4.

Station 5: Practising courageousness in the student group. They learned by face-to-face with the children. They used step of counseling to give advice to the children. This act took caretaking, sympathy and protection. Moreover, it was found that caregivers provided the information and tried to help the children to relieve their suffer.

Station 6: Listening to the monk on "Pleiades" as the activity of maternal instinct sermon in the fable. It had an effect on the similar feeling in station 5 which included the process, semantic factors and the quality of maternal instinct. The features of maternal instinct was transferred to the life skills such as consciousness, empathy, self-esteem and interpersonal relationship.

The analysis of the Figure 4.12 and 4.13 associated with the attention in maternal instinct concept. The characteristics of maternal instinct led to the relation to the methods of model. It presented some life skills based on attention that collected the data in order to prove the usability of the model by the frequency percentage of the information analysis.

The data analysis revealed that C2 (Health cognition) and C4 (Children cognition) were frequently used than the others. Therefore, the design of activities should concern more on these features for stimulating most of maternal instinct in housewife VHVs. Nevertheless, this model related to the method of alcohol drinking

behavior modification by the experts who succeeded in alcohol modification. The methods are on M2 (Social Skills) and M4 (Being role model in families and communities) in creating the model's structure. The target group was approximately twenty-six housewife VHVs having the alcohol drinking behavior in their husbands and having the adolescent in their families. This design of activity of this community was used to describe in attention concept. The compound had cognition, feeling and action tendency. It had the participation in the stakeholder receiving the effects of alcohol problems. The resources of communities were such as health officers, monks, villagers, alcohol sellers and teachers. This model can be explained in the six stations. The first station started with the activity at the hospital. The subjects were aroused the interest by the short-film about real situation of mothers. The experts chose the media which enough stimulated the feeling of maternal instinct. The second station, observing the role models of the patients who had the effect of alcohol drinking behavior such as liver cancer, cirrhosis of the liver and bleeding in the stomach at IPD (In-patient-Department) of the hospital. These images could be shown by the sample of health's case study. The third station shows the successful case of family having high maternal instinct and ability of alcohol drinking behavior modification in their family and relatives. This station had the discussion on the cognition of health, family and children. The fourth station is on learning in the liquor shop was finance, society recognition and environment. The fifth station mentions that they practised with the children in schools. Finally, finishing activity at the temple were restraint of mental health in the community, the review and reflect the experience of alcohol on the faith of Buddha. It helped elicit the maternal instinct for their children and husbands. This view is explained in Figure 4.14.

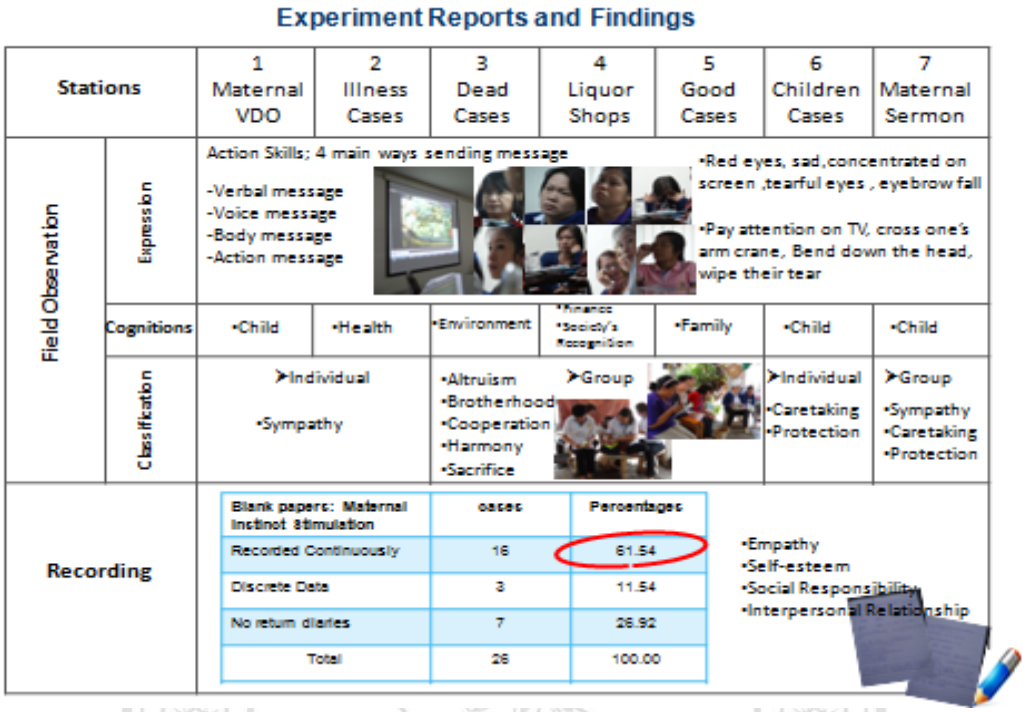


Figure 4.14 The evaluation of the activities design in maternal instinct semantic factors

The evaluation of the design of activity of the semantic factors model based on maternal instinct is practical model. The maternal instinct affected the relationship of attention; cognition, feeling and action tendency. Moreover, this design brought to life skills; empathy, self-esteem, consciousness and interpersonal relationship. Furthermore, this study found that some significant characteristics of maternal instinct to the increase of life skills. It will appear in Table 4.4 and 4.5.

4.5.6. Result from Process Six: The evaluation of learning improvement

Table 4.5 Process of Maternal Instinct Semantic Factors Model

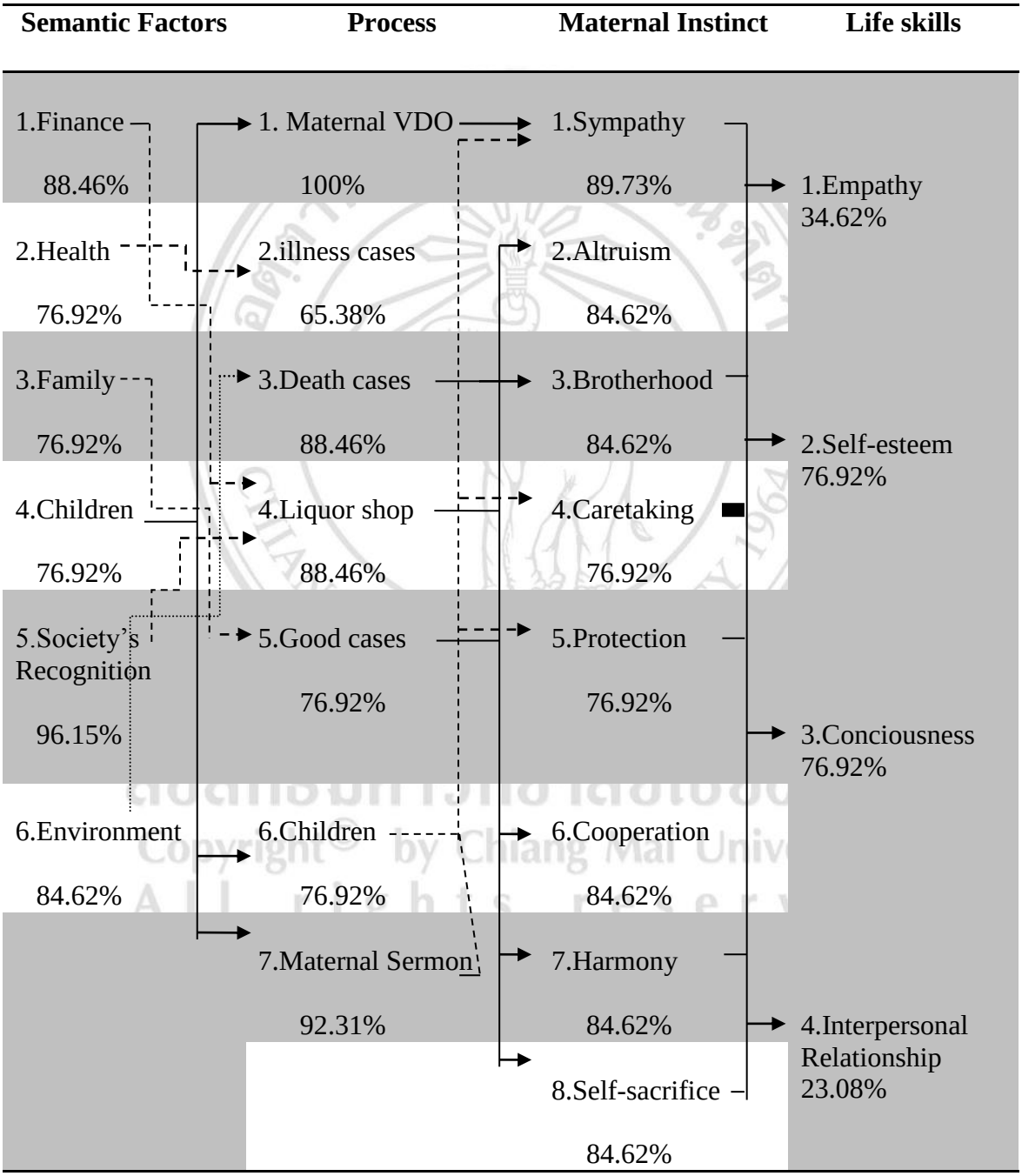


Table 4.5 represents about the relationship of the semantic factors based on maternal instinct by attention to the activities designing for usability of the model in order to alcohol drinking behavior modification. Table 4.5 began with the initial of attention; cognitions and it linked to the process of the station designing. They had an impact on maternal instinct characteristics. Additionally, the activities worked relatively to some life skills. This study revealed that most of the elements of model were the strong effects, even though it emphasized on the life skills. The result also showed the strong impacts which were self-esteem (76.92%) and consciousness (76.92%). Next, the empathy and interpersonal relationship were rather of medium effect.

In addition, the relationship of the semantic factors, maternal instinct characteristics, process and life skills are presented in Table 4.5. This section will show the detail as relation of maternal instinct characteristics and life skills by cross analysis in Table 4.6.

Table 4.6 Relation of maternal instinct characteristics and life skills

Maternal Instinct / Life skills	**1.Empathy (Percentage/No. of respondents)**	**2.Self-esteem (Percentage/No. of respondents)**	**3.Conciousness (Percentage/No. of respondents)**	**4.Interpersonal Relationship (Percentage/No. of respondents)**
1.Sympathy	7.69% (2)	3.85% (1)	7.69% (2)	3.85% (1)
2.Altruism	0% (0)	0% (0)	0% (0)	0% (0)
3.Brotherhood	7.69% (2)	11.54% (3)	26.92% (7)	11.54% (3)
4.Caretaking	34.62% (9)	76.92% (20)	76.92% (20)	23.08% (6)

Table 4.6 Relation of maternal instinct characteristics and life skills(continued)

Maternal Instinct / Life skills	**1.Empathy (Percentage/No. of respondents)**	**2.Self-esteem (Percentage/No. of respondents)**	**3.Conciousness (Percentage/No. of respondents)**	**4.Interpersonal Relationship (Percentage/No. of respondents)**
5.Protection	23.08% (6)	30.77% (8)	30.77% (8)	7.69% (2)
6.Cooperation	0% (0)	0% (0)	0% (0)	0% (0)
7.Harmony	11.54% (3)	7.69% (2)	19.23% (5)	19.23% (5)
8.Self-sacrifice	3.85% (1)	7.69% (2)	7.69% (2)	7.69% (2)

The data were analyzed from the white papers in the opinion of village health volunteers. It was found that the quality of maternal instinct related to life skills. Most of maternal instinct was caretaking and protection characteristic. It was motivated by the design of activities on semantic factor; housewife VHVs. The information showed more than 3 in 4 of caretaking characteristic and more than 1 in 4 of protection characteristic were connected with self-esteem and consciousness features of life skills. However, if the characteristics of caretaking were various, the 4 features of life skills would have the increase such as self-esteem, interpersonal relationship, consciousness and empathy (Veneta, 2005). On the other hand, the arouse of maternal instinct did not show altruism and cooperation involving. Then, it was not related to 4 features of life skills.

This outcome revealed that experts used the health issues mostly on the topics of illness and accidental persons group. The children issue was the next group and focused on mothers or fathers who had children in education period. Generally, advertising media or short-films in our lives could arouse the fear from overall image in television, internet, and newspapers, etc. The content of them was on the accident caused by alcohol drinking behavior, the positive feedback from decrease or quit of alcohol drinking and the terror incidents from alcohol consumption. However, the media has been promoting continuously, and there were the increase of alcohol effects as well (Anderson et al., 2009). Comparing this study, it revealed that the feeling of subjects could be aroused and it could motivate the sympathy with maternal instinct characteristics; however, it influenced less empathy. For example, the events of car accident on the road which were commented by the surrounding crowd. They felt interested and sympathetic but they could not mutually understand to help the victims. Sometimes, they may have empathy but it was not enough to lead to the better of events. Therefore, the stimulation only began with the process. The other process may be designed based on the identical goal setting. The samples are from this study. This process was outstanding and then led to caretaking characteristics, consciousness and self-esteem in life skills. It is possible that the design brings further effective events. Therefore, the design of activity is important since the learning could be derived from them and developed the organization continually.

Table 4.7 The evaluation of alcohol drinking behavior modification in the sample groups

Results	**Levels**	**VHVs**		**Husbands**	
		Cases	**%**	**Cases**	**%**
Not improve	Low risk	23	88.46	20	76.92
	Risk	1	3.85	3	11.54
	Worse	2	7.69	2	7.69
Improve		0	0.00	1	3.85
Total		26	100.00	26	100.00

Table 4.7 show, the evaluation were done after 2 months implementation, it found that the alcohol drinking behavior of VHVs and their husbands are in the low risk or standard drink 88.46% and 76.92%. They are good controlling from alcohol drinking behavior. However, the worse of behavior is 7.69% in a few of VHVs and their husbands. They mentioned that they cannot restrain themselves from many festivals in the village (Song Karn, Poy Leaug). It affects continual of their alcohol drinking behavior. Even though one husband improved in alcohol drinking behavior, VHVs informed about his illness and ability to restrain by himself.

This idea can bring to the future work of the collaboration of knowledge sharing in the group. Additionally, each of season affects alcohol drinking behavior in the VHVs. This result can be transferred to the community health officers in order to plan and practise in their project.

4.5.7. Findings (Expected & Unexpected finding)

This part shows the expected and unexpected findings from this study. There are the results from research methodology. The findings are (1) the family in rural community face the risk of alcohol problem, (2) the maternal instinct stimulation is a solution of alcohol problem and (3) the activity of attention drawing on semantic factor model drives maternal instinct in housewife VHVs. These are described the detail in each of item:

(1) The family in rural community confronted the risk of alcohol problems. The loss cost from the effects of alcohol drinking behavior with the illness has been the main concern in San Pa Tong District. It was found that the alcohol drinking behavior relates to 44 diseases which had shown in the patients from Sanpatong Hospital. There is the principle of community health service in San Pa Tong District. The data collection presented approximately 30 million Baht of the loss cost which related to alcohol drinking behavior (HITAP, 2008; Sanpatong Hospital, 2010). The data are shown in the figure below.

Supportingly, the data were collected from Emergency room and Police officer. It showed that the accidents caused by alcohol drinking behavior was found in San Pa Tong District. The number of cases was 37 cases who had accidents from alcohol drinking behavior (ER, 2010) and the number of cases was 27 cases who were lawsuit with alcohol drinking behavior. These were the data that showed the impact of alcohol drinking behavior. Besides, the researcher found that the health workers being as the role models in health behavior of the community have the alcohol drinking behavior. On the other hand, 54.05% village health volunteers have the alcohol drinking behavior in the village, and most of their husbands drink together. This evidence supports the increase of addiction behavior in the family factor and social learning of community. Therefore, the risk of alcohol drinking behavior still threatens the family and community.

(2) The maternal instinct stimulation is a solution of alcohol problem, called Semantic Factor Maternal Instinct Model. It is created from the investigation of the potential of Dengue Fever protection in San Pa Tong District. Ban Sala and Ban Sariam are the role model villages in San Pa Tong where there is no evidence found about Dengue Fever. The housewife VHVs were accepted and received the honorable prize in Dengue Fever protection of the sub-district and district. They have been controlling the Dengue Fever by their tacit knowledge system. This system was explained in Figures 4.3.1-4.8.8. The housewife VHV is the key person who has maternal instinct. The maternal short film in the agenda of alcohol modification could stimulate maternal instinct of housewife VHVs. It is shown in the Figures 4.3.1-4.8.8. In addition to the sample group of housewife VHVs, the result revealed that alcohol drinking behavior of them decreased in a month. It is shown in the Table 4.6. Then, the comparison of the data from the group discussion found the different attention in alcohol modification. The attention after attending activity is better than before having an intervention on alcohol drinking behavior modification in housewife VHVs.

Besides unexpected findings, the counseling technique was hidden in the attention framework from health insurance salesman interviewing. It is shown in Figure 4.3. It was found that the method of counseling technique of the sample group is such as

(1) Open mind, open question and listen more than speak, (2) Find the hidden agenda in problem reflects to fear feeling and (3) Follow cognition method and problem solving. They were based on the helpers who have responsibility and have duty of family. The qualification of helpers related the characteristics of maternal instinct. Which are contributed the designed of users and intervention for the effectiveness of the model.

(3) The activity of attention drawing on semantic factor model drives maternal instinct in housewife VHVs. It is shown in the evidence of maternal instinct stimulation by the activities design in Table 4.4 of Chapter 4. Maternal Instinct occurred in 6 stations. The activities were designed through the situated learning with Walk Rally. Unexpectedly, the activities brought to 4 life skills, sympathy, consciousness, self-esteem and interpersonal relationship. They are shown in Table 4.6.

All of these events, these findings achieved the objectives of this study. They guided to the understanding of the alcohol problems in rural community, to study the maternal instinct of housewife VHVs, to create and investigate the Maternal Instinct Semantic Factors on alcohol drinking behavior modification. They are validated and verified by the recommendation from the Community Health Officer expert, Chiang Mai Province. They show in Table 4.8 - 4.9.

Table 4.8 Validation of the Maternal Instinct Semantic Factor Model

The situation of authentic situation	Relationship			Recommendation
	Maternal Instinct Stimulation	Attention Drawing on Semantic Factors	Alcohol Modification Learning	
1. Hospital	✔	✔	✔	
2. IPD	✔	✔	✔	
3. Sample Cases	✔	✔	✔	
4. Liquor Shop	✔	✔	✔	
5. School	✔	✔	✔	
6. Temple	✔	✔	✔	

Table 4.8 is the validation of the maternal instinct semantic factor model. They were checked the relationship of the situation of authentic situation, maternal instinct stimulation, attention drawing on semantic factors and alcohol modification learning. The opinion's expert showed the maternal instinct semantic factor model, they are related for activities designing enough. Besides, Table 4.9 shows the recommendation for verification of the elements of model for activities proving.

Table 4.9 Verification of Maternal Instinct Semantic Factor Model

The elements of Model	The station						Recommendation
	1	2	3	4	5	6	
Maternal Instinct Stimulation 1 Sympathy 2 Altruism 3 Brotherhood 4 Caretaking 5 Protection 6 Cooperation 7 Harmony 8 Self-sacrifice	✔	✔	✔	✔	✔	✔	1. How is the pattern knowledge of children protection to adolescent protection derived from because the fact that adolescent period is changeable and parents have the difficulty in controlling them? (the literature on how to control the children behavior may find the content of maternal instinct) 2. How much to mothers drink affecting the drinking imitation of children?

Table 4.9 Verification of Maternal Instinct Semantic Factor Model(continued)

The elements of Model	The station						Recommendation
	1	2	3	4	5	6	
Attention Drawing on Semantic Factors 1 Cognition 2 Feeling 3 Action Tendency	✔	✔	✔	✔	✔	✔	
Alcohol Modification Learning 1 Finance 2 Health 3 Family 4 Children 5 Society's Recognition 6 Environment	✔	✔	✔	✔	✔	✔	