CHAPTER II

LITERATURE REVIEW

This objective of this research was to assess the effectiveness of a training program designed specifically for subdistrict-level public-health personnel, to enable them to be successful life-skills-program training instructors. The program focused on interpersonal-relationship and communication skills, to strengthen self-protective behaviors against amphetamine use among junior-high-school students in Phanat Nikhom District, Chonburi Province. The researcher reviewed, collated and analyzed relevant documents and research, to form the basis for the study guidelines, as follows:

1. Life-skills concepts and theories
    - 1.1 Definitions of life skills
    - 1.2 Components of life skills
    - 1.3 Teaching of life skills
    - 1.4 Life-skill measurement
    - 1.5 Studies of life skills in Thailand
    - 1.6 Life-skills adaptation in adolescence
2. General information about amphetamines
    - 2.1 Definition and characteristics of amphetamines
    - 2.2 Reasons for amphetamine use among students
    - 2.3 Concepts related to amphetamine-preventive behaviors

3. Participatory learning

    3.1 Components of experiential learning in participatory learning

    3.2 Participatory teaching/learning of skills

4. Related research

Life Skills Concepts and Theories

Definitions of life skills

The World Health Organization (1993) defined life skills as an adaptive capacity, encompassing appropriate behaviors for managing personal needs and conflicts effectively in everyday life. This definition concurs with the study by Tansakul & Sittatrai (1995), who noted that life skills are psychosocial components or characteristics, inner skills that can effectively help deal with the situations that arise in everyday life. The Department of Curriculum and Instruction Development, Ministry of Education (1997), defined life skills as the ability to adapt and develop oneself so as to be able to cope with daily problems and live happily.

From the aforementioned definitions, it can be concluded that life skills are the characteristics or ability effectively to adapt and develop oneself to cope with the daily problems or situations that occur in everyday life, and to live happily.

Components of life skills

The World Health Organization (1994a) stated that the core skills and principles of life skills consist of 10 components, which can be arranged into 5 pairs, as follows:

1. Decision making – Problem solving
2. Creative thinking – Critical thinking
3. Communication – Interpersonal
4. Self-awareness – Empathy
5. Coping with emotions – Stressors

Teaching of life skills

The teaching of life skills normally stresses a self-learning process, which operates mainly through the previous experiences of the learners, to develop a new body of knowledge during the interactions between the learners themselves, and between learners and trainers. The process persuades them to exchange their experiences, ideas and opinions, and learn about each other, which helps broaden the learning process through varieties of expression, such as body language, spoken language, or written language, leading to the ultimate concepts.

Life-skills measurement

Life-skills adaptation as a result of the training needs to be measured to assess the efficiency of the learning process, and to detect any behavioral change among the participants. Measurement can be conducted both during the process and from the outcomes of actual or simulated situations. Nikmanon (1997) suggested a staged process of skills measurement, as follows:

1. Set measurable objectives for behavioral learning
2. Assign tasks for the participants
3. Set out the operational methodology in detail

4. Set out the working situations or conditions
5. Assign the appropriate measurement methods and tools
6. Establish a grading system
7. Determine operational procedures

Studies of life skills in Thailand

Prasert & Sittatrai (1995) noted that, as in many other developed countries, the study of life skills in Thailand started from an attempt to find a way to prevent narcotics abuse, which began with prior knowledge, followed by further development in stages, as follows:

Stage 1. Knowledge and data stage. This stage is the age of information and knowledge, when we believe that knowledge of the negative effects of drugs can save people from drug addiction. This is because we believe that drug use arises from drug users' not knowing how harmful drugs are. Therefore, if people were aware of that they would not get involved with drugs.

Stage 2. Recognition stage. This stage is starting to become aware that mass-media dissemination of information about drugs to the population has not reduced the drug problem. This is because the experts believe that knowledge alone cannot stop the thought of using drugs. It is necessary to alert people to the harmfulness of drugs, raise their awareness, and point out that the danger is not remote but close to home, and affects everybody.

Stage 3. K.A.B. or K.A.P. stage. At this stage, experts begin to realize that narcotics abuse is a behavioral problem. If one had a good attitude towards oneself and has developed a resistant attitude to drug use, he/she would not get involved with

narcotics. This idea focuses on providing knowledge and information to develop narcotics-preventive attitudes among school children. This can embrace group activities as a tool, such as playing games together and acting out imaginary roles.

Stage 4. "Quality of life" stage. At this stage, the epidemiological information indicates that existing knowledge cannot stop risk behaviors or Ya-ba use. The experts, therefore, focus on socio-psychological aspects that have the potential to be effective in terms of management, and focus on refusal skills, occupational skills, using free time for constructive pursuits, and promoting alternative activities.

Stage 5. Personal-development stage. This is the stage for introducing the life-skills training program to prevent risk behaviors in the wider community, and build a strong personality as a mechanism for preventing behavioral problems, instead of solving each behavioral problem at a time. These behaviors include drug use, AIDS risk behaviors, gang fighting, and reckless behaviors.

Life-skills adaptation in adolescence

Life skills are a key component of juvenile development, because they are desirable personal characteristics that help an individual cope with daily situations and avert social problems, including coercion, seduction, and other unforeseen problems. Sota (2002) noted that life-skills adaptation during adolescent development was divided into 3 stages, as follows:

1. Cognitive preparation: the reasoning stage, where adolescents are persuaded and influenced to join the life-skills program.

2. Skills acquisition: the stage of demonstrating or providing examples of how to apply life-skills techniques to behavioral change in everyday life
3. Skills practice: such as role-playing, participation in activities, etc.

Detailed studies of amphetamine use have found that the stimulus to consume amphetamines derived from both intrinsic and extrinsic personal factors. Prevention can be undertaken using many different approaches. The life-skills technique is one method to strengthen the individual's resistance to amphetamine use, especially interpersonal-relationship and communications skills, which are considered very helpful in refraining from risky and aberrant behaviors influenced by uninventive creativity. The ability steadfastly to decline, or refuse, is considered very important. It is also a basic skill that results in permanent "immunity" against aberrant behaviors and persuades adolescents to pursue preferred, appropriate behaviors (Tansakul & Sittatrai, 1995).

Thus, the researcher studied life-skills techniques, focusing on interpersonal-relationship and communications skills, as guidelines for a life-skills training program focused on interpersonal-relationship and communications skills for junior-high school-students, with public-health personnel acting as training instructors.

General Information about Amphetamines

Definition and characteristics of amphetamines

'*Ya bah*' or amphetamines, are synthetic substances that normally appear as a white, odorless powder, with a slightly bitter taste. The most widespread form of amphetamine found in Thailand is a round tablet, 7 mm in diameter and weighing

about 0.11 grams. It can also be found in different colors, e.g., white, yellow, green, orange, brown, and purple, with various symbols on the tablet, such as a horse's head, or alphanumerics, e.g., "LONDON", or "M/99" (Sumyai, 2000). Sometimes, it comes in powder, capsule, or liquid forms. The main ingredients of amphetamines are amphetamine, dexamphetamine, theophylline, starch, and fenproporex (Narcotics Users' Therapy and Treatment Operation Department, 1996; currently known as the Thanyarak Institute for Drug Abuse).

Ya bah was originally called *Ya mah*, or "horse pill". Physicians used it to treat narcolepsy, a condition characterized by brief attacks of deep sleep that can occur at any time of the day, accompanied by difficulty concentrating (Attention Deficit Disorder, ADD), and in weight control, for which its use has since been discontinued. Amphetamines were widely used as a stimulant during World War II, with a massive supply of > 72 million pills to keep the fighting men going. Even the Nazi leader, Adolf Hitler, received daily injections of methamphetamine during the War. Amphetamine abuse among members of the public reached epidemic proportions immediately after World War II. It is assumed that *Ya bah* was called *Ya mah* or "horse pill" since amphetamines were used to enhance the performance of race-horses. Others have suggested that amphetamines increase human performance to that of a horse. However, the name changed to *Ya bah* (crazy drug) to describe the risk of taking high doses over a long period. The ease of synthesis has made possible the widespread illegal distribution of amphetamines throughout Thailand (Unchern, 2006).

Reasons for amphetamine use among students

Rattanawongchareon (2004) suggested the reasons for amphetamine use among students, which has become a looming problem needing a speedy solution, as follows:

1. Curiosity
2. Searching for acceptance and praise from friends
3. Lack of knowledge about amphetamines
4. Inability to solve personal problems
5. Imitation of grown-ups
6. Inappropriate use of free time
7. Family problems
8. Financial problems
9. Career necessity
10. Influence of the surroundings

Concepts related to amphetamine-preventive behavior

Amphetamine prevention covers information provision and an educational process about amphetamines, to initiate thinking among students through an appropriate participatory learning process. This helps "immunize" students against becoming involved with narcotics and their associated problems, especially ones related to amphetamines, and preparing them for everyday troublesome situations. The Office of the Narcotics Control Board (1992) proposed an amphetamine-prevention scheme, to be implemented through 5 major processes, as follows:

1. Educational process
    1.1 Enhancement of self-esteem
    1.2 Support for sense of achievement
    1.3 Fostering a sense of purpose
    1.4 Experiences that promote self-respect and the individual dignity of others
    1.5 Development of the personal and social skills necessary for effective functioning in a rapidly changing society
    1.6 Development of employable skills
2. Information services and data propagation process
3. Alternative process with patterned activities to encourage varied development according to targeted age groups
4. Intervention process with patterned activities to help supporting and solving problems of the targeted groups which are starting to, or are currently facing, narcotics problems
5. Innovation process

    The researcher was interested in the process of developing personal and social skills to prevent amphetamine use. If positive motivation is strengthened, individuals can develop self-induced behaviors. It is also felt that some-one who develops him/herself to the utmost is a rare gift to society. The development of personal skills not only benefits the individual, but the whole of society. Life-skills development is essential for successful adaptation to current society. It is necessary for individuals to be able to cope with and survive the insecurities of globalization, as a

result of dramatic changes and the increased complexity of life in society. The development of personal skills also develops the target group's reading skills, logic and reasoning, decision-making, problem-solving, communication, interpersonal relations, teamwork, and support for others.

Participatory Learning

In the learning process for strengthening interpersonal-relationship and communications skills, learning activities normally focus on encouraging student involvement in participatory learning processes. In experiential learning, as stated by the WHO, effective training stresses the creation of a participatory learning process through active and experiential learning (WHO, 1994b). Normally, participatory learning focuses on the learners as central to the process. The primary key is experiential learning and the secondary key is effective learning.

Experiential learning encourages learners to establish a new body of knowledge based on prior experience. Experiential learning is composed of 5 core criteria, as follows:

1. It is a learning process using the prior experience of the learners
2. It continuously helps to create new and challenging bodies of knowledge, or so-called 'Active Learning'
3. It encourages interaction among learners, and between learners and trainers
4. This interaction thus broadens the network of knowledge possessed by all participants in the learning group
5. Communication, either spoken or written, helps in exchanging, analyzing, and synthesizing the new bodies of knowledge

Components of experiential learning in participatory learning

Participatory learning has 4 main components:

1. Experiences: the instructor teaches learners to adapt data (experiences) into a basis for learning.
2. Reflection and discussion: the learner has opportunities to express and exchange ideas and understand each other thoroughly.
3. Understanding and conceptualization: the learner understands concepts and implements them. The learner originates concepts/ideas and the instructor explicates/elucidates them. Conversely, the instructor leads the way and the learner follows the lead to complete the concept.
4. Experiment/application: the learner applies the skills learnt to situations and develops an implementation process.

   The relationship of the4 components is dynamic. It is not necessary to implement the components sequentially, but all 4 should be implemented in the process.

Participatory skill teaching

The teaching of many skills, e.g., communication skills, concentrates on an ability to master some specific skills. The process should clearly delineate specific skills into stages that can be easily understood and followed, before allowing learners to practice in real situations, in line with the 4 main components of participatory learning--experience, reflection and discussion, understanding and conceptualization, and experiment/application.

Related Research

Rattanawongchareon (2004) studied the effectiveness of a health-education program using life-skills development techniques in creating amphetamine-preventive behaviors among high-school students in schools under the jurisdiction of the Office of the Elementary Education Commission, Prathumthani Province. The result showed that, after the health-education program, participating students had higher scores for self-awareness, decision-making and problem-solving, refusal without losing relationship, stress management, and amphetamine-preventive behaviors than before the program. Their scores upon completion of the program were also higher than those who did not undertake the training program (statistical significance, 0.05).

Sukamornporn (1997) studied the effectiveness of a life-skills development program in creating smoking-preventive behaviors among 2nd-year high-school students in schools administered by the Department of General Education in Bangkok. According to the WHO and the Department of Health, the research was conducted among a sample of 86 students, divided into 2 groups--46 in the experimental group, and 40 in the comparison group. The research showed that, after the test, the experimental group had improved refusal skills while maintaining social relationships and refraining from smoking. The smoking-preventive behaviors of the experimental group were statistically significantly more improved than the comparison group.

Yannasomdesh (2002) studied the effectiveness of a life-skills reinforcement program on developing amphetamine-preventive behaviors among of 1st-year high-school students in HorPha School, Chiang Mai Province. The research was conducted among a sample of 156 students, divided equally into two groups, an experimental group and a comparison group. The experimental group participated in a family life-

skills program to strengthen amphetamine-preventive behaviors, focusing on relationships and communication in the family. The post-test results showed that the experimental group had greater improvements in behavior than the comparison group.

Treeyamaneerat (2000) studied the effectiveness of a health-education program using applied life-skills development techniques with participatory learning on developing smoking-preventive behaviors among 6th-year junior-high-school students from schools administered by the Office of the Primary Education Commission, Bangbuathong Subdistrict, Nonthaburi Province. The research was conducted among a sample of 60 students equally divided into experimental and control groups. The post-test results showed that the experimental group, who participated in the health-education program with applied life-skills development techniques and participatory learning, developed improved smoking-refusal skills while maintaining social relationships, with statistical significance (0.05).

Thatsareungkarasakul (2000) studied a life-skills strengthening program to develop amphetamine-preventive behaviors among 1st-year high-school students in schools administered by the Department of General Education, Ministry of Education, Bangkok. The research was conducted among a sample of 87 students, divided into an experimental group of 46, and a control group of 41. The post-test results showed that the experimental group, who participated in program developed improved refusal skills against amphetamine use while maintaining social relationships, with statistical significance (0.05).

Hasamorh (1997) studied the effectiveness of a narcotics-abuse prevention project among teenagers in Bangkok. The research was conducted among a sample of 76 students, divided into an experimental group of 34 and a control group of 42. The

post-test results showed that the experimental group developed better refusal skills and was more likely to make positive choices than the control group, with statistical significance.

Botvin et al. (1984) conducted a personal-development and social-skills program to prevent alcohol consumption. The study involved 239 7th-grade high-school students. The experimental group participated in a personal-development and social-skills program of 20 lessons, each session lasting about 45 minutes, with additional group activities. The program strengthened decision-making skills, stress management, social skills, and refusal-to-drink negotiation techniques. To increase self-confidence, the experimental group was also trained in self-awareness. The post-test results showed that the experimental group drank alcohol less frequently than the comparison group, with statistical significance.

Schinke and Gilchrist (1983) conducted a tobacco-prevention program, comprising 8, 1-hour teaching sessions, with 56 6th-grade students in Seattle. The study results showed that the experimental group had greater improvements in knowledge, good intentions, and were more accomplished at refusing to participate in smoking despite external pressure than the control group, with statistical significance.

Doi & Dilorenzo (1993) evaluated a tobacco-prevention education program among 7th-grade schoolchildren. Social psychology and refusal skills were developed in the program against smoking in the community. The study showed that the experimental groups had improved refusal skills. Follow-ups at 1 month and 1 year found that the experimental group remained non-smokers.

Sallis et al. (1990) studied a refusal-to-smoke program among 78 4-7th grade students, average age 12.5 years. The experimental group, who were trained in refusal

skills, became more accomplished at refusing to participate in smoking than the control group.

Eiser et al. (1988) evaluated a teaching handbook on developing life-skills to resist the use of narcotics. The study employed a questionnaire with 562 teachers. Each school was provided with a teaching handbook, with information about narcotics consumption, including suggestions on refusal mechanisms or ways to resist social pressures to use narcotics. Most of the teachers agreed that the handbook was very useful for organizing an educational program on narcotics, but felt that the teachers who might use the handbook should be trained. They also suggested that training sessions should be arranged for coach-teachers, to enable them to use the handbook effectively in their line of work.