



CHAPTER V

CONCLUSION, DISCUSSION, AND RECOMMENDATIONS

Conclusion

For this study on the skills development of subdistrict-level public-health personnel, to function as training instructors in a life-skills program focused on interpersonal-relationship and communications skills, to develop amphetamine-preventive behaviors among junior-high-school students in Phanat Nikhom District, the results may be summarized as follows:

1. General socio-demographic information for the subdistrict-level public-health personnel

Most of the subdistrict-level public-health personnel who participated in the training (61.9%) were female, with only 38.1% male. The marital status of most public-health personnel was 'couple' (61.9%), followed by single (28.6%) and divorced/separated (9.5%). Most subdistrict-level public-health personnel (52.4%) were in the age range 20-30 years, with 28.6% in the range 31-40 years; the other 14.3% were between 41-50 years old, and only 4.8% were in the range 51-60 years. Almost all of the public-health personnel (85.7%) had graduated with bachelor degrees, while the remaining 14.3% had education levels < bachelor degree. Concerning their working position, the largest group of public-health personnel

participating in this study (38.1%) worked as public-health administrators, and 33.3% were public-health officers. Among the remainder, 14.5% worked as public-health educators, while another 14.5% worked as technical nurses. Most of the subdistrict-level public-health personnel (42.9%) had narcotics-related work experience of between 5-10 years; 38.1% had 1-5 years' experience and 19.0% had worked in the field > 10 years. Finally, none (100%) of the public-health personnel in the study had ever been trained to become a narcotics-related training instructor.

2. Comparison of knowledge pre- and post-participation in the training program to become a life-skills training instructor

Comparison of the knowledge before and after participation in the 5-day training program on becoming a life-skills training instructor showed that the knowledge level had increased with statistical significance (p -value = 0.00), as the arithmetic mean increased from 11 to 17.05, or from 'low' to 'good'.

The public-health personnel had acquired improved knowledge of planning and preparation of the training content, principles of communication, use of media, training technologies, and knowledge transfer skills, which could be applied later in the training program for junior-high-school students.

3. Comparison of public-health personnel's attitudes before and after participation in the training program to become a life-skills training instructor

Comparison of the public-health personnel's attitudes towards becoming a training instructor showed no statistical difference between pre- and post-training. The arithmetic mean score pre-training was 13.67, which changed to 13.62 post-training, both of which were 'medium'. This finding failed to support the hypothesis that subdistrict-level public-health personnel would acquire better attitudes towards becoming a life-skills training instructor after the 5-day training program and 15-week field practice.

4. Comparison of skills for becoming a training instructor among subdistrict-level public-health personnel pre- and post-15-week field practice

Comparison of the 3 main skills (personality, communication, and knowledge), the results showed that, pre-field practice with junior-high-school students, the public-health personnel had 'medium' level personality and communication skills, and 'good' knowledge skills. All of these skills were improved into 'good' post-field practice. Although the knowledge level remained 'good', the score increased from 8.0 to 9.01.

Therefore, the personnel had achieved higher skills in all 3 aspects (personality, communication, and knowledge), which supported the hypothesis that subdistrict-level public-health personnel would acquire improved skills to become a trainer post-field practice, in weeks 8 and 15.

5. Comparison of pre- and post-training knowledge among junior-high-school students undergoing a life-skills program by trained subdistrict-level public-health personnel

The knowledge of junior-high-school students concerning interpersonal-relationship and communications skills had improved after being trained in the life-skills program (statistical significance .05), which supported the hypothesis that junior-high-school students would acquire better life skills (interpersonal relationship and communication skills) after receiving the life-skills training.

Discussion

Evaluation of the results for skills development of subdistrict-level public-health personnel to act as training instructors in a life-skills program focused on interpersonal-relationship and communications skills, to develop amphetamine-preventive behaviors among junior-high-school students in Phanat Nikhom District, the highlight topics for discussion are as follows:

1. Knowledge and understanding for becoming a training instructor

The results showed that the subdistrict-level public-health personnel had acquired improved knowledge for becoming a life-skills training instructor after participation in the 5-day training program (significance level 0.05), as the arithmetic mean increased from 11 to 17.05. This supports the hypothesis.

1) During the theoretical training, according to the program design, knowledge was transferred using various techniques, including review of case studies, knowledge analysis and synthesis stressing learner participation, practice of minor

skills in simulated situations, and the provision of advice and feed-back between trainers and participants. These methods helped participants improve their knowledge and understanding of the training content, which corresponded with the research by Prayul Boonchai (2004), who noted that teachers who received theoretical training in the training room and performed practical training in real training situations acquired higher than predicted levels of knowledge and understanding (significance level 0.01).

2) During practical training under the supervision of specialized trainers, especially during practice in actual teaching situations, the participants had to plan the teaching outlines, prepare the content and review all the theories studied in the theoretical stage before application in field situations. The Division of Non-Formal Education Development (1998) suggested that the training instructor should thoroughly study the teaching process and activities in advance, along with preparation of the complete training media and materials; this concurs with the study by Nawanun Kijtaewee (1999), who noted that the life-skills training instructor must possess a complete grasp and understanding of technique and principles, with a good strategy for holding the attention of the learners. Furthermore, the re-learning process benefited the subdistrict-level public-health personnel to gain improved knowledge and understanding, which, when coupled with advice and feed-back provided by specialized experts during field practice, strengthened and clarified the knowledge and understanding acquired throughout the training process. The research by Arunee Sampaonthong (1995) also supported the idea, and concluded that the training process with field practice under the supervision of experts helps participants gain more permanent knowledge and understanding of content they have studied before.

2. Attitude of the subdistrict-level public-health personnel towards becoming a training instructor

There was no statistical difference after the 5-day training program and 15-week field practice in attitude towards becoming a training instructor. The arithmetic mean of the pre-training score was 13.67, which changed slightly to 13.62 post-training, both of which were in the 'medium' level. This finding did not support the hypothesis.

During the theoretical training, the participants had the opportunity to express their feelings and opinions towards becoming a training instructor, public speaking, brainstorming, and working with the group to prepare the teaching process, both during the practice of minor skills and practice in simulated situations. The Regional Office of Education Sa Kaew, Region 2 (2003), mentioned that, in arranging a training program for personal development, the nature of the adult learning process is key and needs to be fully understood; for example, an adult may learn whenever they want to; their lifetime experiences also influence their perceptions, which means they will perceive more when they realize that what they are learning is consonant with their personal experience. In contrast, if an experience or activity influences changes in the inner self, they may tend to resist by denial or distortion of the activity or experience. The Department of Curriculum and Instruction Development (2003) provided training guidelines for attitude development; training activities must help develop self-awareness and have a systematic approach that accord with thoughts and beliefs of the learners. In developing self-awareness, training must include media and activities that encourage participants to recreate actual feelings, while concepts and beliefs can be developed through group activities.

3. Skills for becoming a training instructor

Post-field practice in weeks 8 and 15, the subdistrict-level public-health personnel had attained improved skills for becoming a life-skills training instructor in the areas of personality, communication, and knowledge. The results show that, pre-field practice with the junior-high-school students, the public-health personnel had 'medium' level personality and communication skills, with 'good' knowledge skills. Post-field practice, all of these skills had improved to 'good' (statistical significance 0.05). This finding supports the hypothesis.

The training process arranged for this study stressed encouraging the participants to act and practice many minor skills, with clearly identified behavioral standards, related to personality, communication, and knowledge skills, to help highlight preferable behaviors and clarify anticipated directions and goals. Apart from that, the participants performed field practice with junior-high-school students in actual teaching situations. This structured learning process was supported by the study of Thaksin United Colleges (1992), cited by Prayul Boonchai (2001), which asserted that, in the next decade, syllabi will tend to have a field-practice component of 80% of total study time. The training techniques used encouraged participants to think, act, and perform effectively in actual problem-solving situations. This training process also supports the exchange of advice and feed-back between experts and participants, thereby creating a learning process that helps participants understand the process of performing their actions, and the effects of their actions. As a result, they gain insight into their weaknesses and ways of improving their behavior, until they become expert (Kaewmanee, 2003). Dr. Whitman (2007) suggested that one of the key factors in behavioral change is development of the training personnel who

conduct the teaching process (in this case, the subdistrict-level public-health personnel), to acquire skills for acting as life-skills training instructors in a program focused on interpersonal-relationship and communication skills for junior-high-school students. In summary, for the aforementioned reasons, the trained subdistrict-level public-health personnel had acquired higher skills, as hypothesized, by the end of the training.

4. Life-skills knowledge about interpersonal-relationship and communications skills among junior-high-school students

The knowledge of junior-high-school students concerning interpersonal-relationship and communications skills improved after training in the life-skills program. This finding supports the hypothesis that junior-high-school students would acquire improved life-skills (interpersonal-relationship and communications skills) after undergoing the 15-week life-skills training.

A skill is an ability that one might never have possessed before, but which can be developed later until it becomes a proficiency. Teaching of skills is composed of 2 stages – the acknowledgement stage and the acting stage. In this study, during the acknowledgement stage, the researcher arranged activities by adopting the principles of interpersonal relationships and communication skills, to develop and strengthen refusal skills and persuasion skills through the participatory-learning process. Activities were arranged according to the three components of participatory learning theory--development of abstract thinking, developing experiences, and reflection/discussion. In the development of abstract thinking, the training instructor, or subdistrict-level public-health personnel, gave a lecture with examples, before

letting the learners discuss their importance and the methods of practicing specific skills. Then, during the “developing experiences” component, the trainers made use of case studies or simulated situations to let learners apply their recently studied skills, or, in some cases, use some demonstrations to help learners understand the use of each skill. Meanwhile, for reflection/discussion component, the learners formed small groups to brainstorm their ideas.

In the action stage, activities were arranged using conceptual adaptation in the participatory learning process, by training the learners through ‘role play’ activities. The learners could practice and switch roles until they had had experience with the focus skills. More importantly, during the practice, the learners were evaluated to assess their ability to refuse without losing good relationships with friends (Manoi, 2007). The post-training questionnaire on interpersonal-relationship and communications skills for junior-high-school students demonstrated that the students had acquired better understanding of refusal and persuasion skills (statistical significance .05). This result agreed with the study by Rattanawongchareon (2004), which found that, after being trained in a life-skills health- education program against amphetamine use, refusal skills without losing relationship, and forming amphetamine-abuse-preventive behaviors among high-school students were improved; they were also higher than the group of students who were not trained (significance level 05). Suk-amornrat (1997) noted that the sample group had better refusal skills without losing relationship than the control group (statistical significance .05). This agreed with the finding of Yarnsomdej (2002), that the sample group of students who underwent a life-skills development program against amphetamine use had developed higher scores for relationship and family communication skills after the

program, and these skill levels were higher than the control group. Treeyamaneerat (2001) studied the effects of a health-education program, with an adaptation of life-skills development through participatory learning, against smoking; the result showed that the sample group had better refusal skills without losing relationship than the control group (significance level .05). This study agreed with that by Thajsaringkarnsakul (2000), who found that, post-training, the sample group of students who had undergone the life-skills development program against amphetamine use had better refusal skills without losing relationship (level of significance .05). The study by Hasamorh (1997) showed that, after the test, the sample group had better refusal skills and logical decision-making ability than the control group, with statistical significance. This is confirmed further by Botvin et al. (1984), who concluded that students who participated in developing an assertive attitude towards refusing invitations to drink had better drinking behaviors than those without the training, with statistical significance (p -value < 0.01). The study by Schinke & Gilchrist (1983) found that the sample group had higher scores for knowledge, determination, and ability to refuse friends and smoking than the control group with statistical significance. This result was similar to that of Doi & Dilorenzo (1993) who noted that, after the implementation of a 'stop smoking in school' campaign for 7th-grade students, by teaching the refusal skills against smoking in the community, the students in the sample group had acquired higher knowledge levels related to refusal skills. At 1 month and 1 year post-training follow-up, the students in the sample group continued to maintain the preferred behaviors. The study by Seetapa (2003) concluded that, even without the continuous guidance of teachers, the teaching of a life-skills program using a participatory-learning process with students still influenced

positive changes of attitude and reduced risk behaviors for trying narcotics among students (statistical significance .05).

Recommendations

1. The questionnaire used to survey attitudes of public-health personnel should have a 5-level scale rather than a 3-level scale, to retrieve more precise data.

2. In analysing the potential development of subdistrict-level public-health personnel to become life-skills-program training instructors, socio-demographic factors, such as gender, marital status, age, education level, working position, work experience related to narcotics, and training experience related to becoming narcotics-related training instructor, should also be considered, since these factors might influence developing the capacity of these personnel into life-skills training instructors.

3. A comparable control group of subdistrict-level public-health personnel should be chosen concurrently with the sample group of subdistrict-level public-health personnel, to enable a valid comparison of any skills improvement to become a training instructor.

4. Evaluation of the training process should also be arranged among the learners, between the learners and the training instructor, or by the teachers within the studied class. Furthermore, details of the evaluation process should be stated clearly in each worksheet.

5. As students normally spend much of their time at school, the life-skills program should be integrated by the school into normal learning activities, so that more relevant and useful experiences can be practiced.

6. Trainers should continuously develop/improve the content of the training program for increased variety and better accord with the individual community. The training media should be adapted and developed for improved suitability with specific groups of learners.

7. Both general and specific data about students from academic institutes should be surveyed and studied before arranging the training program or activities, to classify students into groups, such as a group of students who have never used narcotics/amphetamines, at little or no risk of addiction, or a group of students with risky behavior for narcotics/amphetamine use, a group of students who are occasional narcotics/amphetamine users, and a group of patently narcotics-addicted students.

8. Active follow-up should determine the permanence/longevity of the behaviors resulting from the training program.

9. A training program should be constructed for youth outside the school system.