



# THE EFFECTIVENESS OF LIFE SKILL DEVELOPMENT PROGRAM ON BEHAVIOR MODIFICATION FOR ALCOHOL DRINKING PREVENTION AMONG PRIMARY SCHOOL STUDENTS IN 6<sup>th</sup> GRADE, SUPHANBURI PROVINCE

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## Abstract

Backgrounds: Many of the social and health problems among children today are related to alcohol abuse. Life Skill Program provides a child with a practical and realistic set of skills to increase their personal safety, confidence, ability to communicate professionally and how to assess and avoid potential dangerous situations. This quasi-experimental (two-groups pre-post test) study was to investigate the effectiveness of Life Skill Development Program on behavior modification for alcohol drinking prevention among primary school students in 6<sup>th</sup> grade, Suphanburi Province. The samples were divided into two groups including the experimental group and control group. The experimental group received the activities that applied from Life Skill Development Program consisting of 5 sessions; meanwhile the control group did not receive Life Skill Development Program. Data were collected using a set of Life Skill Development Program questionnaires. Descriptive statistics, including percentage, mean, and standard deviation, were employed to analyze data. Independent t-test was used to compare the differences between the two groups. Moreover, pair t-test was employed to test the differences in group. P-value was set at 0.05. The results: After the intervention, self-awareness mean score of the experimental group was significantly higher than the control group ( $p < 0.01$ ). Besides, mean score of self-responsibility, and coping with emotion and stress of the experimental group was significantly higher than the control group ( $p < 0.05$ ). Conclusions: These findings suggest that Life Skill Development Program is beneficial and enabled the students to be aware of the negative outcome of alcohol abuse.


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**Keywords:** alcohol drinking, Life Skill Development Program, primary school, six graders

## Introduction

Over the past twenty years, “life skills” have become part of the vocabulary in alcohol education and the prevention of alcohol misuse. The term refers to programs targeted primarily at young people and based on the need to promote healthy lifestyles through health education. Life skills education emerged from a growing concern about certain health problems with particular impact on young people, drugs, and peer influence. The emphasis of this approach is on basic personal and social skills, attitudes, and knowledge helpful in making positive decisions and lifestyle choices. (Botvin, G. J., & Kantor, L. W. 2001)

Researchers have studied this program’s effectiveness in preventing use of various substances among varied populations. Both alcohol and tobacco use are common among teenagers in the United States. According to results of a 1999 survey of percent of 12th graders reported drinking alcohol within the past month. In addition, 15 percent of 8th graders, 26 percent of



10th graders, and 31 percent of 12th graders reported engaging in binge drinking (i.e. having five or more drinks in a row) at least once during the 2 weeks before the survey was conducted. Compared with drinking, smoking is less prevalent among high school students. For example, according to the study's findings, 18 percent of 8th graders, 26 percent of 10th graders, and 35 percent of 12th graders reported smoking cigarettes during the month before the survey, and only 8 percent of 8th graders, 16 percent of 10<sup>th</sup> graders, and 23 percent of 12th graders reported smoking cigarettes on a daily basis (see1). These survey results indicate that the prevalence of both alcohol use and tobacco use increases with age. (Botvin, G. J., & Kantor, L. W. 2001).

In Thailand, At present, it is likely to cause problems in old age slowly. Statistics, the average age that children start drinking alcohol at the age of 12 years and each year the youth of four million six hundred thousand people aged between 15 - 19 years there will be problems associated with alcohol consumption increased it. The drinking of alcohol will affect the physical, psychological, social, youth and teenagers. Of the severity of the problem and the potential effect of alcohol drinking behavior of adolescents such as obesity, high blood pressure. And the number of injuries and deaths, Through the involvement of the World Health Organization ([http://www.nso.go.th/nso/home/index\\_news\\_stat.jsp](http://www.nso.go.th/nso/home/index_news_stat.jsp). Dem 2011), life skills programs have come to play an important role with regard to health—particularly mental health—in both the developing and developed countries. With regard to alcohol, the life skills approach relies on encouraging responsible alcohol consumption and preventing misuse.

According to WHO, life skills may be defined as “abilities for adaptive and positive behavior, that enable individuals to deal effectively with the demands and challenges of everyday life” ([http://www.nso.go.th/nso/home/index\\_news\\_stat.jsp](http://www.nso.go.th/nso/home/index_news_stat.jsp). Dem 2011). “Every school should enable children and adolescents at all levels to learn critical health and life skills. Such education includes comprehensive, integrated life skills education that can enable young people to make healthy choices and adopt healthy behavior throughout their lives” ([http://www.nso.go.th/nso/home/index\\_news\\_stat.jsp](http://www.nso.go.th/nso/home/index_news_stat.jsp). Dem 2011).

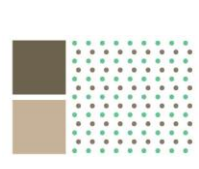
Life skills may to applied to actions that alter the surrounding environment to make it conducive to health. Ideally, life skills learning should occur at a younger age, before negative patterns of behavior and interaction had established. Life skills programs can be developed for all ages of children and adolescents in school. The important age range for life skills learning is 6- 13 years. Citation in,( WHO,1997a., and Godfrey, C., Toumbourou, J. W., Rowland, B., Hemphill, S., & Munro, G. 2002).

Theoretical and Empirical Basic for a life skills framework.

Consequently, because adolescents spend a large percentage of their day in school, what happens in school will influence their behavior (Brown, S. A., & Tapert, S. F, 2004).

Intervention for early adolescents must simultaneously increase health-enhancing behaviors and decrease health compromising behaviors. A concept model for early adolescent health promotion proposed (WHO, 1994). identifies four domains of health: physical health, psychological health, social health, and personal health. Among the health-compromising behaviors that researchers have targeted are the ones identified at the beginning of alcohol abuse.

Second, focusing only on preventing one of these behaviors to the exclusion of the others is



The objective of this study was to investigate the effectiveness of Life Skill Development Program on behavior modification for alcohol drinking prevention among primary school students in 6<sup>th</sup> grade, Suphanburi Province.

## **Methodology**

### **Design and procedures**

A quasi-experimental design was to investigate the effectiveness of Life Skill Development Program on behavior modification for alcohol drinking prevention among primary school students in 6<sup>th</sup> grade, Suphanburi Province. A pre-and post test study with a treatment and control condition was conducted in school. Classroom was randomly assigned to two public schools - two groups design, Passive informed consent of participation was give by parents.

The questionnaire consists of 2 parts as follows: Part 1: general characteristics of students include the information of grade level, sex, family type, parent' s educational level, parent' s occupation, family income, and alcohol drinking of students include 8 items of those experiences Part 2: the life skills components include 11 items of self awareness, 12 items of self responsibility, 10 items of decision making, 10 items of interpersonal relationship and communication, 10 items of coping with emotion and stress, and their behaviors of preventing alcohol drinking changes after program implementation include 8 items. The questionnaire validity was initially tested with 30 students who had similar characteristics to the sample group. The questionnaire reliability was calculated using Cronbach' s Alpha Coefficient, which was between 0.75-0.87.

The samples were divided into two groups including the experimental group 41 students and control group 54 students. ; meanwhile the control group did not receive Life Skill Development Program was conducted by participatory leaning approach among students during the first semester of the academic year 2010 (June 2010-June 2011) . The grade 6 students participated in 8 weeks (2 hours per week) of the learning activities. Life skill education was conduction was conducted for one component in two weeks. The research had been trained for life skills education by researcher and participated in learning activities. The program evaluation was done using comparative mean score of life skills components among students before and after program implementation.

The experimental group received the activities that applied from Life Skill Development Program consisting of 5 sessions in 8 weeks (2 hours per week) as self awareness, self-responsibility, decision making, interpersonal relationship and communication, coping with emotion and stress, and behaviors of preventing alcohol drinking changes.Part3: students, perception on their behaviors of preventing alcohol drinking changes after program implementation include 8 items. The researcher instruments were used for program implementation were Sura pai Cheevith, Games, participatory learning action plan include scenerios case studies and work sheet.

### **Data analysis strategy**

Statistical analysis was performed by frequency, percentage, standard deviation and independent t-test. The statistics significant level was  $p < 0.05$ .

### **Ethics consideration and protection of research participants**

The research proposal was review and proof of ethical clearance by the Ethics committee for Human Research, Faculty of Public Health.

## Results

### General Characteristics of Students

Students in the first school were grad 6 students. The majority of them were female, 9- 12 years old. While students in the second school were grad 6 students. All of them was (aged 9- 12 years old). The majority of them were male. Both school, the majority of students were living with their parents, occupation of their parents were general contractors. Both school ,the majority of their character identification were less assertive. All of them were alcohol first at 7 – 10 years old, the cause of the alcohol first from trial with their friend and relative. The effectiveness of Life Skill Development Program on behavior modification for alcohol drinking prevention during the Part 11 Months among students in the first school and the second school.

The results: After the intervention, self-awareness mean score of the experimental group was significantly higher than the control group ( $p < 0.01$ ). Besides, mean score of self-responsibility and decision making of the experimental group was significantly higher than the control group ( $p < 0.05$ ).

**Table 1** Comparison of LSD Program on behavior prevention for alcohol drinking during the Part 11 Months among students in the first school and the second school.

Scales	Mean scores		p-value
	experimental group	control group	
1. self awareness	4.87	4.28	0.001**
2. self- responsibility	4.35	4.21	0.021*
3. Coping with Emotion and Stress	1.56	1.55	0.010*
4. decision making	3.78	3.74	
5. Interpersonal Relationship and Communication	3.19	2.88	
6. health behavior for alcohol drinking prevention		3.82	2.91

Note; difference between group significant at  $p < .05 = *$ ,  $p < .001 = **$

The mean scores for each of effectiveness of Life Skill Development Program on behavior modification for alcohol drinking prevention during the Part 11 Months among students in the experimental group (as self awareness, self- responsibility, and coping with emotion stress) were compared for significant differences between the control. After the intervention mean score of total life skill of the experimental group was significantly higher than the control group. Besides, mean score of self awareness was significantly higher than the control group ( $p < 0.01$ ). As self- responsibility and coping with emotion stress of the experimental group were significantly higher than the control group ( $p < 0.05$ ). However, After the intervention mean score of decision making, Interpersonal Relationship and Communication and health behavior for alcohol drinking prevention were not significantly higher than the control group.



## Discussions

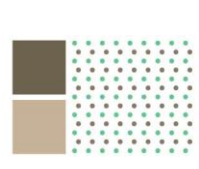
This research indicates participation in the LSD program is positively related to life skills youth rated their development scales (as self awareness, self- responsibility, decision making, and coping with emotion stress). The study also indicated that the level of life skills development increase.

While the Life Skill Development Program on behavior modification for alcohol drinking prevention among primary school students in 6<sup>th</sup> grade were low for the scales on decision making, Interpersonal Relationship and Communication and health behavior for alcohol drinking prevention, they were statistically significant. Two possibilities exist for why an activity was low.

Four aspects may explain why mediating effects were evident in our study. First, explanation is that the conceptual basis of general competence enhancement, we chose a global measurement with which to analyze the mediation role of general life skills in alcohol prevention. Secondly, an activity between each of the five scales and the development of life skills actually were low. Another possibility is that the research instrument used lacked the precision to direct strong activity.

Knowing why an activity is preventive as well as knowing the limits of its effective on behavior modification for alcohol abuse prevention activities (Walters, G. D., 2002). The LSD program can be regarded as effective in the sense that enhanced protective factors led to a reduction of alcohol abuse. The fact that life skills resources and knowledge about skilled behavior were influenced rather than life skills deficits and knowledge about skills behavior may reflect the conceptual basis of the prevention program implemented: LSD was designed to focus on protective factors rather than on risk factors (Perry, C. L., Grant, M., Ernberg, G., Florenzano, R.U., Langdon, M. C., Myeni, A. D., et al., 1989). The program emphasized building up a skilled behavioral repertoire rather than correcting maladjusted behavior or restructuring maladjusted cognitions. This study indicates the importance of alcohol unspecific life skills promotion in preventing alcohol abuse, an issue that had not been proven up to now. Thirdly, researchers (Kroger C., Reese A., Walden K, 1999 and Botvin G., Dusenbury L., Baker E., et al, 1992) tried to explain the underlying mechanisms of effective life skills programs by testing the mediating role of isolated life skills (e.g. decision making). Our findings confirm that life skills promotion is related to favorable prevention outcomes and as such represents a promising way in alcohol abuse prevention. Finally, the population examined in our study is a general population sample, the studies targeted a minority sample. It may be that life skills promotion is mediating condition in a non-select population rather than in at risk group.

Our findings concerning the mediating effect of life skills resources on alcohol abuse are to be interpreted as an inconsistent mediating effect (Botvin, G. J., Griffin, K. W., Diaz, T., & I fill-Williams, M, 2001). The results show that increasing knowledge about life skills (communication, decision making) was followed by a more distant attitude toward alcohol and fewer cases of alcohol abuse after the intervention. Thus , cognitive changes concerning life skills presumably led to cognitive and behavior changes in the alcohol use domain. The importance of cognitive changes in alcohol-specific constructs for successful has been demonstrated (Mackinnon D., Krull J., Lockwood C, 2000). This may be seen as an alarming message for preventionists favoring the life skills prevention approach.



## Implications

Implementing a life skills programme will require the introduction of teaching methods that may be new to teachers, and success of the programme will depend very much on the availability of in-service efforts to include training in participatory learning methods in teacher training. Training Evaluation tools collect information from both the trainer and trainees regarding how the training went overall, any challenges that emerged, and whether trainees felt it adequately prepared them to implement the program.

## Limitations

Limitations of the study include the fact that the data are constrained to assessments 1 year after baseline measurement. Follow-up data are needed to determine whether the ultimate goal of alcohol use prevention less alcohol abuse in adolescence and adulthood can be accomplished through the prevention program. Finally, the fact that we focused on life skills promotion does not rule out the possibility of alternative mediating processes of effectiveness such as group processes on the classroom level or specific cognitive mechanisms. Future investigation considering more than one plausible mediating mechanism would help to decide and thus help to optimize establishes school- based prevention programs.

## Conclusion

In relation to alcohol, life skills programs attempt to teach individuals (young people, in particular) to make healthy, responsible, and appropriate choices about drinking in an effort to reduce alcohol misuse and problems related to excessive and abusive drinking patterns. This approach has been implemented in education and prevention through school-based programs and is also part of some initiatives that are not curriculum-based.

The life skills approach is a useful component of alcohol education but its successful implementation requires additional supporting elements (Cuijper P,2002). These include, for example, the provision of balanced and appropriate information about alcohol consumption, drinking patterns, and outcomes. Given the wide range of cultural views on alcohol, life skills programs need to be implemented in a culturally sensitive way and should address specific cultural issues.

Media and culture awareness have also been suggested as essential adjuncts to the life skills approach, beyond the critical thinking component that is already included. In addition, issues related to social environment, economics, and opportunity also need to be addressed, given their impact on the choices and decisions that people make about drinking and health in general.

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