

**Development of alcohol drinking behavior modification program in Village health  
volunteers at Traph-Anant, Chonburi, Thailand**

**Suwicha Navakul<sup>1</sup>, Ghassan Salibi<sup>2</sup>, Nikolaos Tzenios<sup>3</sup>**

<sup>1</sup> Kursk State Medical. University

<sup>123</sup> Charisma University

**Abstract**

**Background:** Alcohol consumption poses a significant public health challenge in Thailand, particularly in culturally permissive environments like Chonburi Province. Village health volunteers (VHVs), as frontline public health agents, often face difficulties in both addressing and personally managing alcohol consumption behaviors. This study aimed to develop an evidence-based behavior modification program tailored to the context of VHVs in Traph-Anant Village to reduce alcohol consumption and promote healthier lifestyles.

**Methods and Materials:** A mixed-methods approach was used. Qualitative data were collected through in-depth interviews and focus group discussions with VHVs to explore patterns, motivations, and cultural influences on alcohol use. Quantitative surveys assessed attitudes, self-efficacy, and alcohol-related behaviors. The program design was informed by health promotion theories and behavior change models such as the Health Belief Model and Stages of Change. Expert evaluation and community stakeholder input validated the program's feasibility and relevance.

**Results:** Findings indicated that most VHVs consumed alcohol frequently, especially in the evenings or during cultural events. Key drinking triggers included social obligations, stress relief, and cultural norms. A majority believed alcohol enhanced appetite and sleep. The final behavior modification model included components such as refusal skill training, community alcohol-free event policies, leadership role modeling, and environmental control strategies (e.g., time/place limitations for drinking). Expert review confirmed the program as culturally appropriate, practical, and adaptable.

**Conclusion:** The developed behavior modification program offers a practical framework to support VHVs in reducing alcohol consumption. It highlights the need for integrated, community-level strategies that respect cultural traditions while promoting behavioral change. Implementation of this model could serve as a blueprint for similar rural health volunteer initiatives across Thailand and other culturally rich settings.

**Keywords:** *Alcohol Behavior Modification, Village Health Volunteers (VHVs), Thailand Public Health, Community-Based Intervention, Health Promotion Mode*

## **Development of alcohol drinking behavior modification program**

Alcohol consumption is a public health and social problem in Thailand, causing health, social and economic problems. In Thailand, the cultural acceptance of alcohol and the prevalence of alcohol have led to increased rates of alcohol-related harm, especially in the tourist area of Chonburi Province, where there are many pubs and bars. Village health volunteers are important in providing health assistance in community work and are the first point of contact for health education. However, the effectiveness of village health volunteers in addressing alcohol-drinking behavior has not been thoroughly explored or fully utilized. This capstone project will develop a program for alcohol behavior change led by village health volunteers. It will focus on enhancing village health volunteers' knowledge, attitudes, and skills on alcohol-related issues to address alcohol consumption more effectively.

### **Chapter 1 Project Definition**

My capstone project is to develop an alcohol behavior modification program For village health volunteers in my hometown, Traph Anant City Chonburi, Thailand, which focuses on changing the drinking alcohol lifestyle of village health volunteers, educating community members and awareness of the risks associated with alcohol consumption, to reduce harmful drinking behaviors and promote overall well-being. The drinking behavior modification model refers to the operational method to achieve the drinking behavior modification of village health volunteers. It is evaluated using academic principles and tested for accuracy and reliability. The outcome expectation is about the perception or prediction of the possible outcomes of drinking alcoholic beverages. Alcoholic beverages are liquor, psychotropic substances, and narcotic drugs that are punishable by law, including alcohol, beer, and wine. The drinking behavior refers to drinking characteristics, drinking patterns, drinking volume, drinking frequency, and drinking duration of alcohol consumption in 2 weeks or more. Personal factors are characteristics within an individual that support or reduce motivation that results in drinking alcoholic beverages. Attitude toward drinking refers to feelings toward drinking alcoholic beverages, which are a result of experiences or environments that tend to support or reject drinking. Participating in cultural events and social activities is a way of life and traditions of the group that are expressed through the behavior and practices of village health volunteers. It's divided into drinking and not drinking alcoholic beverages. Drinking context can depend on the environment, preferences, forms, methods, and places where alcoholic beverages are consumed. Access to alcoholic beverages Some

people can become alcoholic beverages without problems of physical, economic, and other barriers.

## **Chapter 2 Final Project Overview**

**Background of the problem** The World Health Organization gives alcohol consumption as the second most pressing health problem, causing more than 200 diseases and the deaths of more than 3.3 million people per year worldwide[1]. Nowadays, alcohol consumption is a significant problem that has a wide impact on public health, especially in communities with high alcohol consumption, which can lead to both physical and mental health problems, as well as impacts on families and society. Village Health Volunteers have an important role in promoting health and preventing disease in communities, but fixing alcohol consumption in communities remains a challenge due to a lack of information and effective programs to change people's drinking behavior. Developing a behavior modification program for alcohol drinking for public health volunteers is important because it will equip them with the knowledge and skills to communicate with the public about alcohol drinking problems and find appropriate solutions for their communities. It will also help increase awareness about the effects of alcohol drinking and support the creation of a healthy society in the area. So, the implementation of this project is an important step in dealing with the problem of alcohol consumption in the community, intending to promote public health and reduce problems caused by inappropriate alcohol consumption in the Traph Anant community.

### **Purpose for the study**

1. To study the situation of the problem of alcohol drinking behavior of village health volunteers in areas Traph Anant Village from a survey of the population's alcohol drinking behavior.
2. To study the factors alcohol drinking behavior of village health volunteers in areas with Traph Anant Village from a survey of the alcohol-drinking drinking behavior.
3. To create a model for the alcohol-drinking behavior of village health volunteers that is consistent and appropriate to the context of the area.
4. To evaluate the model for alcohol drinking behavior of village health volunteers in areas Traph Anant Village from alcohol drinking behavior.

### **Scope of the study**

The development of a model for changing the behavior of drinking alcoholic beverages of village

health volunteers The scope of the study is as follows:

1. Spatial scope: this project is set in Chonburi Province, which is the area of Traph, Anant, Chonburi, from the survey of the drinking behavior of the population in 2024.]
2. Demographic Scope:
  - 2.1 The population includes village health volunteers
  - 2.2 Target population includes formal community leaders in Chonburi Province.
3. Period scope from November, 2 weeks

### **Research Question**

1. What is the situation of alcohol drinking among village health volunteers in Chonburi?
2. What is a factor affecting alcohol-drinking behavior?
3. What should be the model for alcohol-drinking behavior?
4. The pattern of behavior modification in drinking alcoholic beverages is consistent, appropriate and feasible with the context.

### **Chapter 3 Updated Research Summary**

#### **1. Knowledge about alcoholic beverages**

1.1 Alcoholic beverages : Alcoholic beverages are beverages that have laws controlling packaging, labels, sellers, characteristics, and methods of sale, age, and symptoms of buyers/drinkers, as well as days, times, places where sales and drinking are prohibited, advertising, and controlling the amount of drinking for safety in driving vehicles. Their unique characteristics depend on the raw materials used for fermentation and other substances used to add color, smell, and taste as important ingredients. They are popularly consumed on various occasions, especially at various celebrations. They expand blood vessels when consumed in small quantities, making one feel relaxed, entertained, and satisfied. However, when consumed in larger quantities, alcohol will depress the central nervous system, causing loss of balance, slurred speech, and lack of awareness. Consuming alcoholic beverages is a health risk factor for death and disability, causing more than 200 types of diseases and illnesses.



Types of alcoholic beverages

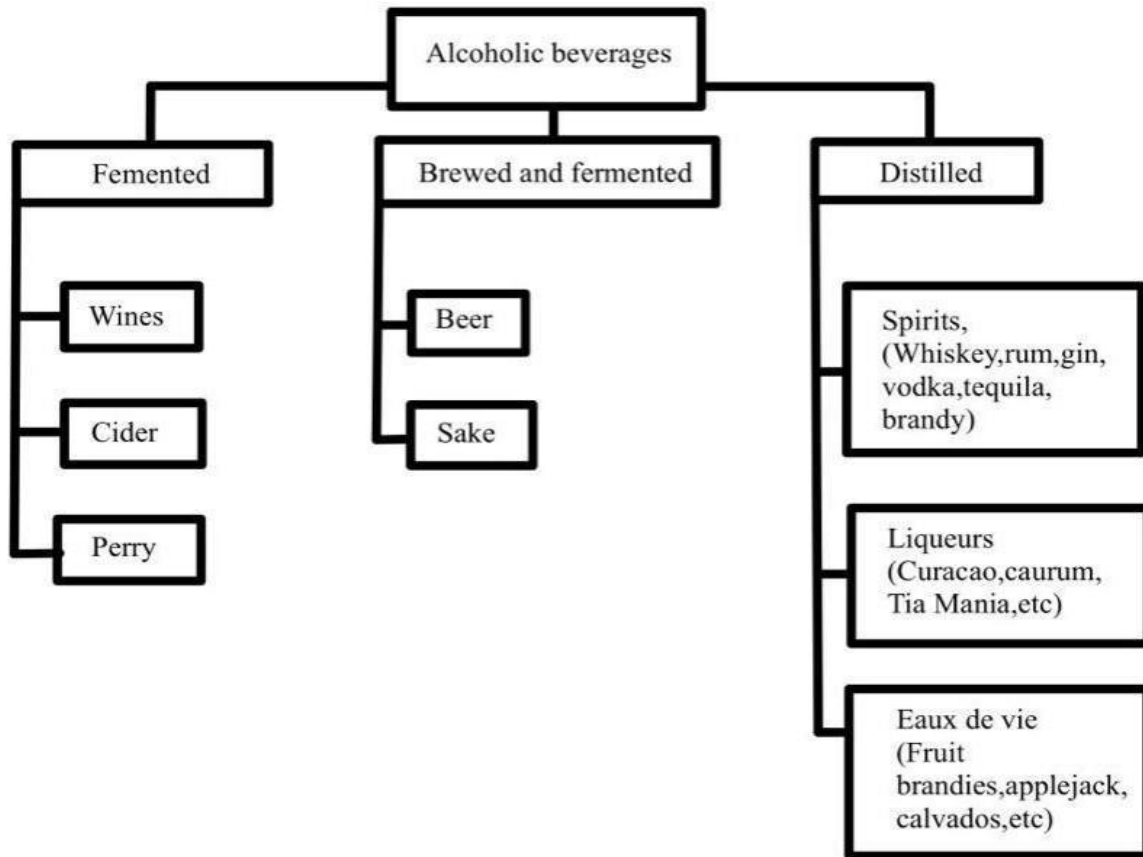


Figure 1 shows the classification of alcoholic beverages.

1.2 Alcohol drinking behavior

Individual factors:

1.2.1. Gender differences in individuals affect body structure and behavior in drinking alcoholic beverages. The incidence of drinking found that males drink more than females. According to the survey on alcohol drinking behavior of the Thai population in 2024 by the National Statistical Office, in the population aged 15 years and over, men had a drinking rate of

46.4 percent, and women 10.8 percent. Men had a drinking rate approximately 4 times higher than women. The average age at which men first started drinking alcohol was 19.4 years old, and women started drinking at 25.0 years old. The average age at which men first started drinking was almost 6 years earlier than women. For those who had ever drunk or drank heavily on one occasion, 48.3 percent of men and 23.8 percent of women were males, with the proportion of men being twice as high as that of women. The frequency of heavy drinking every day or almost every day was 4.7 percent of men and 0.8 percent of women. The proportion of men was almost 6 times higher than that of women[2]. Conclusion: Men have a higher incidence of drinking and the risks associated with drinking alcoholic beverages than women. They have more psychological and social factors that are more conducive to drinking than women. Men's drinking is more accepted than women's, and they have an earlier age of first drinking. Therefore, men have a higher prevalence of heavy drinkers and have higher opportunities for drinking and the consequences of drinking than women.

1.2.2. Age From the survey on alcohol drinking behavior of the Thai population in 2024 by the National Statistical Office, it was found that in the population aged 15 years and over, the average age at which they first started drinking was 20.8 years. Men started drinking at 19.4 years, and women started drinking at 25.0 years. The average age at which men first started drinking was underage. The highest drinking age group was working-age drinkers aged 25-59 years, accounting for 47.6 percent. The majority, 75.9 percent, were in the 25-59 year population[2].

1.2.3. In conclusion, the average age of first drinking was 20.8 years. The highest drinking age group was working-age drinkers aged 25-59 years. The proportion of drinkers in all age groups was higher.

1.2.4. Income: A study in Thailand found that low-income earners have a higher prevalence of drinking alcohol than other groups. Those with an income between 5,000 and 30,000 Baht are the group that drink the most alcohol. Unskilled workers, daily wage earners, laborers, drivers, hired workers, and hired professionals have alcohol expenses as part of their main expenses, approximately 15-20 percent of their income, and may increase during festivals. In conclusion, low-income earners have a higher prevalence of drinking than other groups.

1.2.5. Education level: Studies in Thailand found that those who completed primary school had a higher prevalence of drinking alcohol than other groups. When considering the characteristics of regular drinkers, 56.3 percent completed primary school or lower. From the report on the situation of alcohol consumption in Thai society in 2024 by the Alcohol Research Center, when classified by the highest level of education, it was found that vocational graduates had the highest proportion of current drinkers 37.9 percent, secondary school 34.2 percent, and

primary school 31.0 percent. For regular drinkers, vocational graduates had the highest proportion 15.9 percent, primary school 14.9 percent, and secondary school 13.3 percent. Those who completed a bachelor's degree or higher had a lower proportion of regular drinkers than occasional drinkers by about 3 times. The main reason for starting to drink was for socializing 62.0 percent, while those who completed primary school had a higher proportion of occasional drinkers compared to regular drinkers only 1.2 percent[3]. In conclusion, primary school graduates had a higher prevalence of drinking alcohol than other groups.

Marital status: In the group of drinkers in Thai society, it was found that current drinkers with single marital status had an average age of starting drinking at 18.37 years, which was younger than those who were married or had been married. The group of drinkers with single marital status found that most of them paid for their drinks with friends 47.97 percent, followed by someone else 45.27 percent, which was different from the group of current drinkers with married status who mostly had someone buy for them 50.9 percent, followed by friends 39 Percent. In conclusion, most of the current drinkers with married status obtained alcoholic beverages by having someone else buy them, followed by buying them with friends, which was inversely related to drinkers with single marital status. The method of obtaining alcoholic beverages was mostly by having friends buy for them, followed by someone buying for them.

1.2.5 Drinking Patterns: Alcohol drinking patterns in the Thai population from the study of the Health Behavior Of Population Survey 2021 found that in the age group of 12-65 years, in the past year, more than half of men drank at least 50.8 grams of alcohol per day, more than half of women drank at least 25.36 grams of alcohol per day, which is a moderately risky drinking amount according to the World Health Organization's alcohol drinking risk classification criteria. 33.6 percent of the male population and 13.7 percent of the female population drank alcohol at least 3-4 times per week, and drinking at a risky level or higher was found in 22 percent of the male population. The highest risky drinking rate was found in the early adult male population aged 20-39 years (27-31 percent) and the female population aged 20-34 and 40-44 years (6-7 percent)[4]. Conclusion: Alcohol drinking patterns in Thailand Most drinkers drink quite a lot and often, which is at a risky level.

1.2.6 Duration of drinking: Daily drinking of wine, even in small amounts and continuously for a period of time, leads to cirrhosis due to the cumulative toxic effects of alcohol on the liver. At the same time, long-term drinking in large amounts at a time results in intoxication. It leads to consequences such as accidents, injuries, and violence, and continuous drinking leads to alcohol addiction, chronic illnesses, and various social problems. Studies in many countries have



found that daily drinkers in small amounts are very rare. Most of them are heavy drinkers. The frequency of drinking has a positive relationship with the amount of drinking per time. The prevalence of regular drinkers in very small amounts is only a small proportion of all drinkers[5].

Conclusion: Duration of drinking: low daily drinkers were very rare. Most were heavy drinkers, drinking frequency was positively related to the amount of drinking per occasion, and the prevalence of very low daily drinkers was only a small proportion of all drinkers.

Attitudes towards drinking: The report on the situation of alcohol drinking in Thai society in 2024 by the Alcohol Research Center found that current drinkers who are executives, civil servants, and professionals have a reason for starting to drink to socialize, accounting for 58.7 percent, more than other professions at 40 percent[3]. In conclusion, current drinkers have an attitude towards drinking as a factor in socializing.

Social factors: The culture of drinking alcoholic beverages as a beverage of humanity is embedded in society and culture. It's related to traditions, rituals, and parties. It plays a part in strengthening people's relationships in society. It is an important factor that promotes and supports drinkers to have a positive attitude towards the results of drinking. Therefore, to reduce or prevent the impacts caused by drinking alcoholic beverages, there must be a campaign to refrain from drinking alcoholic beverages at various festivals by using the roles of community leaders, public health personnel, and religious leaders[6].

Drinking context: Drinking alcohol in public places such as pubs, bars, and restaurants has a higher risk of violence than drinking in private places. This issue is important for problem management. Surveys in many countries have found that heavy drinking and intoxication are related to drinking in public. There are two main components of alcohol consumption per time: drinking frequency and average amount of alcohol consumed per time, differences in these two.

Factors have different effects on the risk level of problems. So, the same level of drinking per population may lead to different effects. Studies in many countries have found that drinking frequency is positively related to the amount of alcohol consumed per time. The prevalence of regular but light drinkers is also very low in developing countries. In societies, there are cultural conditions that have different effects on intoxication and behavior while intoxicated[7].

In conclusion, alcohol consumption per occasion has two important components: drinking frequency and average amount of drinks per occasion. Drinking frequency is positively related to the amount of drinks per occasion. Risk characteristics of drinking patterns are related to the size of alcohol drinking problems.

## **2. Related concepts and theories**

### 2.1. Concept of health promotion

2.1.1 Health promotion focuses on changing behavior or lifestyle: This concept is based on the belief that knowledge and developing life skills will help promote people's health. So, this concept aims to improve people's risk factors, such as smoking, unhealthy diet, lack of exercise or physical activity, and drug use. According to this concept, health promotion activities focus on the individual and the population levels by providing health knowledge, using social marketing strategies and self-care, and using public policies to encourage people to live healthy lives. Structure, social isolation, transportation, education, social support, and racial or ethnic discrimination. According to this concept, health promotion activities will focus on creating a health-promoting environment, working with communities to build community strength, and raising social awareness to create public policies that support health.

2.1.2 The concept of integrated health promotion is when agencies or organizations from various sectors and communities in the area of responsibility work together using integrated health promotion methods and capacity-building strategies to deal with important health and well-being problems in the community. This concept focuses on promoting health for the large population rather than the individual level. It focuses on dealing with social and environmental determinants of health, which requires integrated actions at all levels and sectors, both in policy and practice.

2.1.3 The concept of health promotion that takes into account environmental and social factors: Health promotion according to this concept will focus on social determinants of health, such as access to food sources, housing characteristics, income, occupation, family

### 2.2 Theories used to explain health behavior

2.2.1 Health belief plan: The structure of health belief patterns consists of

1. Perceived risk of disease is when the person's opinion of the risk of getting sick with the disease.

2. Perceived severity of disease is the person's feeling about the severity of the disease or how much damage will follow if left untreated, such as disability, death, need for treatment, complications, or impact on the person's social status.

The disease, the damage that will occur, or maybe benefits unrelated to health, such as reducing expenses or making family members happy if they quit smoking.

3. Perceived barriers are the opinions or perceptions of people who are inclined towards negatively following the advice. Perceived barriers can be tangible or psychological.

4. Motivational factors refer to strategies used to stimulate readiness to follow advice, such as providing knowledge information, advertising in the media, advice from friends, illness in family members, or symptoms of something unusual in the body.

#### 2.2.2 Theory of behavior change stages :

1. Behavioral change stage: This theory shows that behavioral change is a process that requires time because behavior cannot be changed overnight, even though there may be a noticeable change point, and sometimes it may be an immediate change. There are six steps in the behavioral change process :

1.1 Pre-contemplation stage: At this stage, individuals are not aware or thinking of changing their behavior, and traditional health promotion programs may not be consistent with their problems and needs.

1.2 Contemplation stage: At this stage, individuals begin to realize the benefits of changing their behavior but are still concerned about what they will lose. They may have thoughts of changing their behavior. Traditional health promotion programs that expect people to participate in activities immediately will not be consistent with the needs of this group of people.

1.3 Stage of preparation: People will be prepared to change or start behaving in a way that is consistent with the target behavior. For example, if the target behavior is regular exercise, the person in this group will buy exercise clothes and shoes. Some may start exercising a little bit, not regularly, but they may do it sometimes and stop sometimes. They have not yet reached the desired behavioral standards.

1.4 Stage of action: This is the stage where individuals have already changed their behavior. Suppose individuals have clear or observable target behaviors and have been doing them consistently, even though some behaviors have changed. In that case, it does not mean that individuals will always be in this stage.

1.5 Stage of maintenance of desired behavioral change: In this stage, the person will show a clear change in behavior and try not to return to the old behavior.

1.6 Stage of permanent cessation of behavior: In this stage, the person will not be tempted and will be 100% sure, whether they have depression, anxiety, boredom, or stress, they will not return to the old behavior, but they will have new behavior as if automatic, such as people who fasten their seat belts as soon as they get into the car.

2. Behavior change process There are six methods of behavior change processes:

2.1 Raising awareness: supporting individuals to be more aware of causes and consequences. This method is suitable for those in pre-contemplation who want to move up to Contemplation.

For example, a patient with emphysema before advising on smoking cessation techniques. This method is suitable for those in pre-contemplation who want to move up to Contemplation.

2.2 Environmental re-evaluation: An evaluation of learning, intelligence, and emotions to inform people with unhealthy behaviors how their bad behaviors will negatively affect their environment, especially those close to them. For example, diabetic patients who do not control their diet may develop complications such as blindness or leg amputation. Being blind or having a leg amputation will be a burden for their children to take care of, which may cost their children money. This method is suitable for those in pre-contemplation who want to move up to Contemplation.

2.3 Self-evaluation: An evaluation of one's image in terms of learning, intelligence and, emotions, feelings when engaging in unhealthy behaviors, such as thinking about their image when getting fat only, eating, sleeping, and being an active person. This method is suitable for those in the contemplation stage who are moving on to the preparation stage.

2.4 Self-liberation is the belief that one can change and the determination to change by committing oneself, such as promising oneself to quit drinking starting from the day one's child's birthday. This method is suitable for those in the preparation stage and moving up to the action stage.

2.5 Controlling temptations: Try to eliminate triggers that encourage bad behavior and increase triggers that encourage better behavior. This method is suitable for those in the action stage who want to move up to the maintenance stage of desired behavioral change. The key point in using these six techniques is to select the one that is appropriate for the level of the change process, such as the level of the service recipient.

### 3. Conceptual Framework

The model of alcohol drinking behavior modification of village health volunteers. I used the conceptual framework to present as follows:

Study of factors affecting alcohol consumption among Village Health Volunteers

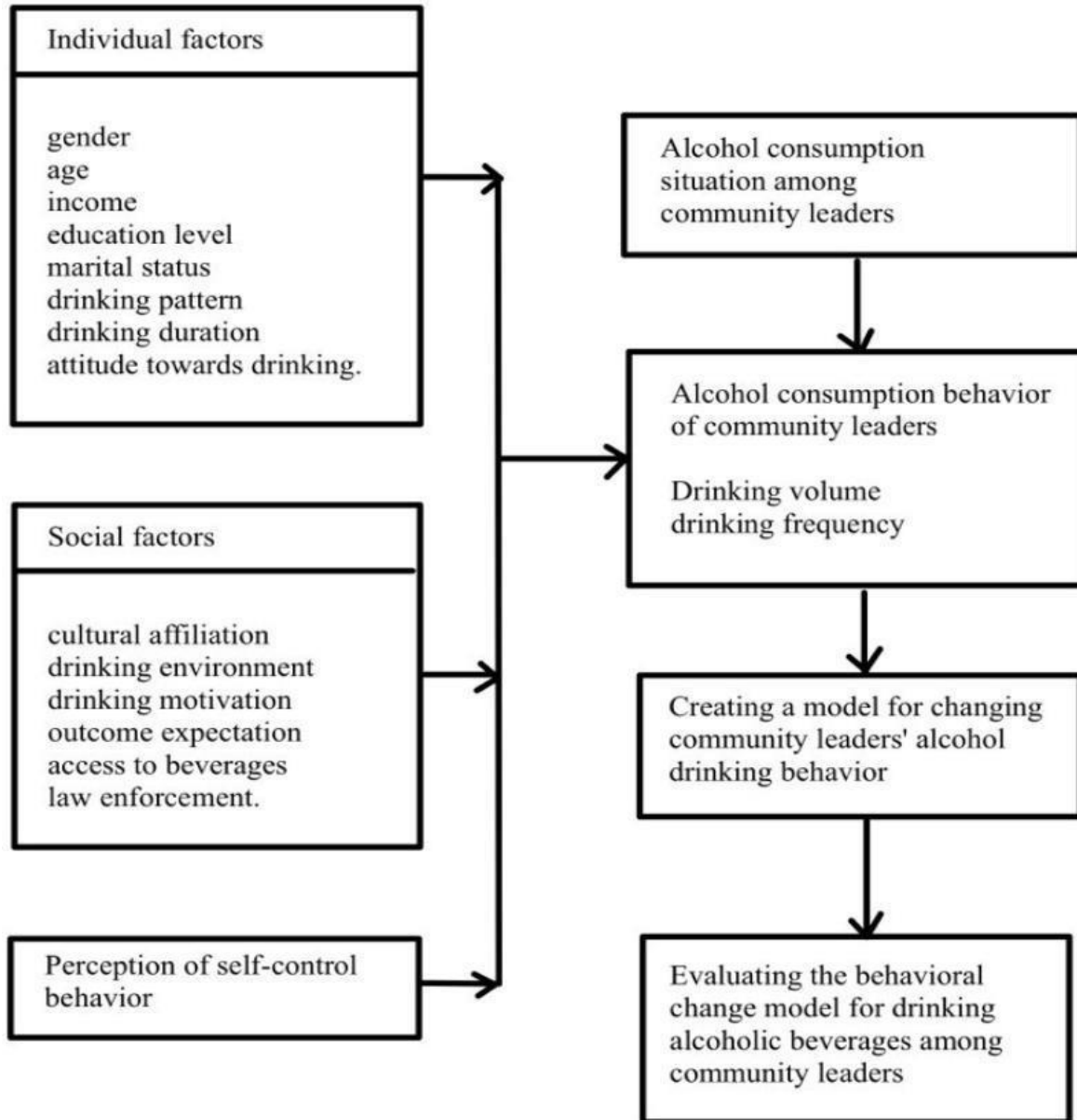


Figure 2 shows the conceptual framework of quantitative research.

A model for changing alcohol drinking behavior among village health volunteers in Traph Anant

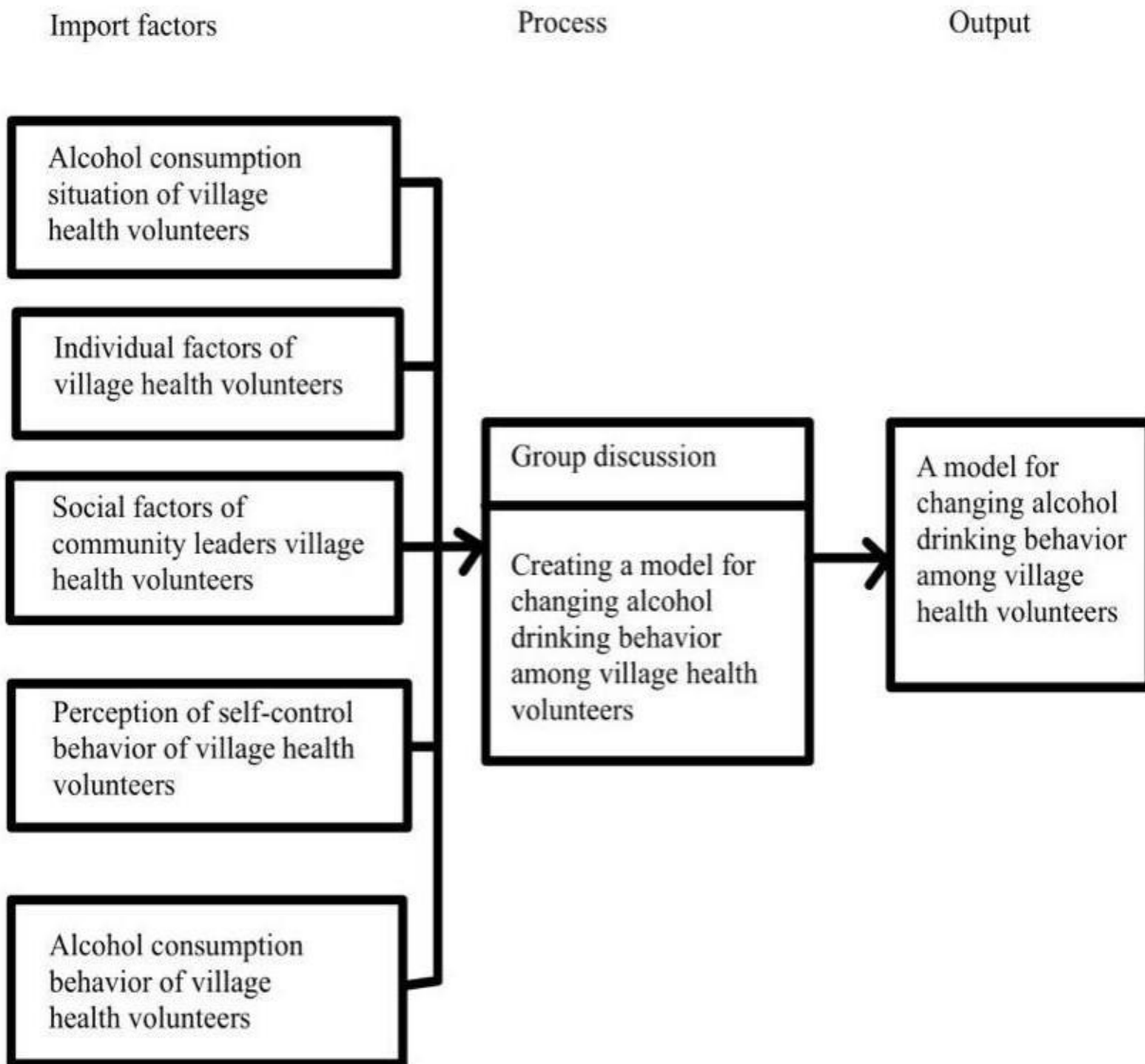


Figure 3 shows the research conceptual framework

**Chapter 4: Project Implementation Summary.**      **Project process** Step 1: Study of the situation of alcohol drinking problems among village health volunteers

1. Methodology: In-depth interviews were used to study the alcohol-drinking problem of village health volunteers.

2. The location is Traph-Anant Village.

3. Instruments used in the study: In-depth interviews were created, and their quality was checked as follows:

1.1. The instrument used in the study was an in-depth interview obtained from studying concepts and theories.

1.2 The in-depth interview instrument was tested with village health volunteers to study the clarity of the questions, understanding the meaning, the ease of answering, and the comprehensiveness of the content. The shortcomings found from the trial were corrected before being used to collect data.

4. Data analysis by analyzing the essence: Classify data and organize data systematically with logical relationships.

5. Qualitative data examination: Qualitative data obtained from this research step was collected by conducting in-depth interviews with informants. The examination of qualitative data in this project has the following methods

5.1. Data examination in-depth interviews on the same issues with the same key informants at different times.



5.2. Method examination: Collect qualitative data on the same issues from the same key informants but using different methods. The first method is by interviewing. Examine data by collecting data by observing the drinking behavior of key informants in a participatory manner. The observation tool is an observation form that records unstructured behavior and blank paper.

Step 2: Study of causal factors of alcohol consumption among village health volunteers

Using quantitative research methods, survey research design. The instrument used in the study is a questionnaire consisting of 4 parts:

Part 1: general information

Part 2: alcohol drinking behavior.

Part 3: alcohol drinking attitude.

Part 4: self-efficacy perception.

Step 3: Creating a model for changing alcohol-drinking behavior among village health volunteers.

Using qualitative research methods by action research leads to learning from a group of people working together to explain problems, solve problems, and check success. From problem-solving, there is experimentation, improvement, and correction until reaching a satisfactory point and obtaining a model for changing alcohol-drinking behavior that is appropriate for the real context of the area under time and resource constraints.

3.1. Qualitative research using a group discussion by a mind map.

3.2. The location was Traph Anant village.

3.3. The main informants are village health volunteers.

3.4. The research instruments are focus group discussions and notebooks, with the following focus group discussion questions:

3.4.1 Alcohol is a favorite and frequent drink. What are the guidelines for reducing Drinking?

3.4.2 In the evening, after work or completing daily tasks, you drink the most. What are the guidelines for reducing drinking during that time?

3.4.3 Your home or your relatives' home is where you mostly drink.

What are the guidelines for reducing drinking in those places?

3.4.4 Attending celebrations that require drinking every time. What are the guidelines for reducing drinking at those events?

3.4.5 Participating in cultural traditions that require drinking. What are the guidelines for reducing drinking?

3.4.6 As a village health volunteer, what are the additional guidelines for reducing Drinking?

3.5. Analyze data by content analysis, classify data, and organize data systematically.

3.6. Check qualitative data. Sources to consider in the examination include time, data from different times, and data from different persons.

*Chapter 5: Project Analysis, Evaluation, and Recommendation.* **Projects analysis:** This study on the behavioral modification pattern of alcohol drinking of village health volunteers collected data through interviews, focus group discussions, and questionnaires to study the problem situation and factors affecting drinking in order to create a behavior modification pattern and evaluate the behavior modification pattern of alcohol drinking of village health volunteers with high drinking rates from the survey of alcohol drinking behavior. From the survey of the alcohol consumption situation of the village health volunteers, it was found that most of them had a frequency of drinking alcohol before dinner almost every day. The amount of drinking was not fixed, from one to two small glasses to half a bottle, depending on the drinking context. They had the opportunity to drink every time with people who came to celebrate and socialize. If they drank alone, they would drink at their own home. It is believed that drinking alcoholic beverages is a medicine that helps to increase appetite, stimulates blood circulation, and results in good sleep.

Results of the study on the situation of alcohol drinking problems among village health volunteers. Data analysis from interviews on the frequency of alcohol consumption. The analysis results found that most of them drank alcohol almost every day before dinner, as follows:

Village health volunteer A: "I drink alcohol almost every evening before meals. In the evening, I drink almost every day, but never during the day. I like to drink alcohol with meals."

Village Health Volunteers B: "I drink alcohol every day. If I don't drink, I feel like drinking a lot, especially at dinner. Before eating, I have to drink water. When I come back from the market, I start drinking alcohol."

Village Health Volunteers C: "In the evening, I usually drink alcohol before dinner almost every day, five or six days a week, but during Buddhist Lent, I stop drinking alcohol."

Village Health Volunteers D: "Not very often; I drink alcohol only once in a while."

Village Health Volunteers E "Often, but not every day."

Village Health Volunteers F: "I drink alcohol every two days, but not every day. If I'm alone, I don't drink."

Analysis of data from interviews with village health volunteers about the amount of alcohol consumed each time. The analysis results found that most of them had an inconsistent amount of drinking, ranging from one to two small glasses to half a bottle, depending on their emotional state and feelings at the time of drinking. They did not drink a lot during celebrations, drank moderately, no more than three glasses, and did not drink to the point of being drunk. If they knew that if they continued drinking, they would start to get drunk, they would stop drinking, as stated by the village health volunteers as follows:

Village Health Volunteers A "Not necessarily. It depends on the mood of the day. If I feel like drinking a lot, I will drink a lot. If I don't feel like drinking, I will drink a little. The maximum amount I drink is about half a bottle, which makes me not want to eat much. However, if I drink a small amount, I will have a more appetite."

Village Health Volunteers B \* At home, I drink about 1-2 small glasses, but if I go out to celebrate, I drink about 4-5 bottles.

Village Health Volunteers C "Drink in moderation so that you can have a pleasant conversation. You can have a few drinks, two glasses, and a pleasant conversation without getting drunk."

Analysis of data from interviews with village health volunteers about drinking opportunities. The analysis found that village health volunteers had the opportunity to drink every time they attended celebrations in the area, especially congratulatory parties such as housewarming parties and weddings. Drinking alone at home would help with appetite, relaxation, and sleep well, as stated by village health volunteers as follows:

Village Health Volunteers A "When there is a celebration or a traditional festival, I can't drink too much as a village health volunteer. I feel embarrassed by the villagers who see me. I want to drink and have fun, but I can't. Being a village health volunteer and getting drunk is not good. Also, I have to drive. If I drink too much, I can't drive home. But if I go to a celebration with a friend driving, I can drink and get drunk to the fullest.

Village Health Volunteers B: "There are many celebrations, and sometimes it is impossible to avoid drinking even though I sometimes don't want to. Usually, when we are full of food, people will bring you alcohol to drink. And drinking helps build relationships and makes people get to know each other better."

Village Health Volunteers C "When attending a celebration as a guest, the host will provide food but never ask for alcohol. It is up to the host whether or not to provide alcohol. If there is, then I can drink. If there is not, then I don't have to drink. Friends who attend often call for me and invite me to drink a little. After that, drinking more or less depends on each person's needs."

VillageHealthVolunteers D: "If you go to any celebration where the host has set up a table for you and you don't drink, it's like you're not honoring the host because it's an opportunity to meet each other. Especially after a training meeting, people who used to drink often will invite each other to continue drinking."

Village Health Volunteers D "At celebrations like weddings or housewarming, the host will prepare a party for the guests. It is impossible not to have alcoholic drinks at these events. Alcoholic drinks are always served, depending on how much or how little there is. Sometimes, after the meeting, a group of friends who are already drinking alcohol will invite each other to continue drinking."

Analysis of data from interviews with village health volunteers about who they drink alcohol with. The analysis results found that most people drink alcohol at home alone or with their wives. Occasionally, they drink with guests who come to visit. As for drinking at celebrations that they are invited to, they drink with people who come to the event, as stated by village health volunteers as follows:

Village Health Volunteers A "I drink alone at home. I don't go out much. Sometimes, I have friends over to drink with me."

Village Health Volunteers B: "I usually start by drinking at a bar outside my house, then come home and have two or three more drinks, then have dinner with my wife."

Village Health Volunteers C: "I mostly drink alone at home. I don't go out to drink. Only occasionally do I have friends over to drink with me."

Village Health Volunteers D: "I drink with friends. People I used to drink with know each other. But when I'm alone, I don't drink at all."

Analysis of data from interviews with village health volunteers about the reasons for drinking. The analysis results found that the reasons for drinking were to socialize with friends, as stated by village health volunteers as follows:

Village health volunteers A "Drinking to socialize. Whenever I go to a celebration, there's always alcohol on the table for me to drink."

Village Health Volunteers B: "There are a lot of social events. When I go to events, I can't refuse."

Village Health Volunteers C: "Drinking alcohol is a value for joining a group of friends. If you don't drink alcohol, you won't have any friends. We can notice that the group of people who go to many social events tend to be the group that drinks and likes to have fun."

Village Health Volunteers D: "When I go to social events, I meet friends, and we usually drink alcohol."

Village Health Volunteers E "Drinking alcohol is normal, and whether we are addicted or not, we cannot deny that it is something that makes us enjoy ourselves. At celebrations such as housewarming parties, the hosts often provide alcohol. It is a normal thing to have. If we do not drink alcohol at the event, we may feel that it is not fun. Meeting friends makes us have fun and pleasantly talk with each other."

Village Health Volunteers F "I need to have friends to drink with. If I do not have friends, I will not have fun drinking. Socializing with friends gives us something to talk about and have fun."

Village Health Volunteers G "Drinking alcohol makes us feel relaxed, such as feeling that we can relieve various emotional pains. I used to use drinking to help me sleep and forget about everything for a while, like taking medicine. When I go to social events with friends, I drink and talk".

Analysis of data from interviews with village health volunteers about how they obtained alcoholic beverages. The analysis results found that alcoholic beverages were obtained they are purchasing by themselves, and sometimes other people buy them, as stated by village health volunteers as follows:

Village health volunteer A: "Most of the time, I buy by myself. Only a few times have others bought for me".

Village Health Volunteers B "I usually buy alcohol by myself. I bought twenty bottles at a time and can drink it for about two months."

Village Health Volunteers C "Most of the time, I bought alcohol by myself. I buy it to prepare for guests who come to visit me. I usually buy five bottles at a time, and the price is around 240 baht. The taste is drinkable, but sometimes, when I drink it, my throat feels dry at night, and I have to wake up to drink water. When I wake up in the morning, my mouth and throat feel dry, and it is difficult to swallow."

Village Health Volunteers D "I don't usually buy it myself. Someone else brings it to me while I am at work. So I keep it to welcome guests who come to visit my house."

Village Health Volunteers E "I don't usually buy it to drink alone. I usually drink it at home or at social events."



Village Health Volunteers F "Sometimes I buy it myself, sometimes I share the cost with others."

Analysis of data from interviews with village health volunteers about their beliefs in drinking alcoholic beverages. The analysis results found that most people believe that drinking alcoholic beverages is a medicine that helps with appetite, relieves stress from work, improves blood circulation, and helps with sleep, as stated by village health volunteers as follows:

Village health volunteers A "Drinking alcohol helps to sleep better."

Village Health Volunteers B *"Drinking alcohol with food makes you eat more deliciously and is healthy and free from illness. I once stopped drinking because I was in poor health and had a fever and had to be hospitalized, but I have been drinking again for over ten years and have been healthy. If I get sick, I will stop drinking."*

Village Health Volunteers C: "I drink to relieve back pain, improve blood circulation, and relieve stress from work. Drinking helps me sleep better. If I don't drink, I will find it difficult to sleep."

Village Health Volunteers D "I have no belief in drinking alcohol."

Village Health Volunteers E "I have no belief in drinking alcohol before meals."

Village Health Volunteer F: "I drink to relieve back pain from work. Drinking helps me sleep better, forget about debts, and not have to think too much. Drinking alcohol helps me have an appetite. If I don't drink, I will find it difficult to sleep, and I will think too much about debts and my children's tuition fees." Analysis of data from interviews with village health volunteers about the culture and traditions in the village affecting alcohol consumption, as stated by village health volunteers as follows:

Village Health Volunteers A "Alcohol is an important thing of every traditional and cultural event since I was born."

Village Health Volunteers B "Alcohol is always served at housewarming events and weddings. It is indispensable because it is a way to build relationships."

Village Health Volunteers C "When attending traditional events, alcohol is always prepared to welcome guests."

Village Health Volunteers D "Alcohol is always served at traditional events, housewarming events, or weddings."

Village Health Volunteers E "Alcohol is always served at traditional events."

Village Health Volunteers F "Alcohol is always served at various traditional and cultural events."

Village Health Volunteers G "Alcohol is always served at various traditional and ceremonial events."

The survey found that the drinking behavior of village health volunteers was mostly those who drank alcohol, followed by those who used to drink but stopped for more than 12 months. The reason for not drinking alcohol is that most did not see the benefits of drinking, and some were afraid of the effects of drinking. The age at which they first drank was mostly under 20 years old. The reason for drinking for the first time was mostly to socialize, followed by wanting to try it, friends inviting them, respectively. The frequency of drinking was mostly 1-2 times per month, followed by 1-2 times per week. The reason for drinking is mostly for socializing. The time of drinking is mostly in the evening after work or at night. The place where people mostly drink is at social events. Most of them have chronic diseases. The most drinking is when they join traditional, cultural, and housewarming ceremonies, followed by weddings. The New Year's Eve party is the most frequent part of a festival that requires drinking. As for the way of obtaining alcoholic beverages, most of them buy it themselves, followed by sharing the cost of alcohol with others. As for the impact of drinking alcoholic beverages, most of them are getting sick with various diseases due to drinking, such as chronic alcoholism, followed by increased family expenses, and being the cause of traffic accidents, respectively. There are beliefs about drinking alcoholic beverages, mostly as a means of socializing.

The survey found that village health volunteers had a moderate level of self-awareness in changing their alcohol-drinking behavior and had a low level of self-awareness in terms of being able to control themselves every time they drank alcohol without any impact on others. In addition, the availability of alcoholic beverages made it convenient to buy.

Seven factors were able to predict the change in the amount of alcoholic beverages consumed by village health volunteers. The factor with the highest predictive power was the frequent beverages consumed, then the duration of drinking, the beverages that they like to drink, the cost per time spent drinking, the reason for drinking that type of beverage frequently, the reason for not drinking alcoholic beverages, and the traditions and cultures that make them drink every time, respectively. It was found that all seven factors could be used together to predict the change in the amount of alcoholic beverages consumed by village health volunteers.

A model for changing alcohol drinking behavior among village health volunteers.

The qualitative research method will be used, using the focus group discussion process as a tool

for the study. The results of the study are summarized as follows:

Focus group discussion process steps

1. Steps before starting the focus group discussion process: This is a preparation before entering the period of creating a model for changing the behavior of drinking alcoholic beverages for village health volunteers. It consists of preparing the place for the researcher and the informants.

2. Steps for starting the focus group discussion process: This is a model for changing the behavior of drinking alcoholic beverages for village health volunteers. It consists of the following activities:

2.1 The researcher introduces myself. "Hello, my name is Suwicha Navakul. I am a student at Charisma University, and I am working on capstone projects for my MPH degree. Today, I am here to organize a small group meeting. I would like everyone to speak the truth about what you do regularly. The information you provide will be kept confidential. I will not tell who said it; it is for educational purposes.

2.2 The researcher introduced the focus group discussion process's objectives, duration, and steps. "Today, we are holding a focus group discussion to find a model for changing the drinking behavior of village health volunteers. It will take about an hour and a half. I will ask each question, and everyone will answer each question.

2.3 The researcher began using the questions on the model to change the drinking behavior of village health volunteers, which were prepared in order.

2.3.1 You drink the most in the evening after work or completing daily activities.

What are your methods for reducing drinking during that time?

2.3.2 If your own house or your relatives' house is the place where you mostly drink, what are your methods for reducing drinking in those places?

2.3.3 When attending social events or any celebrations that require drinking every time.

What are your methods for reducing drinking at those events?

2.3.4 Attending cultural traditions, such as housewarming parties and weddings, requires drinking every time. What are your methods for reducing drinking when attending those traditional events?

2.3.5 As village health volunteers, Are there any additional approaches to reducing drinking in the area?

2.4 The researcher and the village health volunteer exchanged information.

2.5 The researcher opened up the discussion until all issues were covered, then ended the discussion and sent a thank you letter.

The development of a model for changing the behavior of drinking alcoholic beverages of village health volunteers found that the model for reducing alcoholic beverages of community leaders obtained from data collection by group discussions was as follows:

Guidelines for reducing alcohol consumption.

1. Refuse to drink to maintain one's own health

2. Establish measures for reducing drinking, such as abstaining from alcohol during the Buddhist Lent of Thailand

3. Have a leader as a role model. If the leader does not drink, their people will not dare to

Drink.

4. Determine factors that make access to alcohol more difficult to get, such as expensive prices

6. Establish village rules prohibiting drinking and organizing social events without alcohol, such as alcohol-free funerals.

Guidelines for reducing drinking in the evening, which is the time when drinking is most frequent.

1. Eat dinner earlier before leaving the house

2. Use health reasons to refuse drinking, such as having a chronic disease, as an excuse for refusing.

3. Ask the owner of the celebration in the area to organize the event in the morning, which is mostly people who do not like to drink, resulting in avoiding drinking.

Guidelines for reducing alcoholic beverages at one's own home or relatives' home.

1. Stop drinking by yourself. When you stop drinking at home, friends who used to drink with you will no longer invite you to drink or come to your home to drink.

2. Do not bring yourself to places where alcohol is consumed.

3. Have the skill to refuse, citing health reasons, because drinking depends on whether to drink or not. No one can force.

4. The homeowner provides water to welcome guests instead of alcohol.

Guidelines for reducing drinking when attending celebrations traditional and cultural events.

1. Request cooperation from the host of the party not to serve alcohol.

2. Establish measures to prohibit serving alcohol at parties.

3. Organize celebrations in the morning to reduce drinking.

4. Change the location of the event to a temple to reduce drinking.

5. Designate places where drinking is prohibited.

Additional guidelines for reducing drinking.

1. Determine village rules for places where drinking is prohibited, such as temples.

2. Limit the time for drinking by organizing the event in the morning or asking for cooperation to refrain from drinking during the day.

3. Add days on which drinking is prohibited, such as Thai Buddhist holy days.

4. Refrain from drinking at merit-making events, such as ordinations.

5. Let community leaders be models in reducing alcohol drinking.

Synthesis of a model for changing alcohol drinking behavior of village health volunteers.

1. Measures to prohibit serving alcoholic beverages at events, such as alcohol-free funerals and alcohol-free ordination ceremonies.
2. Measures to reduce drinking during festivals or religious holidays, such as Buddhist Lent and every Thai Buddhist holy day.
3. Measures to reduce access to alcoholic beverages.
  - 3.1 Enforcement of legal alcohol sales laws, resulting in high prices.
  - 3.2 Limiting the time for drinking alcohol by holding events in the morning.
  - 3.3 Limiting drinking places by holding events at temples, such as ordinations and Funerals.
  - 3.4 Limiting alcoholic beverages at social events, the host does not provide any alcoholic beverages.
  - 3.5 Organizing social events must undergo consultation with community leaders.
4. Developing refusal skills for village health volunteers.
  - 4.1 Using health issue reasons.
  - 4.2 Do not bring yourself to places where alcohol is consumed.
  - 4.3 Leaders are models for reducing and quitting drinking.

**A model for changing alcohol drinking behavior among Village Health Volunteers**

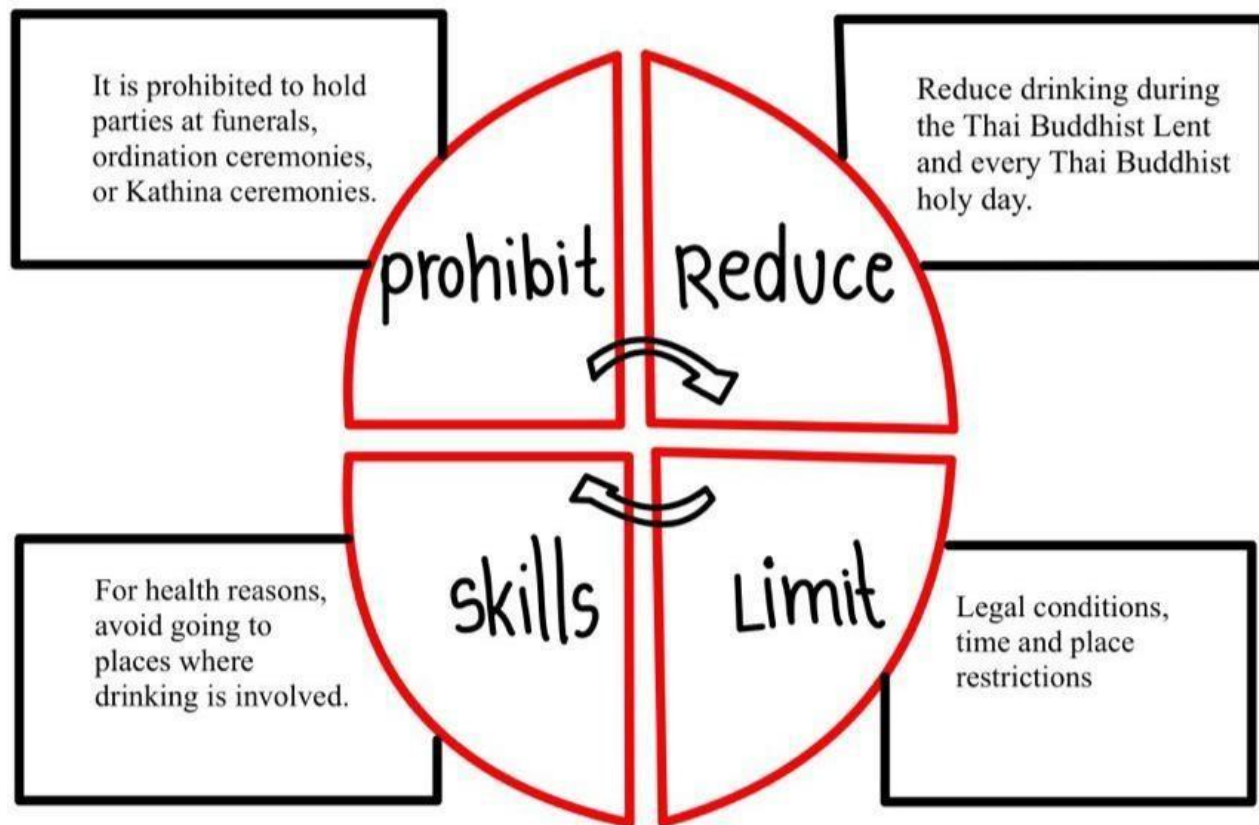


Figure 4 shows the pattern of behavior modification in drinking alcoholic beverages of village health volunteers at Traph Anant Village



**Evaluation**

Evaluate patterns of behavior modification in alcohol drinking

The study of the pattern of changing the behavior of village health volunteers at Traph-Anant Village in drinking alcoholic beverages. The researcher used a quantitative research method by surveying opinions from 3 groups of experts: experts whose research is related to drinking alcoholic beverages behavior, stakeholders in solving the problem of drinking alcoholic beverages, experts from agencies related to treating people with problems from drinking alcoholic beverages, and those involved in solving the problem of drinking alcoholic beverages in the community. The answers were as follows:

Finding consensus among experts when analyzing data for consistency, appropriateness, and feasibility of

Element 1: Measures to prohibit social events: The host does not organize celebrations, and community leaders abstain from drinking at funerals, ordinations, Kathin ceremonies, and Pha Pa ceremonies.

Element 2: Measures to reduce drinking: Model leaders abstain from drinking during the Thai Buddhist Lent and Thai Buddhist holy days.

Element 3: Measures to reduce access to alcoholic beverages for village health volunteers: Enforcement of laws limiting drinking time, limiting drinking places, and providing healthy drinks instead of alcoholic beverages.

Element 4: Developing refusal skills: Avoid going to places where drinking occurs.

From the quit drinking model, it was found that all elements were evaluated through the implementation of the model for changing the drinking behavior of village health volunteers, which was evaluated by experts and confirmed by holding focus groups with stakeholders in solving drinking problems in the community on the model for changing the drinking behavior of village health volunteers, consisting of village health volunteer and local health care providers for advice on the health effects of alcohol. Stakeholders and those involved in solving drinking problems in the community have opinions on the model for changing the drinking behavior of village health volunteers. It can be used to change drinking behavior and is useful for implementation, and also is a measure or guideline that can be implemented. In terms of the appropriateness of the model, village health volunteers benefit when they comply.

### **Recommendation**

In this study, the researcher aims to change the alcohol-drinking behavior of village health volunteers in Traph Anant Village. The suggestions are as follows:

1. Academic suggestions: The study of the model of changing the alcohol-drinking behavior of village health volunteers is classified into the following issues:

1.1. To understand the related theories and concepts, prevent duplication of research with others who have already done research, and stimulate academic interest in further research.

1.2. It is to be a guideline for research, a reason for setting hypotheses, designing research, developing the quality of instruments, analyzing data, summarizing results, and discussing results.

1.3. To be a guideline for developing the quality of the research topic. It should be used to study the causal factors of village health volunteers' alcohol-drinking behavior.

1.4. Future studies should study to find an appropriate model for reducing alcohol drinking.

1.5. The study enables the question of changing the alcohol-drinking behavior of village health volunteers to be answered more clearly.

2. Policy recommendations: The researcher has policy recommendations from the study of the pattern of behavior modification of alcohol drinking of village public health volunteers, classified by issues as follows:

2.1 The government plays an important role in formulating the national strategic plan, work plans, and planning for prevention and solving the problem of alcohol drinking among community leaders, local leaders, leaders of various organizations in the community, and family leaders.

2.2 The Ministry of Public Health should set a policy for public health personnel at all levels to change their drinking behavior and be a model organization for quitting drinking, including campaigning in all areas of village public health volunteers as a driving network.

2.3 Chonburi Province, government agencies, and local administrative organizations should apply it to determine public policies related to alcohol drinking among local leaders, leaders of various organizations in the community, family leaders, and stakeholders.

2.4 Chonburi Province should use it as input data for diagnosis and command of network executives to solve the problem of alcohol drinking among village health volunteers,

community leaders, local leaders, leaders of various organizations in the community, and family leaders, by setting a public policy to change the drinking of alcohol behavior

2.5 Set as a public policy, set village rules or sub-district rules. In prohibiting hosts from providing alcoholic beverages at auspicious and inauspicious events.

3. Operational recommendations: The researcher has operational recommendations from the study of the model for changing the drinking behavior of village public health volunteers, classified by the following issues:

3.1 Taph Anant village should apply the model for changing the drinking behavior of village public health volunteers, with the participation of the community and all relevant networks, to local leaders, leaders of various organizations in the community, and family leaders.

3.2 Taph Anant Village should be used as a guideline for developing, preventing, and solving the problem of drinking alcoholic beverages sustainably.

3.3 The organization of various traditional and cultural events in the area should avoid organizing events in the evening, change the time to the morning, and use the temple as the venue to avoid the time and place that is suitable for drinking, which limits access to alcoholic beverages in terms of time, place, and opportunity.

3.4 The village or community should apply the guidelines obtained from the study to develop effective prevention and solutions for drinking alcoholic beverages.

3.5 The village or community should use the factors obtained from the study to create a model for changing the drinking behavior of village public health volunteers, with the participation of all relevant community networks.

## Questionnaire

A study on the behavioral change model for drinking alcoholic beverages among village health volunteers.

1. This questionnaire is used to collect data. This questionnaire aims to study the factors affecting public health volunteers' drinking of alcoholic beverages in the Traph-Anant village. I ask for your cooperation. Please answer truthfully according to your knowledge, opinions, and practices. The information obtained from the answers will be very useful for my Capstone project, which is part of my MPH degree and used to develop a model for reducing community leaders' alcohol consumption, resulting in positive health results. Your answers will not affect your status in any way. I guarantee that your answers will be confidential. Data analysis and presentation will be used for academic purposes only.

2. The questionnaire consists of 4 parts:

Part 1: General information

Part 2: Alcohol drinking behavior

Part 3: Attitude toward alcohol drinking.

Part 4: Self-efficacy perception.

The researcher would like to thank the village health volunteers who cooperated in answering the questionnaire.

**Questionnaire**

Questionnaire on the pattern of reducing alcohol consumption of village health volunteers.  
Instructions: Please fill in the information or mark (x) as true as possible for every question in the blank space.

**Part 1: General information**

Questions for responders	For Researchers
1. Age	
2. Sex <input type="checkbox"/> 1 Male  <input type="checkbox"/> 2 Female	
3. Marital status <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Separated <input type="checkbox"/> 6 Other.....	
4. Your highest level of education <input type="checkbox"/> 1 Primary education <input type="checkbox"/> 2 Lower secondary education <input type="checkbox"/> 3 Higher secondary education <input type="checkbox"/> 4 Vocational certificate <input type="checkbox"/> 5 Associate degree or Higher Vocational Certificate <input type="checkbox"/> 6 Bachelor's degree	

**Special journal of the Medical Academy and other Life Sciences**

Vol. 3 No. 3 (2025)

()7 Master's degree () 8 Other, please specify.....	
5. Your average income.....baht/month.	

**Part 2: Alcohol drinking behavior**

Questions for responders	For Researchers
<p>( ) 1 Still drinking (skip to answer question 4)</p> <p>( ) 2 Never drink</p> <p>( ) 3 I used to drink but quit (Answer question 3)</p> <p>( ) 4 Other, please specify.....</p>	
<p>2. What is the main reason for not drinking any type of alcoholic beverage?</p> <p>( ) 1. My family doesn't drink.</p> <p>( ) 2. I'm afraid of the effects of drinking.</p> <p>( ) 3. I don't see any benefit from drinking.</p> <p>( ) 4. Other, please specify.....</p>	
<p>3. What is the main reason that made you stop drinking all types of alcoholic beverages?</p> <p>( ) 1 Fear of the effects of drinking</p> <p>( ) 2 Being sick or having health problems</p> <p>( ) 3 Wanting to stop drinking on your own</p> <p>( ) 4 Family asking you to stop</p> <p>( ) 5 Family financial burden</p> <p>( ) 6 Other, please specify.....</p>	
<p>4. You first drank alcoholic beverages when you were..... years old.</p>	



<p>5. What is the most important reason for your first time drinking alcohol?</p> <p><input type="checkbox"/> 1 Friends invited you</p> <p><input type="checkbox"/> 2 Want to try</p> <p><input type="checkbox"/> 3 Parents or siblings invited you to drink</p> <p><input type="checkbox"/> 4 Drink to socialize</p> <p><input type="checkbox"/> 5 Drink to build confidence</p> <p><input type="checkbox"/> 6 Other, please specify.....</p>	
<p>6. Since the first time you drank alcohol until now, how long</p> <p>Have you been drinking?</p>	
<p>7. Estimated cost per time of drinking alcoholic beverages.....baht</p>	
<p>8. How often do you currently drink alcoholic beverages? <input type="checkbox"/> 1</p> <p>Drink every day</p> <p><input type="checkbox"/> 2 1 - 2 times per week</p> <p><input type="checkbox"/> 3 3 - 4 times per week</p> <p><input type="checkbox"/> 4 5 - 6 times per week</p> <p><input type="checkbox"/> 5 1 - 2 times per month or rarely</p> <p><input type="checkbox"/> 6 Other, specify.....</p>	
<p>9. Reasons why you like to drink alcoholic beverages</p> <p><input type="checkbox"/> 1 Easy to find</p> <p><input type="checkbox"/> 2 Cheap</p> <p><input type="checkbox"/> 3 Good taste</p>	

<input type="checkbox"/> 4 Other, specify.....	
<p>10. What is the reason you drink the most alcoholic beverages?</p> <input type="checkbox"/> 1 Stress <input type="checkbox"/> 2 Socializing  <input type="checkbox"/> 3 Friends inviting you <input type="checkbox"/> 4 Wanting to be accepted <input type="checkbox"/> 5 For fun <input type="checkbox"/> 6 Other, please specify.....	
<p>11. What time of day do you drink the most alcoholic beverages?</p> <input type="checkbox"/> 1 Dawn or early morning after waking up <input type="checkbox"/> 2 Late morning or early morning before noon <input type="checkbox"/> 3 Lunch with a meal <input type="checkbox"/> 4 Afternoon after a meal <input type="checkbox"/> 5 Evening after work or at night <input type="checkbox"/> 6 Other, specify.....	
<p>12. Where do you mostly drink alcoholic beverages?</p> <input type="checkbox"/> 1 Drink at home alone <input type="checkbox"/> 2 Drink at someone else's/relative's house <input type="checkbox"/> 3 Drink at a restaurant/pub/entertainment venue <input type="checkbox"/> 5 Drink at social events <input type="checkbox"/> 6 Other, please specify.....	
<p>13. What chronic diseases do you currently have?</p>	

Please specify.....	
<p>14. What is your pattern of drinking alcoholic beverages each time?</p> <p><input type="checkbox"/> 1 Drinking without problems (men no more than four standard units, women no more than two standard units per day)</p> <p><input type="checkbox"/> 2 Drinking at risk (men more than 4, women more than three standard units per day)</p> <p><input type="checkbox"/> 3 Drinking dangerously/heavily (men more than 5, women more than four standard units per day)</p> <p>Note: 1 standard unit = 1 can of beer 330 cc., 4 percent alcohol concentration = 1 glass of liquor 30 cc., 40 percent alcohol concentration = 1 glass of wine 100 cc., 12.5 percent alcohol concentration.</p>	
<p>15. What is the most common method of obtaining alcoholic beverages for drinking?</p> <p><input type="checkbox"/> 1 Buying yourself</p> <p><input type="checkbox"/> 2 Someone buys for you</p> <p><input type="checkbox"/> 3 Sharing the expenses with the person you are drinking with</p> <p><input type="checkbox"/> 4 Other, specify.....</p>	
<p>16. What is the most significant effect of drinking alcoholic beverages?</p>	

<p>( ) 1 Suffering from various diseases, alcohol poisoning, liver cirrhosis</p> <p>( ) 2 Being addicted to alcoholic beverages</p> <p>( ) 3 Causing violence in the family</p> <p>( ) 4. Being a cause of traffic accidents</p> <p>( ) 5 Unable to do normal daily activities</p> <p>( ) 6 Increased expenses</p>	
<p>17. Which of the following do you believe most about drinking alcoholic beverages?</p> <p>( ) 1 It is a means of socializing</p> <p>( ) 2 It is a means of communication and coordination</p> <p>( ) 3 It increases sexual performance</p> <p>( ) 4 It is a tonic/appetizer</p> <p>( ) 5 It makes you dare to express yourself in public</p> <p>( ) 6 Other, please specify.....</p>	

**Part 3: Attitudes toward drinking alcoholic beverages**

Questionnaire Issues	I totally agree	Agree	Not sure	Not Agree	I totally not agree
Effects of drinking on one's health					
1. Drinking has more benefits than harms. It helps reduce anxiety, nervousness, shyness, loneliness, and depression.					
2. It is the main cause of various illnesses, traffic accidents, and death.					
3. Drinking a small amount every day does not affect your health. It helps you to have a good appetite and eat better.					
4. Drinking helps the blood circulates well,					

relieves coldness and keeps the body warm.					
5. Drinking helps relieve stress from work, improves mood, and helps you sleep easily.					
6. Drinking helps good blood circulation, makes you feel refreshed and lively, and improves your sexual performance.					
Effects of drinking on the family					
1. Drinking increases family expenses and costs money for health care.					
2. Drinking causes household expenses to be insufficient, leading to economic					

problems and causing debt.					
3. Drinking causes arguments, quarrels, and leads to domestic violence.					

**Part 4: Self-efficacy awareness**

Self-efficacy awareness	Most	Much	Moderate	Little	Least
1. Drinking alcohol with friends is a sign of camaraderie.					
2. You can refuse your friends' invitations to drink alcoholic beverages.					
4. Drinking alcoholic beverages does not affect work performance or help solve various problems.					
5. When you are stressed from work, you can deal with the problem without drinking alcohol.					
6. When attending traditional events or social gatherings, you					



can avoid drinking alcoholic beverages.					
--	--	--	--	--	--

**Interview form on the pattern of changing alcohol drinking behavior of village health volunteers.**

1. How often do you drink alcohol?
2. How much do you drink each time?
3. On what occasions do you usually drink alcohol?
4. Who do you usually drink alcohol with?
5. What are the reasons for drinking alcohol?
6. What type of alcoholic beverage do you like?
7. How do you get alcoholic beverages?
8. What are your beliefs about drinking?
9. How do culture and traditions affect alcohol consumption?

### References

- [1] World Health Organization. "Alcohol." World Health Organization, 28 June 2024, [www.who.int/news-room/fact-sheets/detail/alcohol](http://www.who.int/news-room/fact-sheets/detail/alcohol).
- [2] Thailand Indicators 2567. "Thailand Indicators 2567." FlippingBook, 2024, [www.nso.go.th/public/e-book/Indicators-Thailand/Thailand-Indicators-2567/39/](http://www.nso.go.th/public/e-book/Indicators-Thailand/Thailand-Indicators-2567/39/). Accessed 1 Dec. 2024.
- [3] รายงานสถานการณ์ การบริโภคเครื่องดื่มแอลกอฮอล์ในสังคมไทย ประจำปี 2564 – Centre for Alcohol Studies. [cas.or.th/?p=10465](http://cas.or.th/?p=10465).
- [4] [https://www.google.com/url?q=https://www.nso.go.th/nsoweb/storage/survey\\_detail/2024/20230505110449\\_60642.pdf&sa=U&ved=2ahUKEwi\\_rfumi6uKAxVyGhAIHVluAOwQFnoECAsQA&usg=AOvVaw3I7haWlk23XrJPuA2VO2Od](https://www.google.com/url?q=https://www.nso.go.th/nsoweb/storage/survey_detail/2024/20230505110449_60642.pdf&sa=U&ved=2ahUKEwi_rfumi6uKAxVyGhAIHVluAOwQFnoECAsQA&usg=AOvVaw3I7haWlk23XrJPuA2VO2Od)
- [5] Roerecke, Michael, et al. "Alcohol Consumption and Risk of Liver Cirrhosis." *The American Journal of Gastroenterology*, vol. 114, no. 10, Oct. 2019, pp. 1574–1586, [journals.lww.com/ajg/pages/articleviewer.aspx?year=2019&issue=10000&article=00008&type=Fulltext](http://journals.lww.com/ajg/pages/articleviewer.aspx?year=2019&issue=10000&article=00008&type=Fulltext), <https://doi.org/10.14309/ajg.0000000000000340>.
- [6] Foster, John, and Bob Heyman. "Drinking Alcohol at Home and in Public Places and the Time Framing of Risks." *Health, Risk & Society*, vol. 15, no. 6-07, Oct. 2013, pp. 511–524, <https://doi.org/10.1080/13698575.2013.839779>. Accessed 30 Sept. 2020.
- [7] Sudhinaraset, May, et al. "Social and Cultural Contexts of Alcohol Use: Influences in a Social–Ecological Framework." *Alcohol Research : Current Reviews*, vol. 38, no. 1, 2016, p. 35, [pmc.ncbi.nlm.nih.gov/articles/PMC4872611/](http://pmc.ncbi.nlm.nih.gov/articles/PMC4872611/).