



**ALCOHOL DRINKING AMONG HIGH SCHOOL  
STUDENTS OF SIKHOTTABONG DISTRICT  
VIENTIANE CAPITAL, LAO PDR**

**BY**

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INDEPENDENT STUDY

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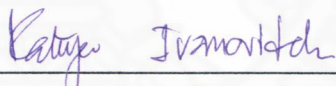
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OF SIKHOTTABONG DISTRICT, VIENTIANE CAPITAL, LAO P.D.R


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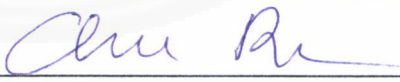
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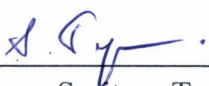
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## **ABSTRACT**

A cross-sectional study assessed prevalence and identified factors related to alcohol drinking among high school students in Sikhottabong District, Vientiane Capital, Lao People's Democratic Republic (Lao PDR). Data was gathered in April 2018 by self-administered questionnaire. 296 samples were students in grade 11 through 13 at five high schools and analyzed by descriptive statistics and Chi-squared test.

Results were that 36.5% of samples current drink while 39.5% ever drink. Male samples drank more than females, at a rate of 46.6% to 26.7%, respectively. Among current drink, age of start drinking was 10 years. 33.8% was family drink. 72.6% of samples ever heard about alcohol law. Current drink in grade 13 more than grade 11 and grade 12. Factors related to alcohol drinking were gender, academic level, status as smoker or nonsmoker, free time activity, and whether family members and friends drank ( $p$ -values $<0.05$ ). Grade 13 samples were likelier to drink than younger ones. The reason of drinking alcohol at first time were friend persuasion and party-going, while stopping was mainly motivated by bad taste and lack of friend persuasion. Friends were most often present when samples first tasted alcohol at retail stores, most commonly beer. These findings suggest that enforcement of laws prohibiting sales of alcohol to

(2)

minors should be more strictly enforced to decrease current availability. Family and friend should also act as role models to decrease sample rate of alcohol drinking.

**Keywords:** Alcohol drinking, High school students, Vientiane Capital.



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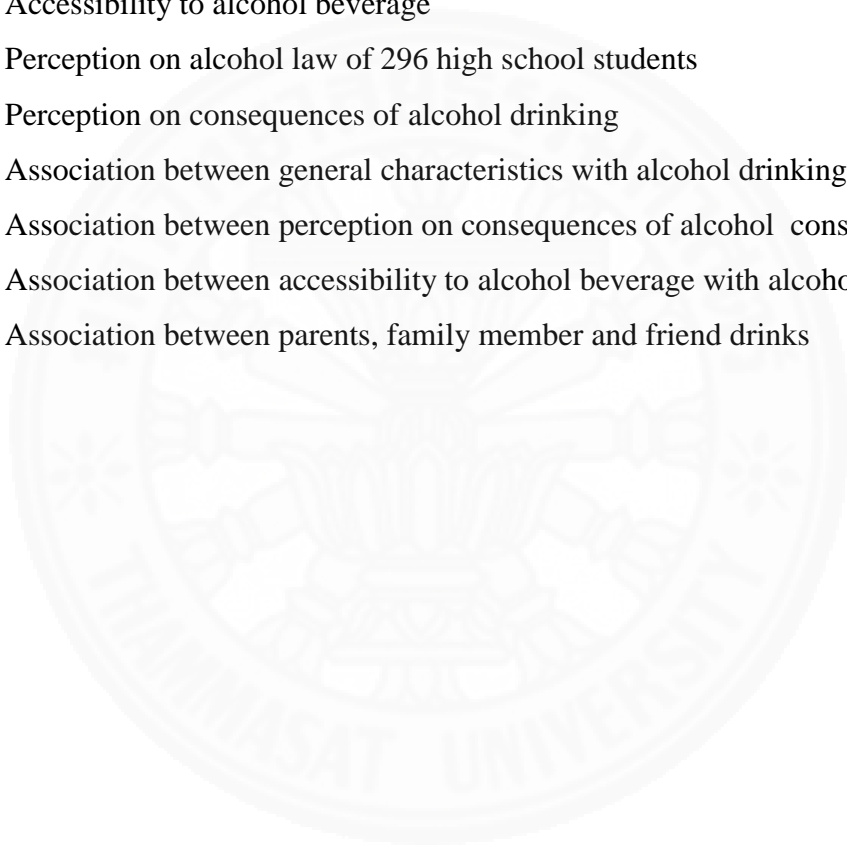
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# CHAPTER 1

## INTRODUCTION

### 1.1 Rationale and Justification

Harmful consequences were public health issue, which was one of the main factors for NCDs, it causes more than 60 types of diseases condition and concern 200 diseases. In addition, alcohol consumption can harm not only drinkers, but also non – drinkers. According to WHO Global Strategy in order to reduce harmful use of alcohol which have reported every year. Drinking harm killed 2.5 million people, included 320.000 young people aged between 15 – 29 years. Furthermore, 9% of all death was young people. And 6% of all death was related to alcohol drinking. 3.3 million alcohol-related deaths each year, with 5.1% of disability.<sup>(1)</sup>

WHO Global Status Report on Alcohol and Health 2014 have mentioned that 10% of voluntary target related to reduce harmful use of alcohol by 2025. In Nationwide 16% of population age 15 years or older engage in heavy episodic drinking. On the other hand, WHO member states have demonstrated increased leadership and commitment to reducing harmful use of alcohol in recent years. Other sources show that harmful use of alcohol was leading risk factor for death in males 15 – 59 years, yet there was evidence that women may be more vulnerable to alcohol – related harm, the vulnerability of females to alcohol – related harm was a major public health concern. Thus, alcohol use among women has been increasing steadily in line with economic development and changing gender role. While 7.60% of all male deaths in 2012. It were attributable to alcohol, compared to 4% of female death, while men have a far greater rate of total burden of disease expressed in disability – adjusted life years, which was attributable to alcohol. Which was the most important of the societal vulnerability factors related to alcohol consumption, as well as to alcohol–attributable disease burden and socio-economic development.<sup>(2)</sup>

Among regional level, LAO PDR have become top 10 in list of alcohol consumption among Asian Countries<sup>(3)</sup>, and ranks 70 top among 191 countries in worldwide for alcohol consumption with 7.3 liters per capita. Aged of 15 years of age and older.<sup>(4)</sup> It showed that LAO PDR remains high in Western Pacific Region and

globally level. Therefore, WHO Western Pacific Region have encouraged LAO PDR to reduce and prevent this issue by having Country Cooperation Strategy 2017 – 2021 between WHO LAO Country Office and the Ministry of Health LAO PDR in 2017. On the other hand, the life style of population and alcohol drinking caused non – communicable disease. And number of NCD patients had rapidly increased in LAO PDR in 2014. 1/3 of mobility rate under 60 years of age, a lot of young people die that cause from NCDs, the main factor from alcohol drinking, smoking and other. Harmful use of alcohol continues to be a factor which need to be addressed. In order to ensure sustainable, socio-economic development in national, regional and global levels.<sup>(5)</sup>

In currently, LAO PDR still faces those problems and now it became as double burden for government to accelerate and take an action immediately. In each year economic cost was 2% of GDP. In 2010 number of cirrhosis had increasing every year. 186.000 of alcoholism, 50 % of road accidents which caused from drink and drive with 2.360 people death, those were from alcohol harmful consequences <sup>(6)</sup>. And recently the number of an accidents in Vientiane Capital was 1.008 cases, and 163 people death, while Champasak province was only 566 cases, 67 people death and Savannakhet province was 501 cases with 85 people death (9 months, 2017), 50% of an accidents caused from drink and driving. <sup>(7)</sup>

National Institute of Public health have reported that current drink among secondary and college students was 75.7% which was highest rate for LAO PDR nowadays. Population were able to access alcohol average easily. 85% of suppliers were located around house, temple, school, hospital, government office, church, stadium, factory, movie, bus station, gas station and Public Park. 7% have alcohol beverage at home. Average age of alcohol drinking since 21 years. 54% of pure alcohol, 41% of beer and 1.3 % of whisky. Society and friends may be influential factors related to alcohol drinking. In the past population consumed 55% of alcohol beverage such as 89% beer 26% alcohol, 11%, traditional alcohol <sup>(8)</sup>.

Although Lao government have currently Law on Controlling Alcoholic beverage enforcement in 2014 <sup>(9)</sup>, but these still seemed not to cover in whole article as efficiency. On the other hand, alcohol drinking situation in LAO PDR remains as a major public health problem, which caused of none- Communicable Diseases and negative health effect in long term and short term. Especially it affects to high school

students who were next generation and future of country. At the present time alcohol use are popular & fashionable among youth groups, and these are life styles of Lao people, they normally drink alcohol in important and not important events.

Alcohol consumption overdose can cause health impact in short term and long term. Included slurred speech, drowsiness, vomiting, diarrhea, upset stomach, headaches, breathing difficulties, distorted vision and hearing, impaired judgment, decreased perception and coordination, unconsciousness, loss of red blood cells, and memory lapses. In long term included unnecessary expense, crime, committed suicide, disability, kind of violence, road accidents, unemployment, premature mortality, broken relationships, sexual problem and reproductive health, muscle and immune systems, malnutrition, birth defects and lead to unintentional and intentional injuries. In addition, cause of non – communicable disease such as high blood pressure, stroke, and other heart-related diseases, liver disease, nerve damage, permanent damage to the brain, vitamin B<sub>1</sub> deficiency, ulcers, Gastritis, and cancer of mouth and throat. <sup>(10)</sup>

Toward these situation, those problem are main challenge and urgent action, which will serve socio-economic development of the country. LAO PDR aimed to achieve the national goal of graduating from least country (LDC) status by 2020<sup>(11)</sup>. Therefore, young people have significant role to play in achieving this goal. Around 60% of the population below age of 25 years and more than 30% of the population between 10 to 24 years, young people constitutes a large proportion of the Lao People's Democratic Republic<sup>(11)</sup> It was the most important one to address urgently. During 63<sup>th</sup> World Health Assembly in Geneva all the member state were willing to work together to prevent and against the harmful use of alcohol. LAO PDR is one of the member state so that LAO PDR have to play commitment to work and address on this problem. On the other hand, LAO PDR has alcohol control law so that this research will be one to follow law enforcement under leadership of Ministry of Health, LAO PDR. It is very essential to identify alcohol drinking status among high school students at Vientiane Capital, Lao PDR and what are the factors that lead those group to alcohol drinking behaviors, particularly to raising perception harmful use of alcohol and revised harm-reduction among young people for the future initiative action plan to overcome those issue gradually.

## 1.2 Objectives

1. To assess prevalence of alcohol drinking of high school students in Sikhottabong District Vientiane Capital, LAO PDR
2. To describe predisposing, enabling and reinforcing factors that related to alcohol drinking behavior of high school students in Sikhottabong District.
3. To explore the relationship between predisposing, enabling and reinforcing factors and alcohol drinking of high school students.

## 1.3 Research hypotheses

1. There were association between predisposing factors and alcohol drinking behaviors.
2. There were relationship between enabling factors, reinforcing factors and alcohol drinking behaviors.

## 1.4 Variables

### Dependent variable

Alcohol drinking among high school students in Sikhottabong District Vientiane, Capital LAO PDR.

### Independent variables

Predisposing factors`

- Age
- Gender
- Level of study
- Living arrangement
- Ethnicity
- Religion
- Daily allowance
- Free time activity
- Perception on harmful of alcohol use

- Smoking status

#### Enabling factors

- Accessibility to alcohol beverage
- Accessibility to Law on Controlling Alcoholic Beverage

#### Reinforcing factors

- Family member drink
- Friend drink

### 1.5 Operational definitions

#### Alcohol drinking

In this study was divided into 3 categories of drinking as following:

1. Non – drink refers to a person who had never drink alcohol at all in his/her lifetime.
2. Ever drink refers to a person who had ever drink at least one bottle in his/her lifetime, but now stop drinking
3. Current drink refers to a person who currently drink in last 3 months.

#### High school student

Refers to male or female who were currently studying at secondary school in grade 11 to grade 13 in Sikhottabong District, Vientiane Capital.

#### Gender

Refers to either male or female students who were currently studying in grade 11 to grade 13 at secondary school in Sikhottabong District, Vientiane Capital.

#### Level of studying

Refers to a class level of secondary school in grade 11 to grade 13, these were last three classes of secondary school before entering to University or Vocational school and college.

#### Living arrangement

Refers to currently living status of high school students, who they live with e.g parents, relative, sibling, friend and alone.

#### Ethnicity

Defines as a group of people that they have difference characteristic, behaviours, cultures, lifestypes, and uniqs what they performed in their daily life.

### Religion

Defines to a person or group of people who have specific belief, respect e.g buddist, spirit, christian and others.

### Daily allowance

Refers to current money expense how much high school student received from their parents or gardience in everyday.

### Free time activity

Refers to what high school students regular do in their leisure time after school life.

### Perception on consequences of alcohol drinking

Refers to student's perception what they can indentify in term of alcohol consequences.

### Accessibility to alcohol beverage

Refers to sources of alcohol infromation which high school student received. For instance, mass medai, parents, family members, friend, poster, public announcement, radio, television, and internet. And easily and uneasily access to alcohol where they can buy and drinking place such as retail and whole sale stores, supermarket, M Point mark and so on. It might positive and negative information.

### Accessibility to Law on Controlling Alcoholic Beverage

Defines to official government legislation. This one includes articles to control alcohol distribution, service time, advertising, warning label, sale promotion and others.

### Family member drink

Refers to a person who currently living with are drinkers. For example, parents, sibling and relative.

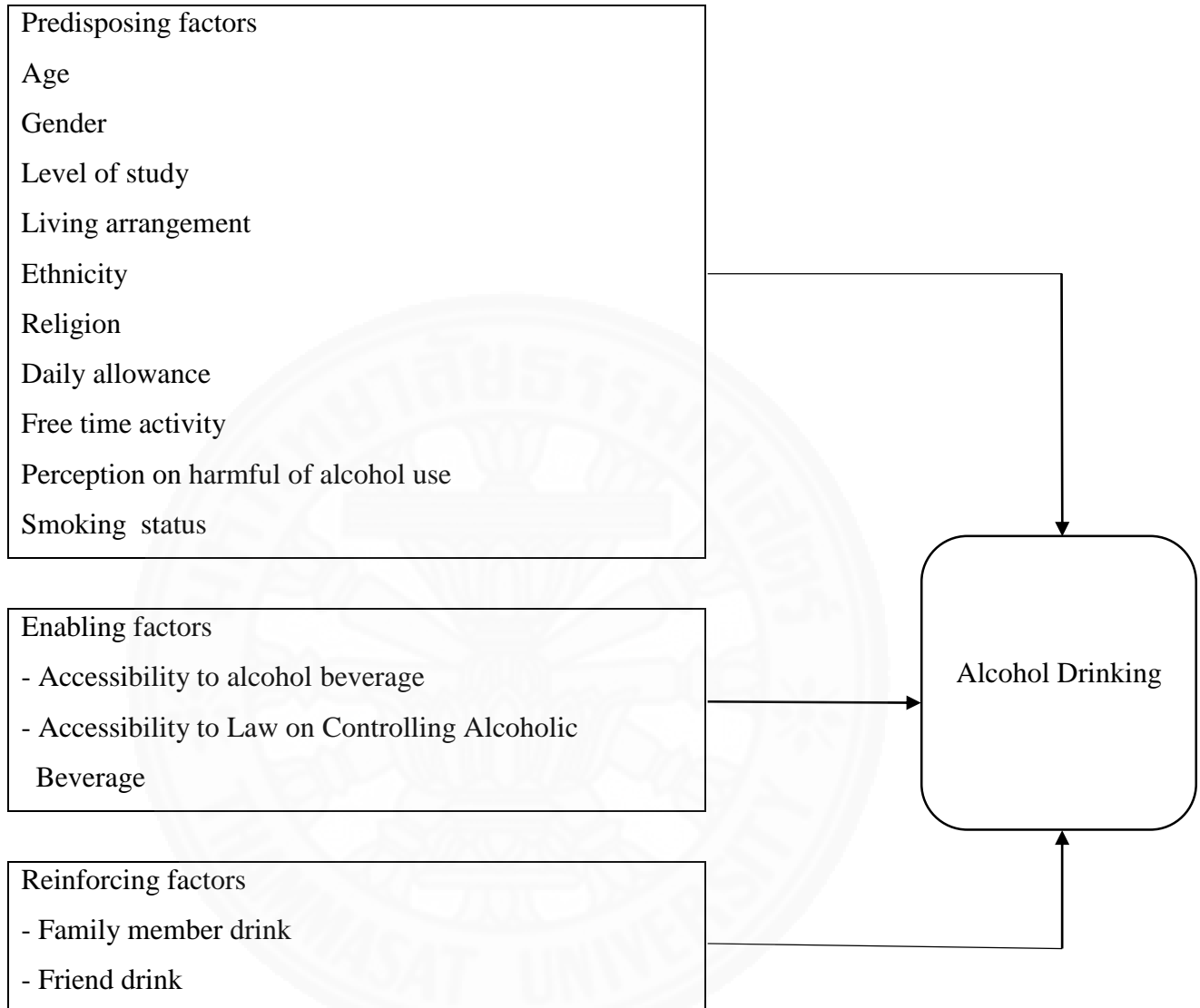
### Friend drink

Refers to friends of high school students are drinkers who can convince, persuasion and them to alcohol drinking behavior.

### Smoking stauts

Refers to individual who currently smoking among high school student. And smoking was factor related high school student drinking behavior.

## 1.6 Conceptual framework





## **CHAPTER 2**

### **LITERATURE REVIEW**

Regarding to the conceptual framework aimed to assess association between predisposing factors, enabling factors and reinforcing factors and alcohol drinking among high school students in Sikhottabong District Vientiane Capital, LAO PDR. Relevant studies were presented as following:

- 2.1 PRECEDE-PROCEED model
- 2.2 Harmful of alcohol use
- 2.3 Factors related to alcohol drinking

#### **2.1 PRECEDE-PROCEED model**

In this study, PRECEED MODEL was applied, where Green LW<sup>(12)</sup> Green provided concepts for evaluation alcohol drinking. These concepts were applied in the evaluation of supportive factors affecting alcohol drinking status. Central idea was that people's behaviors are caused by massive factors. The process where one attempts to change, or encourage, a certain behavior has to operate on many factors before. One is able to identify key factors affecting the behavior while one wants to change or encourage.

PRECEDE model was chosen for this study because it offers the most relevant conceptual framework for changing behavior by evaluating all the factors under considerable (PRECEED MODEL stands for "Predisposing, Enabling, and Reinforcing, causes in Educational Diagnosis and Evaluation" by Green LW.<sup>(12)</sup>

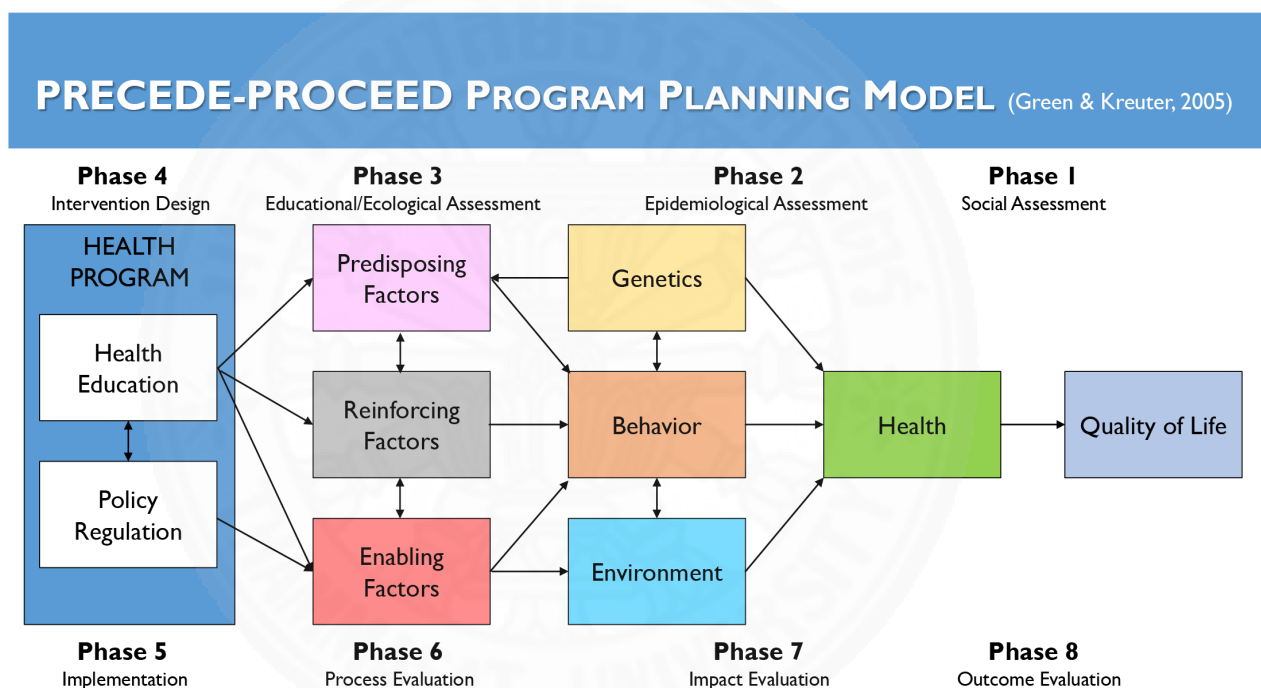
##### **Phase III: Educational and Ecological Assessment**

This phase focuses on the systematic identification of health and other factors which seem to be linked to health problems defined in phase II. Planners identify the following factors that influence the likelihood that behavioral and environmental change will occur.

Predisposing factors including general characteristic to describe respondent behaviors and personality that led high school students to alcohol drinking.

Enabling factor including accessibility to alcohol beverage, and accessibility to alcohol beverage information. those are the factors to support alcohol drinking among high school students.

Reinforcing factor including family member drink and friend drink, researcher will explore the relationship between those factors and alcohol drinking behaviours among high school students.<sup>(12)</sup>



## 2.2 Consequences of alcohol drinking

### Health consequence

Heavy drinking can take a serious poor health problem as following: alcohol effects health including cardiomyopathy – stretching and drooping of heart muscle, arrhythmias – irregular heartbeat, stroke, high blood pressure. Fatty liver, alcoholic hepatitis, fibrosis, cirrhosis. Mouth, Esophagus, Throat, Liver, Breast.<sup>(13)</sup>

Alcohol also effects body included shrinking brain, behavior change, change in coordination, sexual ability. <sup>(14)</sup> Drinking heavily is associated with poor health condition that will likely need medical attention.

#### Family consequence

Financial impact, unnecessary expense, emotional impact, addiction complex family. (15) Drinking alcohol causes bad effect to all member in family especially using force against women, children, elderly, lack of good examples and responsibilities to family as well as increasing unnecessary expenses of family. <sup>(9)</sup>

#### Socio-economic development consequence

alcohol drinking affects road accidents, crimes, resources development, security, disorder of society, traditional and good cultures of the nation, leading to lost revenue and effect to socio-economic development. <sup>(9)</sup>

Refers to flammable liquids, evaporate, causes drunk or depression, which consist of ethanol and methanol, medical and fuel and have strong smell, active principle the intoxicating drink, chemical that affect to negative health. And WHO defines as for how it affects the mind. It was the best understood as a drug that reduce a person's ability to think rationally and distorts such as formal and informal alcohols, beer, wine, whiskey and other kind of alcohol beverage that can drunk after drinking.

Alcohol refers to addict substance that affect to nervous. If drink much will makes drunk and die, furthermore much volume of alcohol were able to be nervous and need to drink more and more till health impact, when immediately avoid drinking will affect to nervous, lack of self-control, and not well - being like other addict body. Alcohol was divided into 2 main types such as: distilled liquors and fermented liquors. Prevalence of alcohol drinking among grade 10<sup>th</sup> student was 44.2%, and high-risk of alcohol drinking pattern were 67.9%<sup>(16)</sup>. Based on survey in Thailand 2016, the study found that Thai people who were 15 years and older. They were drinkers 31.5% and heavy drinkers 55.8%. <sup>(17)</sup>

## 2.3 Factors related to alcohol drinking

### Age

A study evaluated influence of age. The data were considered as significant ( $p < 0.05$ ). Range of age was 16-84 years, 86% of males and 24% of females. There was a significantly associated difference between gender and age dependent. These results identify that age associated with alcohol drinking<sup>(18)</sup>.

From the result of this paper identified that 248 high school students 53.6% male. 16.50 years were completed anonymous surveys assessing alcohol use. Clearly defining age at drinking onset and age at first intoxication and alcohol intoxication using objective definitions that reflect specific amounts of alcohol.<sup>(19)</sup> Mean age of their first drinking to alcohol was 14.5 years according from the study result of prevalence, drinking behavior, grade 10<sup>th</sup> student one province in the northern part of Thailand<sup>(16)</sup>.

### Gender

A study show that sex was motives and specific outcomes in a sample of female undergraduates with lifetime histories of alcohol use and sexual activity ( $N = 436$ ; 77% White, 21% Hispanic). Multivariate models indicated greater endorsement of enhancement and less endorsement of intimacy sex motives were significantly associated with heavy drinking and alcohol-related problems, whereas alcohol motives were less reliably linked to sex-related outcomes. When considered simultaneously, sex motives accounted for more variance in some alcohol outcomes relative to certain drinking motives.<sup>(20)</sup>

The study has reviewed sex differences and estradiol modulation of these neuron populations and CRF signaling at their synapses to address the question of whether females are more susceptible to the development of comorbid addiction and stress-related neuropsychiatric diseases because of hyperactive extra hypothalamic CRF circuits compared to males.<sup>(21)</sup>

Thus sex and drinking conditions interact to modulate nondependent and dependent alcohol drinking. The present results emphasize the importance of including sex and strain as biological variables in exploring individual differences in alcohol drinking and dependence.<sup>(22)</sup>

This sample had high rates of alcohol use, alcohol-related problems, and drinking to cope motives relative to general population. Significant and meaningful were differences in drinking frequency, alcohol-related problems and drinking motives were found according to gender, but not sex assigned at birth or gender identity. Future work should examine alcohol behaviors among individuals, including investigation of predictors and causal pathways, to inform prevention and intervention work aimed at reducing people's risk for alcohol-related problems.<sup>(23)</sup>

Drinking game appear to normalize heavy drinking and the culture of intoxication on this campus. Measures to monitor alcohol sales outlets around campuses and interventions that target students' leisure spaces should be developed.<sup>(24)</sup>

The study revealed that proportion of male drinker 53.4% was higher than female 10.9% fifth times average.<sup>(17)</sup>

#### **Level of study**

A journal reported 13% of past month drinkers. And did not differ on alcohol use or cognitions in middle school, but users drank more often, more heavily, and others reported was more negative consequences in high school.<sup>(25)</sup>

Alcohol Mixed with Energy Drink use among 12<sup>th</sup> grade students was common and associated with certain socio demographic, academic, social, and substance use factors. Alcohol Mixed With energy drink use was also related to alcohol-unsafe driving, which was a serious public health concern<sup>(26)</sup>

Alcohol use increases substantially during the transition from middle school to high school. This study tested a brief, web-based personalized feedback program aimed at reducing risk factors for drinking, alcohol use, and alcohol-related consequences among 9<sup>th</sup> grade students. At a 3-month follow-up. Intervention group students showed that positive results relative to those in the control group on variables associated with reduced risk including positive alcohol expectancies and positive beliefs about alcohol. Intervention group students also reported a reduction in drinking frequency and alcohol-related consequences relative to those in the control group. There were, however, no differences in normative beliefs regarding peer drinking or quantity of weekly drinking between the two groups. Results indicate that a brief, web-based personalized normative feedback program delivered in

the school setting is a promising approach to reducing alcohol use and the associated consequences among 9th grade students <sup>(27)</sup>.

### **Living arrangement**

Family history density of substance use problems was not significantly associated with total days of heavy alcohol use. However, it was significantly associated with experiencing negative alcohol consequences. In addition, having both a first and second degree relatives with a substance use problem significantly increased the odds of having an alcohol use disorder. Family history density of substance use problems may play a role in experiencing negative alcohol consequences and in having an alcohol use disorder among undergraduate college students and may be an important risk factor to assess by college health professionals. <sup>(28)</sup>

Young people with parental alcohol problems had a higher weekly alcohol consumption (boys: 15.2 vs. 13.9 drinks per week; girls: 11.6 vs. 10.2 drinks per week), and more frequent binge drinking (boys, OR = girls, OR = 1.21). Compared to young people without parental alcohol problems. <sup>(29)</sup>

### **Ethnicity**

A finding showed effect of acculturative stress on the relationship between drinking motives and alcohol consumption and alcohol-related problems, particularly for self-identified Hispanic, Black, and Asian students. Stronger drinking motives were associated with greater alcohol consumption and alcohol-related problems, and this relationship was stronger among Asian students who reported higher levels of acculturative stress. For Black students, greater acculturative stress was observed to weaken the relationship between coping, enhancement, and conformity motives and alcohol drinking frequency. <sup>(30)</sup>

This synopsis provides an overview of the major trends that studies have addressed, evaluates the state of research to date, and suggests avenues for further research on alcohol use in this newly middle-income nation. <sup>(31)</sup>

### **Religion**

A total of 977 subjects aged 12–35 years were surveyed. A higher percentage of binge drinking was found among Lisu people. However, the proportion of drinking until intoxication was highest among Han. Gender and enculturation had both direct (standardized = -0.193, -0.079) and indirect effects (standardized = -0.126,

0.033) on risky drinking pattern; perceived risk of alcohol consumption (−0.065), family drinking environment (0.061), and friend drinking environment (0.352) affected risky drinking pattern directly, while education level (0.066), ethnicity (−0.038), acculturation (0.012), religious belief (−0.038), and age group (0.088) had indirect effects.<sup>(32)</sup>

Risky drinking was associated with gender and aboriginal culture enculturation both directly and indirectly, and related to mainstream culture acculturation and religious belief indirectly. Other demographic (such as education level) and social family factors (friend drinking environment for example) also had effects on risky drinking pattern.<sup>(32)</sup>

Across religions, individuals who viewed their religion as promoting abstinence were less likely to be drinkers. Religious commitment was associated with reduced probability of drinking only in those who viewed their religion as promoting abstinence. Among drinkers, abstention norms and religious commitment were not associated with lower likelihood of alcohol use disorders. In Catholics who viewed their religion as promoting abstinence and still were drinkers, high religious commitment was associated with increased risk for alcohol use disorders.<sup>(33)</sup>

### **Daily allowance**

The research performed survival analyses using a Cox proportional hazards model. 12.79% died during the study period. Patients with lower incomes were more positively associated with the risk of mortality than those with higher incomes (0–30 percentile: hazard ratio = 1.432, 95% confidence interval = 1.155–1.777; 31–60 percentile: HR = 1.318, 95% CI = 1.065–1.633; 61–90 percentile: HR = 1.352, 95% CI = 1.097–1.665; 91–100 percentile. Such associations were significant in males, patients with mild conditions, or those who lived in metropolitan areas. In conclusion, we found that income disparity was related to mortality among patients diagnosed with disorders due to alcohol use. Thus, healthcare professionals need to provide active intervention in the early phase of alcohol disorders, and consider policy that would improve healthcare accessibility for low-income populations in order to reduce income disparity.<sup>(34)</sup>

There was very little difference between the household income of moderate and heavy drinkers, with heavy drinkers earning slightly more. Weekly household income for those who never drank was €454.20, non-drinkers was €506.26, compared with €683.36 per week for moderate drinkers and €694.18 for heavy drinkers.<sup>(35)</sup>

### **Free time activity**

In this study interviewed the students indicated whether they were most often alone or with other people while drinking. They also reported whether they did most of their drinking at home (reference category) at a bar or party, some other place. Further, each drinking day was coded as being a weekend.<sup>(36)</sup>

### **Perception on consequences of alcohol drinking**

Most participants were supportive of health warnings, restricting access to internet alcohol advertising to young people, and requiring information on national drinking guidelines on alcohol containers. Almost half of participants supported a ban on sport sponsorship, while less than 41% supported price increases, volumetric taxation, or reducing the number of retail outlets. Only 47% of participants identified drinking too much alcohol as a risk factor for cancer. Knowledge of alcohol as a risk factor for cancer was a significant predictor of support for all policies, while level of alcohol consumption had a significant inverse relationship with policy support.<sup>(37)</sup>

It shows descriptive information regarding gender and age variables. The sample was composed by 50.34% of males and 49.66% of females. The sample was divided into two age groups in the following ranges: 13–17, representing 29.22% and 18–23, representing 29.22%.<sup>(38)</sup>

### **Smoking status**

There was no significant correlation between sex of the respondents and obtaining information concerning cigarette smoking and alcohol consumption.<sup>(39)</sup>

Pooled analysis indicated that alcohol drinkers had a similar risk of ECC development as did individuals who did not drink alcohol (summary RR = 1.09; 95%CI: 0.87-1.37). There was moderate heterogeneity among the studies and no evidence of publication bias. Smoking is associated with an increased risk of ECC, but alcohol consumption is not. Further population-based studies, particularly cohort studies, are warranted to enable definitive conclusions<sup>(40)</sup>.



Alcohol consumption was only associated with academic stress. No associations were found between smoking habits and academic stress/load and dietary patterns<sup>(41)</sup>.

#### **Accessibility to alcohol beverage**

In the study found that popular shop for sale alcohol were grocery and convenience store. The popular drinking places were their peer's house and their own house. It was not too difficult for them to buy and find a place to drink<sup>(16)</sup>.

The study results revealed that accessibility to alcohol selling were positively and significant associated with alcohol drinking behavior (  $P < 0.001$ ).<sup>(17)</sup> Providing an overview of the context of underage alcohol access in Switzerland and an indirect view of youth perceptions of limitations of existing structural measures has identified particularly the need for enforcement of existing legislation.<sup>(42)</sup> All underage mystery shoppers succeeded in buying alcohol, which means 100% availability. On average, buying alcohol took less than 10 minutes (including travel and shopping time), which was 2 minutes more than when purchasing soft drinks<sup>(43)</sup>.

#### **Accessibility to alcohol beverage**

Television and websites were the two most common marketing channels for young adolescents to report past-month alcohol advertising exposure. Television was significant associated with subsequent increased drinking initiation. For those who have initiated alcohol use in childhood, the exposure to ads on the web and radio (OR = 2.58, 95% CI = 1.60–4.15) may elevate subsequent risk of occasional drinking. Exposure to media drinking portrayals was not related to subsequent drinking behaviors in this sample.<sup>(44)</sup>

The internet was a source of information about the impact of smoking cigarettes on health for 52.63% women and 56.52% men, about the alcohol effect on health for 57.02% women and 45.65% men. Women showed significantly more frequently TV programmed as a source of information about energy drinks (61.40%) compared to males ( $p < 0.05$ ). Interest in the subject of impact of smoking, alcohol consumption and energy drinks on health was not dependent on sex of the respondents. Most women acquire knowledge about the effects of cigarette smoking, alcohol consumption and energy drinks on health from TV programmed,

although the internet is an increasingly important source of information in this respect (39).

### **Accessibility to Law on Controlling Alcoholic beverage**

It seems very important to evaluate effectiveness of enforcement programs of speeding and drink driving simultaneously. However, recent literature possesses meager evidence of studies that categorically evaluated the factors that can simultaneously contribute to low or high effectiveness of drunk driving and speeding enforcement programs. The present study attempts to bridge this gap by developing a methodological framework (bivariate ordered probity model) in order to disentangle the simultaneous complex relationships between several explanatory factors and effectiveness of drunk driving and speed limit enforcement laws.<sup>(45)</sup>

Agency related policies on effectiveness of enforcement levels of speed limit and drink driving laws. Thus, a bivariate ordered probate model has been developed to investigate the impact of factors (covariates) on the effectiveness of speed limit and drink driving enforcement, while taking into account the correlation between two response outcomes.<sup>(45)</sup>

### **Family member drink**

Youth who receive alcohol from parents' report fewer alcohol-related harms relative to those who obtain their alcohol from friends, despite no observed differences in drinking frequency. Understanding how parents may help to minimize experiences of alcohol-related harm among youth beyond the simple promotion of abstinence from drinking is warranted.<sup>(46)</sup>

This study analyses whether an excessive parental alcohol consumption during childhood can affect long run children's educational attainments. While moderate drinking is not an issue, an additional standard glass of vodka (15.57 g of pure alcohol) consumed by the mother per day, reduces years of education by almost one year (0.88), and by 5.8 percentage points (or about 27%) the probability of having a university degree. The study also explores the transmission mechanisms suggested by the literature, identifying a significant role for prenatal exposure to alcohol and, to a lesser extent, for intergenerational transmission of drinking habits.<sup>(47)</sup>

### **Friend drink**

Relative to receiving alcohol from friends, parental supply was associated with lower odds of experiencing any alcohol-related harm (OR 0.42; 95% CI 0.28-0.61) and loss of control (OR 0.42; 95% CI 0.29-0.62). Drinking frequency did not differ by source of supply. Associations between parental supply and harm were absent among youth reporting low levels of parental monitoring.<sup>(46)</sup> The results demonstrated that parental alcohol offer, peer norms, and social network may affect adolescent drinking occasions differentially depending on childhood drinking experience. The findings have implications for the interventions to reduce alcohol consumption in underage population.<sup>(48)</sup>

### **Alcohol drinking behavior**

Refers to adolescences who have alcohol drinking behavior, frequency of drinking, type of alcohol beverage, young people who drink alcohol regularly, place and the cost of drinking.<sup>(49)</sup>

Concerning thesis mentioned that drinking behavior were from physical and brain actions, it was divided to 2 types:

External behavior: the action might be from observation that using emotional touch and instrument likes cry, heart, walking.

Internal behavior: the action might not be from observation, only individual awareness including point of view, perception, feeling and emotion.

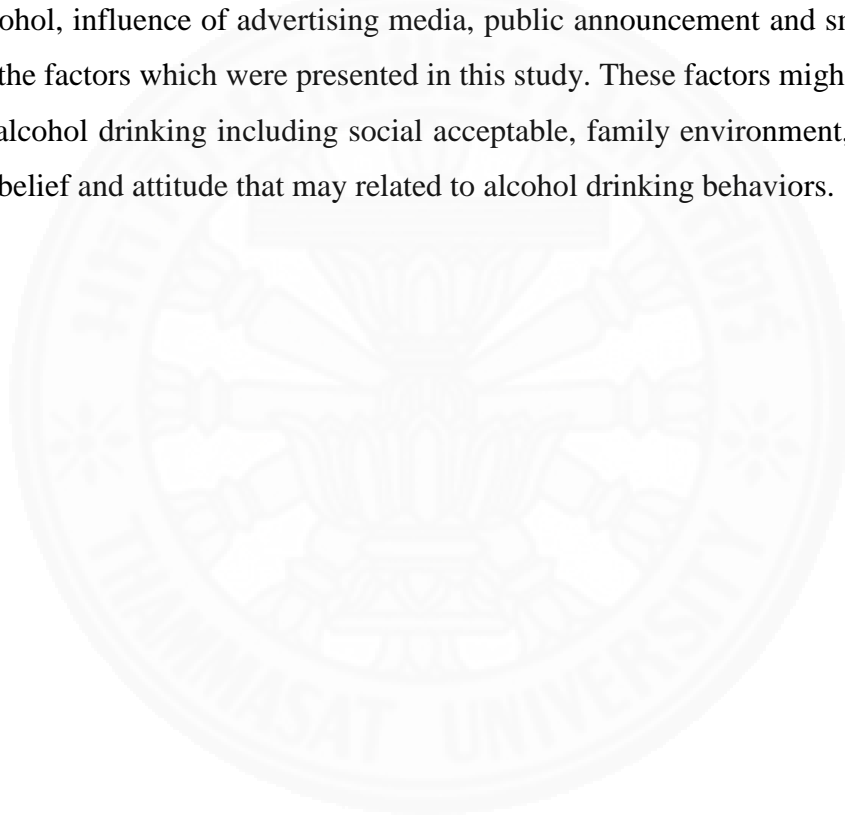
It was one factor, which lead high school student to alcohol drinking behaviors, the family status provides the chance for them to access social party, and night life style. Economic status are related independently to drinking patterns frequency, the family fund will support them to have social activities relatively among teenager groups

The study result has referred that attitude toward drinking behavior, accessibility, advertising media, public relation, support from group of friend and family member are significant related to alcohol drinking, and smoking related to drinking behavior ( $p=.000$ ) while income is not related to drinking behavior ( $p 0.792$ ).<sup>(17)</sup>

**Parents acceptable**

Refers to parent's drinking behavior. The parent actually pays an important model. In addition, the acceptable of parents will lead high school student to try and taste. They finally become a drinker. Moreover, parent's attitude may influence high school student to alcohol drinking behavior <sup>(50)</sup>.

There were several results of alcohol drinking and factors related from different sources including thesis, paper, and journal, report, strategy and other related information. Factors related including attitude toward alcohol drinking, accessibility to alcohol, influence of advertising media, public announcement and smoking. Apart from the factors which were presented in this study. These factors might be influenced with alcohol drinking including social acceptable, family environment, culture norm, local belief and attitude that may related to alcohol drinking behaviors.



## CHAPTER 3

### MATERIALS AND METHODS

#### 3.1 Study design

This cross sectional-study assessed prevalence alcohol drinking and identified factors related school among high school student in Sikhottabong District Vientiane Capital, LAO PDR. Self-administered questionnaires were designed as instrument for data collection.

#### 3.2 Site of study

Sikhottabong District Vientiane Capital, LAO PDR. It comprised of five high schools with the total 4140 students in grade 11 to grade 13.

#### 3.3 Study population

The students who were currently studying in Grade 11 to Grade 13 of 5 high school students in Sikhottabong District Vientiane Capital in academic years 2017–2018.

#### 3.4 Sample size

The sample size was estimated by using the following formula <sup>(51)</sup>

$$n = \frac{Np(1-p)z_{1-\frac{\alpha}{2}}^2}{d^2(N-1) + p(1-p)z_{1-\frac{\alpha}{2}}^2}$$

n= estimated sample size

z = Standard normal score

$\alpha$  = level of statistical significance which is set at 5%

$Z_{1-\alpha/2} = 1.96$

$p$  = proportion of alcohol drinking among teenagers 75.7 % <sup>(52)</sup>

$d$  = Maximum allowance error fixed at 5 % in this study. Hence, the sample size was

$$n = \frac{4140 * .757(1 - .757)1.96^2}{.05^2(4140 - 1) + .757(1 - .757)1.96^2} = 265 \text{ cases}$$

Add 10% for incompleteness of information = 26 cases

Therefore, sample size were at least 292 students. Since there were 3 grades in each of High schools. The samples of each grade included 20 students a grade. A total of 296 participants were recruited into this study.

### 3.5 Sampling strategy

Regarding evidence based of Sikhothabong District of Education and Sport Office. There are 9 high schools. This study was recruited top three largest government schools and top two largest private schools of Sikhottabong Distric as the sampled schools, including Vientiane–Hochimin, Thongpong, Chansavang, Nita, and Hougheaug schools. One class of each grade (Grade 11 to Grade 13) was randomly chosen and 20 students in each class was selected by using systemic random sampling.

### 3.6 Inclusion and Exclusion Criteria

#### Inclusion Criteria

Students who were currently studying at Grade 11 to Grade 13 in academic year 2017-2018.

For students whose ages below 18 years, permission was obtained from their parents or guardians by signing an assent form.

They agreed to participate in the study by signing an informed consent form.

#### Exclusion Criteria

Students who absented from school during the time of data collection.

Discontinuation criteria

Students who agreed to participate, but left the room before completing answering all questions.

### **3.7 Data collection**

Regarding the questionnaires was a tool for data collection, data collection was conducted as self-administered. The questionnaires were handed to sample students after obtaining an approval from Ministry of Health of Lao PDR after that it submitted to Sikhottabong District Education & Sport Office for their permission. Finally, researcher submitted it to 5 high schools and met the administrators to get their approval to support data collection.

In addition the list of students was obtained from the schools administration and asked the assistant from teacher in charged. First, the researcher offered the objectives of the study to the students. And asked them to read carefully and sign consent form first. For those students whose age below 18 years, parents' permission or guardians were obtained before filling the questionnaires. Second, researcher and team had handed the questionnaire to all of respondents. And explained part by part carefully. Researchers also requested the students to read and fill all questions truly and carefully. Finally told them to feel free to ask questions whenever they want during that time. Data collection was organized around two day for each school. Furthermore, all returned questionnaire was revised and prompt correct with involve students in that day.

Furthermore, the questionnaire was reviewed by researchers and team day by day, and school by school. The researchers' team had also discussed all problem encounter for the next day.

### **3.8 Research instrument**

A structured questionnaire was developed in English and revised by researcher. The question were constructed according to the conceptual framework included predisposing factor, general characteristics, drinking alcohol, accessibility to alcohol beverage, accessibility to alcohol information, and the harmful of alcohol use. The questionnaires consisted of 5 parts as following.

#### Part I: General Characteristics

This part was comprised of general characteristic of respondents, which are age, gender, level of study, living arrangement, ethnicity, religion, daily allowance, free time activities, perception on harmful consequences, smoking status.

#### Part II: Alcohol drinking

This part was comprised of 3 pattern of drink, current drink, ever drink and never drink. Ever drink including age at start drinking, reasons of drinking at first time, type of alcohol drinking at first time, reasons of stop drinking, drinking expectation in the next 5 years. Current drink including age at start drinking, Reasons of drinking alcohol at first time, type of alcohol beverage at first drink. Anyone drink alcohol with you at first time, comparing to friend as a heavy drink, level of drinking in each time, frequency of drinking.

#### Part III: Accessibility to alcohol beverage

This part was comprised of where can buy alcohol, the reasons of easy and uneasy to assess alcohol beverage.

#### Part IV: Accessibility to Law on Controlling Alcoholic Beverage

This part was comprised of health warning poster on anti – drinking, point of view of seeing , anti - drinking campaign, family member drink, number of drinker in your family, family drink alcohol in special occasion and close friend drink.

#### Part V: Perception on consequences of alcohol drinking

This part was comprised of alcohol consequences list to assess perception on consequences of alcohol consumption among high school students.

### **3.9 Data processing**

Data processing was conducted to enhance the reliability of data, and it can be applied. Statistical approach was used in the process of data analysis.

#### Data cleaning



The data cleaning was performed after completed data collection in the field one by one.

#### Data entry

In order to make data analysis easily and without mistakes, EpiData 3.1 was used for entry data.

#### Scoring and grouping criteria

- Ethnicity: Lao Loum= 1, Lao Soung=2, Lao Therng =2, Other (specify)= 2
- Religion: Buddhist= 1, Christian=2, Animist= 2, Other (specify)= 2
- Accessibility to Law on Controlling Alcoholic Beverage: No = 0, Yes = 1.
- Perception on harmful of alcohol consequences Agree = 2, Uncertain = 1, Disagree = 0.
- Perception of harmful of alcohol consequences: Level 0-15= Disagree, 16-20= Agree, 21-26=Uncertain.

### 3.10 Statistical analysis

Inferential statistic: Descriptive statistic and Chi-Square tests were applied for the study.

Descriptive statistics including: frequency, percentage, mean, median and standard deviation was applied to describe general characteristic of respondents. Accessibility to alcohol beverage, Accessibility to law on Controlling Alcoholic Beverage as statement in chapter II.

For inferential statistics chi-square test were used to describe the relationship between dependents and independents variables. In addition, the discussion and consultation with major and co-advisors was performed during the data analysis process.

### 3.11 Ethical consideration

The approval of ethical note from National Ethics Committee for Health Research, LAO PDR No 053/NECHR was issued 26 March 2018. Furthermore, the confidentiality of respondents was kept as the first priority. The study objectives and background were read and explained to respondents. After data was analyzed, all questionnaires were destroyed and any personal information of participants was not revealed in the report. In addition, the respondents could stop at any time during data collection whenever they want. They was able to skip the questions which they did not want to reply, and they could freely to ask whatever was not clear in questions.



## **CHAPTER 4**

### **RESULTS AND DISCUSSION**

Self-administered questionnaires study was performed among 296 respondents. Whose age 15 – 19 years in grade 11 to 13, and those were currently studying at five high schools in Sikhottabong District Vientiane Capital, LAO PDR. Results are presented as following:

- 4.1 General characteristics
- 4.2 Alcohol drinking
- 4.3 Accessibility to alcohol beverage
- 4.4 Accessibility to alcohol Law on Controlling Alcoholic Beverage
- 4.5 Perception on harmful consequences
- 4.6 Factors related to alcohol drinking
- 4.7 Discussion

#### **4.1 General characteristics of high school students**

Number of female respondents more than male at a rate of 50.7% and 49.3%. The respondents aged between 15 – 19 years. Results showed that high school students at age 17 years was higher than others. (Mean: 16.93, Min-Max: 15-19 years old) Students in grade 13 was higher at a rate of grade 11 and grade 12 respectively. 94.9% of participants was Buddhist. The average of their daily allowance was (Median: 20.000 Kip/day). 73.3% of participants was sufficient for their daily expense, while 14.45% did not. 87.2% of respondents were currently living with parents and the rest living with sibling and relative. 73.3% of participants was sufficient for their daily expense while 12.2% did not. It was informed that high school students in Vientiane Capital had enough financial support from their family.

Results showed that 7.7% of participants was current smokers, followed by sometimes smoke was 6.7%, 1.0% only regular smoke, as presented in Table 4.1

Results showed that, top two free time activities 62.8% of participants were listen to music followed by 61.1% mobile use. While 41.6% was exercise, but the last one was reading only 33.8 %, as described in Table 4.1

Table 4.1 General characteristics of 296 high school students

General Characteristics	Number	Percent
Level of study		
Grade 11	98	33.1
Grade 12	93	31.4
Grade 13	105	35.5
Gender		
Male	146	49.3
Female	150	50.7
Age (In year)		
15	45	15.2
16	67	22.6
17	80	27.0
18	71	24.0
19	33	11.1
Mean: 16.93, Median: 17.00, SD: 1.233, Min-Max: 15-19		
Religion		
Buddhist	272	94.9
Animist	15	5.1
Christian	9	3.0
Sufficient for daily expense		
Not enough	36	12.2
Enough	217	73.3
More than enough	43	14.5

Table 4.1 General characteristics of 296 high school students (Cont.)

General Characteristics		Number	Percent
Free time activity	(Multiple response)		
	Listen to music	186	62.8
	Mobile use	181	61.1
	House work	155	52.4
	Watching TV	147	49.7
	Exercise	123	41.6
	Party-going	102	34.5
	Reading	100	33.8
	Others	14	4.5
Living arrangement			
	Parents	258	87.2
	Sibling	28	9.5
	Relative	10	3.4
Current smoking			
	Sometimes	23	7.7
	Always	3	1.0
Daily allowance (Kip/day)			
	< 20,000	108	36.5
	20,000 – 25,000	113	38.2
	> 25,000	75	25.3
Mean: 20.925, Median: 20.000, SD: 10.958, Min-Max: 5.000-60.000			

Table 4.1 General characteristics of 296 high school students (Cont.)

General Characteristics	Number	percent
<b>Number of family members</b>		
2	3	1.0
3	26	8.8
4	100	33.8
5	90	30.4
6	38	12.8
7-11	39	13.2
Mean: 4.98, Median: 5.00, SD : 1.520, Min-Max: 2-11		
<b>Number of female in the family</b>		
0	1	0.3
1	26	8.8
2	128	43.2
3	92	31.1
4	29	9.8
5-10	20	6.8
Mean: 2.68, Median: 2.00, SD : 1.243, Min-Max: 0 - 10		
<b>Number of male in the family</b>		
0	1	0.3
1	26	8.8
2	128	43.2
3	92	31.1
4	29	9.8
5-10	20	6.8
Mean: 2.32, Median: 2.00, SD : 1.108 Min-Max: 0-3		

## 4.2 Alcohol drinking of high school students

Alcohol drinking among high school students was evaluated between never drink, ever drink and current drink. Results were that 36.5% of participant current drink and 39.5% of participants ever drink, but they stop drinking. Only 24.0% those who never drink, as showed in Table 4.2

Table 4.2 Alcohol drinking of 296 high school students

Alcohol drinking	Number	Percent
Current drink	108	36.5
Ever drink	117	39.5
Never drink	71	24.0

### 4.2.1 Alcohol drinking among ever drink

70.9% of ever drink was not sure whether they would drink or not when they are at University/Vocational school. Only 12.8% of them definitely expected to drink. 65.0% of participants was not sure to drink when they get a job. Only 15.4% definitely drink. 81.2% of ever drink reported that they began drinking at aged between 15-18 years (Mean 16.00 years and SD 1.348). 46.2% of ever drink informed that the important reason of first drink was sociability, followed by friend persuasion 41.0%, and 17.9% was self-experiment respectively while difficult to access only 2.6%, as described in Table 4.3

The most popular type of drink among ever drink was beer 62.4%, followed by spy and wine cooler were 41.9%. Wine was only 15.4%. Unpopular type of drink were home-made alcohol and whisky. While stop drinking mainly due to bad taste 44.4% and followed by lack of friend persuasion was 24.8%. And the last reason was difficult to access 2.6%, as presented in Table 4.3.

Table 4.3 Alcohol drinking of 117 high school students

Alcohol drinking among those ever drink	Number	Percent
Drinking expectation when study in university or vocational school		
Not at all	19	16.2
Not sure	83	70.9
Definitely	15	12.8
Drinking expectation when get a job		
Not at all	23	19.7
Not sure	76	65.0
Definitely	18	15.4
Age of drinking alcohol at first time (Years)		
10-14	22	18.8
15-18	95	81.2
Mean: 15.74, Median: 16.00, SD : 1.348, Min-Max: 10 -18 years		
Reasons of drinking alcohol at first time (Multiple response)		
Party-going	54	46.2
Friend persuasion	48	41.0
Self-experiment	21	17.9
Family member drink	13	11.1
Relaxation	10	8.5
Lonely	4	2.9
Lover	3	2.6
Other	1	.9



Table 4.3 Alcohol drinking of 117 high school students (Cont.)

Alcohol drinking among ever drink	Number	percent
Types of alcohol drinking at first time (Multiple response)		
Beer	73	62.4
Spy and wine cooler	49	41.9
Wine	18	15.4
Cocktail	15	12.8
Home-made alcohol	4	3.4
Whisky	2	1.7
Reasons of stop drinking (Multiple response)		
Bad taste	52	44.4
No friend persuasion	29	24.8
Bad atmosphere	23	19.7
Expensive	19	16.2
Difficult to access	3	2.6
Others	24	20.5

#### 4.2.2 Alcohol drinking among current drink

56.5% of current drink reported that aged of first drink was between 10-19 years (Mean 15.30 years and SD 1.449). Mainly began drink due to friend persuasion 58.3%, followed by sociability was 46.3%. And the last reason of drinking at first time were lover and lonely only 7.4%, as showed in Table 4.4

The most popular type of drink among those current drink was beer 68.5%, and second popular type of alcohol was spy and wine cooler were 36.1%. And the top three lowest popular were cocktail 11.1%, whisky 8.3% and home-made alcohol 2.8%, as describe in Table 4.4

Current drinker reported that a person who accompany drink at first time was friend 84.3%, followed by sibling was 15.7% while the last two were parent 9.3% and relative 8.3%, as showed in Table 4.4

Results that 26.9% of current drink was heavy drinkers, followed by average drink was 47.2%. Little drink was 27.8%. While 25.0% drink too much. (Those justified by self-perception and decision making of participants during data collection). In addition, 34.3% participants reported they drank alcohol once a month and 25.0% drank 2-4 times a month while 16.7% drank 2-3 times a week as presented in Table 4.4.

Result showed that 84.1% of participant non-smoking while drinking, 12.1% smoke sometimes whereas 3.7% always smoke. (Table 4.4)



Table 4.4 Alcohol drinking of 108 high school students

Alcohol drinking among those current drink	Number	Percent
Age at start drinking		
10-15	61	56.5
16-19	47	43.5
Mean: 15.30, Median: 15.00, SD : 1.449, Min-Max: 10 -19 years		
Reasons of drinking alcohol at first time (Multiple response)		
Friend persuasion	63	58.3
Party-going	50	46.3
Family member drink	21	19.4
Self-experiment	17	15.7
Relaxation	16	14.8
Broken heart	13	12.0
Lover	8	7.4
Lonely	8	7.4
Types of alcohol drinking at first time (Multiple responses)		
Beer	74	68.5
Spy and wine cooler	39	36.1
Wine	24	22.2
White alcohol	13	12.0
Cocktail	12	11.1
Whisky	9	8.3
Home-made alcohols	3	2.8

Table 4.4 Alcohol drinking of 108 high school students (Cont.)

Alcohol drinking among current drink	Number	Percent
Participants those who heavy drink		
No	79	73.1
Yes	29	26.9
Level of drinking each time		
Little	30	27.8
Average	51	47.2
Too much	27	25.0
Frequency of drinking		
Once a month	37	34.3
2-4 times a month	27	25.0
Once a week	18	16.7
2-3 times a week	12	11.1
Other specify	14	13.0
Those who drink alcohol with at first time (Multiple response)		
Friend	91	84.3
Sibling	17	15.7
Parent	10	9.3
Relative	9	8.3
Alone	3	2.8
Lover	2	1.9
Smoking while drinking		
Non-smoke	91	84.1
Sometimes	13	12.1
Always	4	3.7

### 4.3 Accessibility to alcohol beverage

64.2% of participants can access alcohol beverage whenever they want. 90.5% of participants can buy alcohol from retail shop, followed by beer shop (46.6%

and 45.9% respectively). While market, whole sale shop and supermarket were not much different in percentages. In addition, 89.7% of participants accessed alcohol easily as described in Table 4.5

Table 4.5 Accessibility to alcohol beverage of 296 high school students

Accessibility to alcohol	Number	Percent
<b>Alcohol service time</b>		
Any time	190	64.2
6 :00 AM - 20.00 PM	44	14.9
6:00 AM - 24.00 AM	22	7.4
17.00 PM - 2400 AM	15	5.1
11.00 AM - 14.00 PM	14	4.7
Others	11	3.7
<b>Alcohol service places (Multiple response)</b>		
Retail shop	268	90.5
Convenience store	138	46.6
Beer shop	136	45.9
Supermarket	77	26.0
Whole sale shop	59	19.9
Market	54	18.2

Table 4.5 Accessibility to alcohol of 296 high school students (Cont.)

Accessibility to alcohol	Number	Percent
Alcohol accessibility (Multiple response)		
Easily access to alcohol	290	98.0
Retail shop nearby house	260	89.7
Beer shop nearby school	28	9.7
Let someone buy	40	13.8
Beer shop nearby school/house	43	14.8
Non-alcohol service under 18 years	2	.7
Uneasily access to alcohol (Multiple response)	6	2.0
There is no alcohol shop nearby house	3	50.0
There is no alcohol shop nearby school	1	16.7
Non- alcohol service lower 18 years	3	50.0

#### 4.4 Accessibility to Law on Controlling of Alcoholic Beverage

72.6% of participants ever heard about Law on Controlling of Alcoholic Beverage in Lao PDR which was issued in 2014, 16.7% of participant received that information from television, 15.8% and 13.9% from internet and newspaper respectively, whereas .79% and 0.55% received from school and poster/Brochure respectively, as described in Table 4.6

Table 4.6 Perception on alcohol law of 296 high school students

Accessibility to alcohol law	Number	Percent
Ever heard about Law on Controlling Alcoholic Beverage		
No	81	27.4
Yes	215	72.6
Sources of information (Multiple response)		
Television	36	16.7
Internet	34	15.8
Newspaper	30	13.9
School	17	7.9
Poster/Brochure	12	5.6
Others	11	5.1

#### 4.5 Perception on consequences of alcohol drinking

Mostly of them agreed that drinking alcohol was harmful consequences as following: three top of harmful consequences were road accident (86.5%), followed by impaired judgment (86.1%) and negative health problem (86.1%) and violence (83.4%) respectively. However the lowest one were high blood pressure, stroke, and heart-related, followed by sexual ability (41.6%) and cancer of mouth and throat (39.5%).

Table 4.7 Perception on consequences of alcohol drinking of 296 high school students

Harmful of alcohol consequences	Agree		Uncertain		Disagree	
	Number	Percent	Number	Percent	Number	Percent
Road accident	256	86.5	24	8.1	16	5.4
Impaired judgment	255	86.1	20	6.8	21	7.1
Negative health problem	255	86.1	26	8.8	15	5.1
Violence	247	83.4	28	9.5	21	7.1
Memory lapses	234	79.1	42	14.2	20	6.8
Waste time to study	232	78.4	37	12.5	27	9.1
Family economic	228	77.0	45	15.2	23	7.8
Family problem	200	67.6	69	23.3	27	9.1
Sexual violence	194	65.5	79	26.7	23	7.8
Physical growth	174	58.8	108	36.5	14	4.7
High blood pressure, stroke, and heart-related	160	54.1	122	41.2	14	4.7
Sexual ability	123	41.6	152	51.4	21	7.1
Cancer of mouth and throat	117	39.5	168	56.8	11	3.7

#### 4.6 Level of perceived knowledge on consequences of alcohol drinking

Results that 70.9% of participants was good level of perceived knowledge on harmful of alcohol consequences, 17.6% was fair while 11.5% was poor.

Table 4.8 Level of perceived knowledge on consequences of alcohol drinking

Level of perceived knowledge on consequences of alcohol	Number	Percent
Poor	34	11.5
Fair	52	17.6
Good	210	70.9



## **4.7 Factors related to alcohol drinking**

The analysis identified factors related to alcohol drinking of high school students between each variables as presented in the conceptual framework by using descriptive statistics and chi-square test. A significant associated analysis statistical based on p-values  $<0.05$  were included in the study. Results are described as following:

### **4.7.1 Factors related between general characteristics and alcohol drinking**

Factors related to alcohol drinking included sex, level of study, free time activity namely listen to music and sociability were significantly associated to alcohol drinking (P-value=0.013 and =0.004). However, the association between living arrangement, ethnicity, religion, daily allowance has not been found.

It can be concluded that male drink was higher rate than female among current drink. And male drinker was likelier to drink than female. In addition, level of study was supported them to have a first drink. Grade 13 was the highest rate than others. Since level of study has been found (p-values $<0.001$ ), as described in Table 4.9.

Over half of participants spent their free time with listen to music and party-going. And those activities were significantly associated to alcohol drinking. High school students drink alcohol due to sociability (p-values= 0.013) and listen to music (p-value=0.004). It supported them to alcohol drinking behavior as described in Table 4.9

Results showed that smoking was significantly associated to alcohol drinking (p-value $<0.001$ ) as current drinker were smokers, as presented in Table 4.9

Table 4.9 Factors related between general characteristics and alcohol drinking

General characteristics	Total respondent	Alcohol drinking						P-value
		Never drink		Ever drink		Current drink		
		Number	Percent	Number	Percent	Number	Percent	
Gender								<0.001
Male	146	25	17.1	53	36.3	68	46.6	
Female	150	46	30.7	64	42.7	40	26.7	
Level of study								<0.001
Grade 11	98	40	40.8	34	34.7	24	24.5	
Grade 12	93	19	20.4	44	47.3	30	32.3	
Grade 13	105	12	11.4	39	37.1	54	51.4	
Living arrangement								0.745
Parents	258	60	23.3	103	39.9	95	36.8	
Sibling/relative	38	11	28.9	14	36.8	13	34.2	
Ethnicity								0.201
Lao lum	281	70	24.9	111	39.5	100	35.6	
Non-Lao lum	15	1	6.7	6	40	8	53.3	
Religion								0.823
Buddhist	272	64	23.5	108	39.7	100	36.8	
Non-Buddhist	24	7	29.2	9	37.5	8	33.3	
Smoking status								<0.001
No	273	71	26.0	113	41.4	89	32.6	
Yes	23	0	0.0	4	17.4	19	82.6	

Table 4.9 Factors related between free time activity and alcohol drinking (Cont.)

Free time activity	Total respondent	Alcohol drinking						p-value
		Never drink		Ever drink		Current drink		
		Number	Percent	Number	Percent	Number	Percent	
<b>Listen to music</b>								0.013
No	110	17	15.5	53	48.2	40	36.4	
Yes	186	54	29.0	64	34.4	68	36.6	
<b>Watching TV</b>								0.276
No	149	33	22.1	55	36.9	61	40.9	
Yes	147	38	25.9	62	42.2	47	32	
<b>Exercise</b>								0.716
No	173	43	24.9	65	37.6	65	37.6	
Yes	123	28	22.8	52	42.3	43	35	
<b>Reading</b>								0.053
No	196	39	19.9	79	40.3	78	39.8	
Yes	100	32	32	38	38	30	30	
<b>House work</b>								0.172
No	141	28	19.9	55	39	58	41.1	
Yes	155	43	27.7	62	40	50	32.3	
<b>Mobile use</b>								0.172
No	115	28	24.3	52	45.2	35	30.4	
Yes	181	43	23.8	65	35.9	73	40.3	
<b>Party-going</b>								0.004
No	194	53	27.3	83	42.8	58	29.9	
Yes	102	18	17.6	34	33.3	50	49.0	

#### 4.7.2 Factors related between perceptions on consequences of alcohol drinking with alcohol drinking

Level of perception were not much different in percentage. 44.1% of current drink disagree on harmful consequences 36.5% was uncertain while 35.2% agree, but the association has been found since p-values 0.622, as described in Table 4.11

Table 4.10 Factors related between level perceptions on harmful of alcohol consequences with alcohol drinking

Level of Perception	Total respondents	Alcohol drinking						P-value
		Never drink		Ever drink		Current drink		
		Number	Percent	Number	Percent	Number	Percent	
Disagree	34	5	14.7	14	41.2	15	44.1	0.622
Uncertain	52	11	21.2	22	42.3	19	36.5	
Agree	210	55	26.2	81	38.6	74	35.2	

#### 4.7.3 Factors related between accessibility to alcohol beverage with alcohol drinking

Result found that high school students was easily to access alcohol beverage. 36.5% of current drink can access alcohol easily. 40.0% of ever drink can access alcohol easily, but chi-square test was not applicable according to data analysis as shown in Table 4.12

Table 4.11 Accessibility to alcohol beverage of high school student and alcohol drinking

Easily to access	Total respondents	Alcohol drinking						P-values
		Never drink		Ever drink		Current drink		
		Number	Percent	Number	Percent	Number	Percent	
Easily to access alcohol								N/A
No	6	5	83.3	1	16.7	0	00.0	
Yes	290	66	22.8	166	40.0	108	36.5	

N/A: Not applicable due to small sample size

#### 4.7.4 Factors related between parent, family member and friend drink with alcohol drinking

Results showed that friend drink and family member drink were significantly associated to alcohol drinking (p-values 0.048 and <0.001). In addition, 33.8% of current drink family member drank in special occasion. 30.4% of current drink parent drank, and 34.1% of current drink reported friend drank as presented in Table 4.13

Table 4.12 Factors related between parents, family member and friend drinks and alcohol drinking

Parents, family and friend drinks	Total respondents	Alcohol drinking						p-value
		Never drink		Ever drink		Current drink		
		Number	Percent	Number	Percent	Number	Percent	
<b>Parents drink</b>								0.672
No	54	15	5.1	21	7.1	17	5.7	
Yes	242	56	18.9	96	32.4	90	30.4	
<b>Family member drink in special occasions</b>								0.048
No	36	14	4.7	14	4.7	8	2.7	
Yes	260	57	19.3	103	34.8	100	33.8	
<b>Friends drink</b>								<0.001
No	53	25	8.4	21	7.1	7	2.4	
Yes	243	46	15.5	96	32.4	101	34.1	

#### 4.8 Discussion

##### Alcohol drinking

Alcohol drinking among high school students in LAO PDR remains high at a rate 75.7% among secondary/college students. It became a big issue(8). Even though, LAO PDR has Law on Controlling Alcoholic Beverage in 2014<sup>(9)</sup>. Now alcohol drinking was common used in special and not special occasion. It seemed that majority of LAO people had knowledge on harmful use of alcohol, but they still drink according to Lao context. This study revealed that 76% were drinkers among ever drink and current drink. On the other hand, other related research found that prevalence of alcohol drinking among grade 10<sup>th</sup> students in northern part of Thailand was 44.2% among low-risk, while high-risk was 67.9%(16). A total of 53.9 million samples. 17 million samples were drinker 31.5% and heavy drinker 55.8%(17). Therefore, those research were similarity to study results.

In addition, similarly previous study drinking behavior at grade 10<sup>th</sup> one province in the northern part of Thailand informed that top three reasons of first drinking were experiment, socializing and peer influenced<sup>(16)</sup>. While this study found that reason of first drinking were sociability 46.2% among ever drinkers. And 46.3% among current drinkers. It was quite similarity to this study. It can be concluded that high school students were influenced to drinking by sociability and group of friend. Due to the top reason of first drinking among ever and current drinks were friend persuasion and followed by sociability respectively. In Lao context high school students believes that alcohol drinking only makes friend but it also makes them smart and good looking among the group of teenagers. Furthermore, it was fashionable among teen age. Alcohol was common use in Lao society. Nowadays. LAO PDR was top 10 ranks among Asian countries<sup>(3)</sup>. Furthermore, Lao people drinks alcohol in their daily life within different religions in LAO PDR. Furthermore, alcohol drinking was general used during traditional activities in whole year. It seemed that mostly of all Lao people were acceptable on alcohol drinking according to real situation and Lao context. However, results found that ever drink was not sure whether they will drink or not when they are at University/College (70.9% and 65.0% respectively). They are likelier to drink in the future. It is totally essential to monitor and evaluate those. It helps to prevent and reduce a rate of alcohol drinking. Furthermore, monitoring and evaluation system should be performed to prevent those who never drink. On the others hand, relevant stakeholders should advocate current drink to quit drinking.

#### General of characteristics of high school students

In this study reported that first drink of participants between 10-18 years which was averaged among ever drink and current drink (Mean 15.74 and Median 17). This means that Lao high school student drink alcohol in early of age. It was quite similar to the study on drinking behavior in grade 10<sup>th</sup> in one province of the northern part of Thailand 14.5 year and the lowest age was 9 years<sup>(16)</sup>. Sex was significant associated to alcohol drinking. Due to male drinkers were higher than female among current drink. Other study found that male drinker 97.3% was higher than females 88.2%<sup>(16)</sup>. It was quite similarity to this study. Regarding the result variable likes living arrangement, daily allowance, ethnicity, and religion were non-significant associated to alcohol drinking, but it seemed that daily allowance was one factor related

to alcohol, due to their daily allowance was enough for their daily life. 73.3% of participant was sufficient, but it was non-significantly related to alcohol drinking. Other involve research found that it was observed between area level deprivation and quantity of adolescents' alcohol use after controlling for age, sex, ethnicity, and individual socio-economic position; where adolescents living in. No association was found for frequency of drinking(53). And other study found that compared with white men, black and Hispanic men had higher rates of injuries/accidents/health and social consequences, and marginally greater work/legal consequences ( $p < 0.010$ ). It was similarity to this study (54).

In contrast, the study of factors relating to drinking behavior in Navy non-commission officer students in Thailand reported that smoking was significant related to alcohol drinking ( $p$ -values $<0.001$ )(17), but less of them were smoker. In this study smoking was significant related with alcohol drinking ( $p$ -values  $<0.001$ ).

#### Accessibility to alcohol beverage

In the study, high school students seemed to access alcohol very easily. It was not too difficult for them to find a place to drink and buy alcohol. They can buy alcohol from retail shop near their house 90.5%. Due to it was so easy to find beer and retail shop in Vientiane capital. It was similar to previous study Drinking behavior and its prevalence in grade 10<sup>th</sup> student in northern part of Thailand(16). It seemed that they can buy alcohol anytime. Furthermore, lower than 18 years also can buy and drink alcohol. About 64.2% said they can buy alcohol at any time they want to. Furthermore, high school student 98.0 of respondents was easy to access. Other study reported that adolescent drinking influenced by the catering service venues around schools in China. Results suggest that the greater accessibility of catering service venues around schools was associated with a growing risk of recent drinking ( $p < 0.001$ ). (55) However, in this study easy to access alcohol was not found, but it was the main factor related to alcohol drinking.

Alcohol use survey 2012 by National Institute of Public Health LAO PDR reported that most of the study households located very closely with alcohol store. Retail shop was the nearest place to their household 89.6 % and 6.6% of them stated that alcohol was available at their own house. Very few reported about the other places.<sup>(8)</sup>



The study results of National Institute of Public Health LAO PDR reported that 88.7 percent of the respondents were using beer, followed by spirits 25.5 percent, herb alcoholic 11.2 percent, wine/champagne 3.7 percent, whisky 3.3 percent, spy wine cooler 3.3 percent and wine rice 0.4 percent. <sup>(8)</sup>

#### Accessibility to alcohol law information

The study results clearly that most of high school student 72.6% realized that Lao PDR have alcohol law 2014. However, they were still poor on details of alcohol information. So they seemed not to follow alcohol law. And sources of alcohol information was mostly from television 43.9% and internet 41.5%. In addition half of them reported that they had no perception in term of alcohol distributed time. It was similarity to the study of Factors Relating to drinking to drinking behavior in Navy non-commissioned officer students. It described that influence of advertising, media and public relation, support from group of friend, drinking behavior of family were significant to their drinking behavior(17).

#### Perception on harmful of alcohol consequences

Based on finding, it was likely that high school student had perception on harmful consequences. However, the association had not been found (p-values 0.622). In addition, the lowest one was high blood pressure, stroke and heart-related, sexual ability and cancer of mouth and throat. It seem that they lack of knowledge on health consequence. While top two were road accident and impaired judgment. Recent moderate drinkers reported increased perceptions of feeling intoxicated ( $p < 0.023$ ) and high ( $p < 0.023$ ) on the ascending slope compared with the descending slope. Whereas, recent light drinkers felt more intoxicated and high on the descending slope <sup>(56)</sup>.

Due to time limited, data collection was performed during LAO New Year. Therefore high school student seemed to access alcohol drinking easily. Thus Lao New Year is a national festival. Thus, during that time party-going was organized mostly everywhere. They seem not to refuse bottle of drinking.

## **CHAPTER 5**

### **CONCLUSIONS AND RECOMMENDATIONS**

A cross-sectional study assessed prevalence and identified factors related to alcohol drinking among high school students in Sikhottabong District Vientiane Capital, LAO PDR. A total of 296 students was recruited among 5 high schools. Data collection was conducted in April 2018 by self-administered questionnaires. Epidata 3.1 was used for data entry. And descriptive statistics and Chi-square test were applied to analyze factors related to alcohol drinking.

#### **5.1 Conclusion**

Based on the study result, prevalence of alcohol drinking among high school students in Sikhottabong District Vientiane Capital, Lao PDR were that 36.5% current drink and 39.5% ever drink while 24.0% did not. Male participants drank more than females at a rate 46.6% to 26.7% respectively. Aged of first drink among current drink was between 10-19 years (Mean 15.30, Median 15.00 and SD 1.449). And 10-18 years old among those ever drink. It can be concluded that high school students drank alcohol since earliest age. Sex, level of study, smoking were factor related to alcohol drinking ( $p$ -value  $<0.05$ ). Grade 13 is likelier to drink than younger one. Current smoking status of participant was 82.6% among current drink, since smoking was a factor related to alcohol drinking. Furthermore, the two top free time activities were listen to music and party-going ( $p$ -value 0.013 and 0.004). Those were mainly factors related to alcohol drinking among high school students. Mainly reasons of drinking at first time due to party-going and friend persuasion among those current drink, and reason of stop drinking among those ever drink were bad taste and lack of friend persuasion. It revealed that friend persuasion is the most important factor related to alcohol drinking. Since friend drink has been found the association ( $p$ -values  $<0.001$ ). A person who accompanied drink at first time were friend 84.3%. It can be concluded that friend and family member drink were important key for their drinking behavior. Since family member drinks was significantly associated to alcohol drinking. ( $P$ -value 0.048). Results revealed that major reasons of first drink and stop drinking were friend.

The popular types of drinking at first time were beer and wine cooler. Commonly was beer. Moreover, Level of drinking each time was still average drink among current drink 47.2%. Ever drink trends to drink when they are at University/College and when they get a job. The study found that mostly of participants can access alcohol whenever they want. And the popular shops to buy alcohol was retail shop 90.5%, convenient store 46.6% and beer shop 45.9% respectively. As those places are everywhere in Vientiane Capital. 89.7% of participant was easily to access alcohol from retail shop. In order to solve that problem, beer store and entertainment venues should be limited in term of distributed time, location and not service to lower than 18 years old.

Results showed that 72.6% of participants ever heard about Law on controlling alcoholic beverage in Lao PDR 2014. Television and internet were mainly resources. Only few of participants received from school. On the other hand, their perception on harmful consequences were good, but non-significantly associated. And level of perceived knowledge on harmful consequences was good. However, three lowest percentage were high blood pressure, stroke and heart-related, sexual ability and cancer of mouth and throat. However, they were still poor in term of health consequence, but non-significantly associated. These finding provided related evidence based in order to plan alcohol programs and projects. In addition, the finding suggest that alcohol law can prohibit related to alcohol drinking and parents and family member should also act as a good model in order to reduce and prevent harmful consequences among high school student in LAO PDR.

## **5.2 Recommendation for implementation**

Based on study results, following were recommended for implementation to reduce and prevent alcohol drinking among high school students in LAO PDR. On the other hand, these may help to reduce consequences of alcohol consumption.

1. Law on Controlling of Alcoholic Beverage should be included in secondary and high school curriculum, especially health, family and socio-economic consequences, location of service places, distributed time, and warning advertisement

2. Non-drinker should be promoted as role model and help to distribute information regarding consequence of alcohol consumption.

3. Should strongly restricted to alcohol distributed locations, distributed times and not selling to lower than 18 years.

4. Since they have limited perception on health consequence, project and program campaigns health consequence should be provided in many ways especially, public announcement, school program and social media.

### **5.3 Recommendation for further study**

1. Since high school student drink alcohol at early age. Further research should focus lower secondary school, vocational and university.

2. Further research should be included detail Law on Controlling Alcoholic Beverage especially, harmful consequences, location of service places, warning advertisement and distributed time.

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**APPENDICES**

## APPENDIX A

### Questionnaire

#### Alcohol Drinking among High School Students Sikhottabong District, Vientiane Capital, Lao PDR

This self-administered questionnaire consisted of 5 parts. Please answer each of the questions. Be assured that your answers will be confidential as a first priority. There is no way we can link your name with your answer on the questionnaires

**Please reply by TICKING (✓) and writing in the given spaces.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID: \_\_\_\_\_

Level of study: <sup>1</sup> Grade 11   <sup>2</sup> Grade 12   <sup>3</sup> Grade 13

#### **Part I: General characteristics of respondent**

1.1 Sex: <sup>1</sup> Male   <sup>2</sup> Female

1.2 Age:..... years.   Date of birth

1.3 Ethnicity:

<sup>1</sup>Lao Lum   <sup>2</sup>Lao Soung   <sup>3</sup>Lao Therng

<sup>4</sup> Other (specify).....

1.4 Religion:

<sup>1</sup> Buddhist   <sup>2</sup> Christian   <sup>3</sup> Animist   <sup>4</sup> Other (specify).....

1.5 Your daily allowance:.....Kip/day

Is your allowance enough for daily expense?

<sup>1</sup> Not enough   <sup>2</sup> Enough   <sup>3</sup> More than enough

1.6 How many people are there in your family? ..... Persons

Male.....Persons   Female..... Persons

1.7 Who are you currently living with?

<sup>1</sup> Parents   <sup>2</sup> Sibling   <sup>3</sup> Relative   <sup>4</sup> Friend   <sup>5</sup> Alone

<sup>6</sup> Other (specify).....

...../...../.....		
dd	mm	yyyy

1.8 Your free time activities: *(Multiple responses)*

- <sup>1</sup> Listening to music      <sup>2</sup> Exercise      <sup>3</sup> Watching TV  
<sup>4</sup> Reading a book      <sup>5</sup> Do house work      <sup>6</sup> Mobile phone use  
<sup>7</sup> Social activities      <sup>8</sup> Other (specify).....

## 1.9 Do you smoke cigarette?

- <sup>1</sup> No, never smoke  
<sup>2</sup> Yes, smoke    ➔ **how often do you smoke?**  
<sup>1</sup> Sometimes    <sup>2</sup> Always

***Part II: Alcohol drinking***

## 2.1 Do you drink alcohol?

- <sup>1</sup> No, never drink    **For those who never drink (go to Part III)**  
<sup>2</sup> Ever drink            **For those who ever drink (go to 2.2)**  
<sup>3</sup> Current drink        **For those who current drink (go to 2.9)**

**For those ever drink**

## 2.2 Age at started of drinking ..... years.

2.3 Reasons of drinking alcohol at first time? *(Multiple responses)*

- <sup>1</sup> Friend's persuasion    <sup>2</sup> Family member drink    <sup>3</sup> Lover  
<sup>4</sup> Relaxation              <sup>5</sup> Lonely                      <sup>6</sup> Self-experiment  
<sup>7</sup> Sociability              <sup>8</sup> Other (specify).....

2.4 What type of alcohol beverage at first drink? *(Multiple responses)*

- <sup>1</sup> White alcohol            <sup>2</sup> Beer                      <sup>3</sup> Cocktail  
<sup>4</sup> Spy and wine cooler    <sup>5</sup> Wine                      <sup>6</sup> Home-made alcohols  
<sup>7</sup> Whisky                    <sup>8</sup> Other (specify).....

## 2.5 When was your last drinking? Day.....Month.....Years

2.6 Reasons of stop drinking? *(Multiple responses)*

- <sup>1</sup> Bad taste    <sup>2</sup> Bad atmosphere    <sup>3</sup> Friend persuasion    <sup>4</sup> Expensive  
<sup>5</sup> Difficulties to access              <sup>6</sup> Other (specify).....

## 2.7 Do you think you will drink again when you study in the University or Vocational school?

- <sup>1</sup> No, not at all      <sup>2</sup> Not sure      <sup>3</sup> Yes, definitely

2.8. Do you think you will drink again when you work?

- <sup>1</sup> No, not at all      <sup>2</sup> Not sure      <sup>3</sup> Yes, definitely

**For those who ever drink, after completed 2.2-2.8 go to Part III**

**For current drinker**

2.9 Age at started of drinking ..... years.

2.10 Reasons of drinking alcohol at first time? (*Multiple responses*)

- <sup>1</sup> Friend's persuasion    <sup>2</sup> Family member drink    <sup>3</sup> Lover  
<sup>4</sup> Relaxation              <sup>5</sup> Lonely                      <sup>6</sup> Broken heart  
<sup>7</sup> Self-experiment      <sup>8</sup> Party-going              <sup>9</sup> Other (specify).....

2.11 What type of alcohol beverage at first drink? (*Multiple responses*)

- <sup>1</sup> White alcohol              <sup>2</sup> Beer                          <sup>3</sup> Cocktail  
<sup>4</sup> Spy and wine cooler    <sup>5</sup> Wine                          <sup>6</sup> Home-made alcohols  
<sup>7</sup> Whisky                      <sup>8</sup> Other (specify).....

2.12 Who drink alcohol beverage with you at first time? (*Multiple responses*)

- <sup>1</sup> Alone    <sup>2</sup> Friend    <sup>3</sup> Lover/boyfriend/girlfriend    <sup>4</sup> Parent  
<sup>5</sup> Sibling    <sup>6</sup> Relative    <sup>7</sup> Other (specify).....

2.13 As compared to others

1) Are you a heavy drinker? <sup>1</sup> No    <sup>2</sup> Yes

2) How much do you drink each time?

- <sup>1</sup> Little    <sup>2</sup> Average    <sup>3</sup> Too much    <sup>4</sup> Other (specify).....

2.14 How often do you have a drink?

- <sup>1</sup> Once a month              <sup>2</sup> 2-4 time a month    <sup>3</sup> Once a week  
<sup>4</sup> 2-3 time a week        <sup>5</sup> Other (specify).....

2.15 Do you smoke when you drink?

- <sup>1</sup> Yes, always    <sup>2</sup> Yes, sometimes    <sup>3</sup> No, smoke

**For those who current drink, after completed 2.9-2.15 go to Part III**

**Part III: Accessibility to alcohol beverage**

3.1 If you would like to buy alcohol, do you know what time you can buy?

- <sup>1</sup> Any time    <sup>2</sup> 06 AM-20:00 PM    <sup>3</sup> 06 PM-24:00 AM    <sup>4</sup> 11:00 AM-14:00 PM

<sup>5</sup> 17:00 PM-24:00 AM                      <sup>6</sup>Other (specify).....

3.2 Where can you buy alcohol? (*Multiple responses*)

<sup>1</sup> Retail shop                      <sup>2</sup> M Point Mark                      <sup>3</sup> Beer shop    <sup>4</sup> Market  
<sup>5</sup> Whole sale shop    <sup>6</sup> Supermarket                      <sup>7</sup> Other (specify).....

3.3 Is it easy for you to access to alcohol?

<sup>1</sup> Yes ➔ What are the reasons of easily access? (*Multiple responses*)

<sup>1</sup> Having retail shop nearby house    <sup>2</sup> Having beer shop nearby school  
<sup>3</sup> Let someone buy                      <sup>4</sup> Beer shop near school/house  
<sup>5</sup> Other (specify).....

<sup>2</sup> No ➔ what are the reasons of uneasy to access? (*Multiple responses*)

<sup>1</sup> There is no alcohol shop nearby house  
<sup>2</sup> There is no alcohol shop nearby school  
<sup>3</sup> Do not sale to lower than 18 years  
<sup>4</sup> Other (specify).....

#### **Part IV: Accessibility to Law on Controlling Alcoholic Beverage**

4.1 Do you know that LAO PDR has Law on Controlling Alcoholic beverage in 2014?

<sup>1</sup> Do not know

<sup>2</sup> Yes, I know ➔ if yes, where did you get that information? (*Multiple responses*)

<sup>1</sup> Newspaper    <sup>2</sup> Television    <sup>3</sup> Internet    <sup>4</sup> Poster/Brochure    <sup>5</sup> School  
<sup>6</sup> Other(specify).....

4.2 Do you agree that we should avoid from alcohol beverage use during traditional ceremony?

<sup>1</sup> Strongly agree    <sup>2</sup> Agree    <sup>3</sup> Not sure    <sup>4</sup> Disagree    <sup>5</sup> Strongly disagree

4.3 Do you agree that the location of place services of alcoholic beverages must be away from healthcare services,educational facilities,offices, government agencies, religious sites,embassies, Public Parks, theaters,bus stations, gas stations,stadiums and factories?

<sup>1</sup> Strongly agree    <sup>2</sup> Agree    <sup>3</sup> Not sure    <sup>4</sup> Disagree    <sup>5</sup> Strongly disagree

4.4 Is it illegal if alcohol service places located around places in the question 4.3 above?

<sup>1</sup> Illegal   <sup>2</sup> Legal   <sup>3</sup> Not sure

4.5 Do you agree that alcohol beverage should service and supply from 16:00-23:00 PM Only?

<sup>1</sup> Strongly agree   <sup>2</sup> Agree   <sup>3</sup> Not sure   <sup>4</sup> Disagree   <sup>5</sup> Strongly disagree

4.6 It is illegal if alcohol service or supply not during the time in the question 4.5 above?

<sup>1</sup> Illegal   <sup>2</sup> Legal   <sup>3</sup> Not sure

4.7 Do you agree that alcohol beverage advertisement should not be sale promotion?

<sup>1</sup> Strongly agree   <sup>2</sup> Agree   <sup>3</sup> Not sure   <sup>4</sup> Disagree   <sup>5</sup> Strongly disagree

4.8 It is illegal if we drink and driving?

<sup>1</sup> Illegal   <sup>2</sup> Legal   <sup>3</sup> Not sure

4.9 Do you agree that alcohol drinking campaign information should be provided in school program?

<sup>1</sup> Strongly agree   <sup>2</sup> Agree   <sup>3</sup> Not sure   <sup>4</sup> Disagree   <sup>5</sup> Strongly disagree

4.10 Have you ever seen health warning poster on drinking?

<sup>1</sup> No

<sup>2</sup> Yes. ➔ How do you feel when having seen? (*Multiple responses*)

<sup>1</sup> Impassive   <sup>2</sup> Do not want to drink   <sup>3</sup> Want to quit drinking

<sup>4</sup> Quit drinking   <sup>5</sup> Other (specify).....

4.11 Have you ever seen anti - drinking campaign?

<sup>1</sup> No

<sup>2</sup> Yes ➔ Which media you have ever seen? (*Multiple responses*)

<sup>1</sup> Magazine

<sup>2</sup> Radio

<sup>3</sup> Television

<sup>4</sup> Internet

<sup>5</sup> Newspaper

<sup>6</sup> Poster/Brochure

<sup>7</sup> Other (specify).....

4.12 Any of those who are currently living with you are drinker?

<sup>1</sup> None   <sup>2</sup> Yes ➔ How many? Total.....Persons (*Excluded yourself*)

Male.....Person   Female..... Persons

4.13 Does your parents drink alcohol?

<sup>1</sup> No    <sup>2</sup> Yes    ➔ If yes, who are they?

<sup>1</sup> Father only    <sup>2</sup> Mother only    <sup>3</sup> Both of them

4.14 Do your family member drink alcohol in special occasions?

<sup>1</sup> No    <sup>2</sup> Yes    ➔ If, yes, do you agree with that?

<sup>1</sup> Strongly Agree    <sup>2</sup> Agree    <sup>3</sup> Uncertain

<sup>4</sup> Disagree    <sup>5</sup> Strongly Disagree

4.15 Do you have any friends are drinker?

<sup>1</sup> No    <sup>2</sup> Yes

➔ How many of close friend drink? ..... Persons

Male.....Person    Female..... Persons

### Part V: Perception on consequences of alcohol drinking

(Please reply only one respond)

No	Statement	Agree	Uncertain	Disagree
	<b>Harmful consequences</b>			
1	Waste time to study	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
2	Memory lapses	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
3	Impaired judgment	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
4	Negative Health problem	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
5	Violence	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
6	Family problem	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
7	Family economic	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
8	Violence	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
9	Road accident	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
10	High blood pressure, stroke, and other heart-related diseases	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
11	Cancer of the mouth and throat	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
12	Sexual ability	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
13	Physical growth	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>



**ແບບສອບຖາມຕອບດ້ວຍຕົນເອງ**

**ການຕື່ມເຫຼົ້າຂອງນັກຮຽນມັດທະຍົມຕອນປາຍ ທີ່ໂຮງຮຽນມັດທະຍົມຕອນປາຍ, ເມືອງສີ  
ໂຄດຕະບອງ, ນະຄອນຫຼວງວຽງຈັນ.**

ແບບສອບຖາມດັ່ງກ່າວ ປະກອບດ້ວຍ 5 ພາກ ເພື່ອຈະສຶກສາການຕື່ມເຫຼົ້າຂອງນັກຮຽນ  
ມັດທະຍົມຕອນປາຍ ພາຍໃນເມືອງສີໂຄດຕະບອງ. ເຊິ່ງຂໍ້ມູນເຫຼົ່ານີ້ ຈະນຳໃຊ້ເຂົ້າພຽງແຕ່ການວິໄຈໃນ  
ຂອບເຂດບົດຄົ້ນຄ້ວານີ້ເທົ່ານັ້ນ, ພາຍຫຼັງສຳເລັດການເກັບກຳຂໍ້ມູນ ແບບຟອມຈະຖືກເກັບຮັກສາໄວ້  
ເປັນຄວາມລັບຢ່າງດີ ແລະ ບໍ່ເປີດເຜີຍຕໍ່ສາທາລະນະຢ່າງເດັດຂາດ. ສະນັ້ນ ຂໍຄວາມກາລຸນາ ທຸກທ່ານ  
ຕອບແບບສອບຖາມລຸ່ມນີ້ໃຫ້ຖືກຕ້ອງຕາມຄວາມເປັນຈິງດ້ວຍ.

ວັນທີ: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ລະຫັດ: \_\_\_\_\_

**ສ່ວນທີ I ຂໍ້ມູນທົ່ວໄປ**

ຊັ້ນຮຽນ: <sup>1</sup> ມ 5 <sup>2</sup> ມ 6 <sup>3</sup> ມ 7

1.1 ເພດ: <sup>1</sup> ຊາຍ <sup>2</sup> ຍິງ

..... / ..... / .....

1.2 ອາຍຸ:.....ປີ. ວັນ ເດືອນ ປີເກີດ

**1.3 ຊົນເຜົ່າ:**

<sup>1</sup> ລາວລຸ່ມ <sup>2</sup> ລາວສູງ <sup>3</sup> ລາວເທິງ <sup>4</sup> ອື່ນໆ (ກາລຸນາລະບຸ

ແຈ້ງ).....

**1.4 ສາດສະໜາ:**

<sup>1</sup> ພຸດ <sup>2</sup> ຄິຣດ <sup>3</sup> ຜີ <sup>4</sup> ອື່ນໆ (ກາລຸນາລະບຸ).....

1.5 ໄດ້ຮັບເງິນໄປໂຮງຮຽນໃນແຕ່ລະມື້ເທົ່າໃດ:..... ກີບ/ມື້

ຈຳນວນເງິນດັ່ງກ່າວພຽງພໍບໍ່ສຳລັບເຈົ້າໃຊ້ຈ່າຍຕໍ່ມື້?

<sup>1</sup> ບໍ່ພຽງພໍ <sup>2</sup> ພຽງພໍ <sup>3</sup> ເຫຼືອໃຊ້

1.6 ຄອບຄົວຂອງເຈົ້າມີທັງໝົດຈັກຄົນ? .....ຄົນ ຍິງ..... ຄົນ

1.7 ປະຈຸບັນອາໄສຢູ່ກັບໃຜ?

- <sup>1</sup> ພໍ່ແມ່    <sup>2</sup> ອ້າຍ, ເອື້ອຍນ້ອງ    <sup>3</sup> ພີ່ນ້ອງ    <sup>4</sup> ໝູ່ເພື່ອນ    <sup>5</sup> ຄົນດຽວ
- <sup>6</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

**1.8 ກິດຈະກຳເວລາຫວ່າງເຮັດຫ້າຍ: (ສາມາດຕອບໄດ້ຫລາຍຂໍ້)**

- <sup>1</sup> ຟັງເພັງ                                      <sup>2</sup> ອອກກຳລັງກາຍ                                      <sup>3</sup> ເບິ່ງໂທລະພາບ
- <sup>4</sup> ອ່ານບົດຮຽນ, ອ່ານປຶ້ມ                                      <sup>5</sup> ອະນາໄມເຮືອນ                                      <sup>6</sup> ຫລິ້ນໂທລະສັບມືຖື
- <sup>7</sup> ໄປຫລິ້ນກັບໝູ່                                      <sup>8</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

**1.9 ເຈົ້າສຸບຢາບໍ່?**

- <sup>1</sup> ບໍ່ເຄີຍສຸບ
- <sup>2</sup> ສຸບ, ຖ້າສຸບ, ສຸບເລື້ອຍປານໃດ?
  - <sup>1</sup> ບາງຄັ້ງຄາວ    <sup>2</sup> ເປັນປະຈຳ

**ສ່ວນທີ II: ການຕື່ມເຄື່ອງຕື່ມທີ່ມີທາດເຫຼົ້າ**

**2.1 ທ່ານຕື່ມເຫຼົ້າ, ຕື່ມເບຍ ແລະ ເຄື່ອງຕື່ມທີ່ມີນົມເມົາບໍ່?**

- <sup>1</sup> ບໍ່ເຄີຍຕື່ມຈັກເທື່ອໃນຊີວິດ (ກາລຸນາໄປຕອບພາກທີ III)
- <sup>2</sup> ເຄີຍຕື່ມ, ແຕ່ເຊົາຕື່ມແລ້ວ (ກາລຸນາໄປຕອບ 2.2)
- <sup>3</sup> ປະຈຸບັນຍັງຕື່ມຢູ່ (ກາລຸນາໄປຕອບ 2.9)

**ສຳລັບຜູ້ທີ່ເຄີຍຕື່ມ**

**2.2 ເຈົ້າເລີ້ມຕື່ມເຫຼົ້າ, ເບຍເທື່ອທຳອິດ ຕອນອາຍຸ ..... ປີ.**

**2.3 ເຫດຜົນທີ່ຕື່ມຍ້ອນຫຍັງ? (ຕອບໄດ້ຫລາຍຂໍ້)**

- <sup>1</sup> ໝູ່ຊວນ                                      <sup>2</sup> ຕື່ມກັບຄອບຄົວ                                      <sup>3</sup> ແຟນຊວນໄປຕື່ມ
- <sup>4</sup> ຕື່ມເພື່ອຜ່ອນຄາຍ                                      <sup>5</sup> ຮູ້ສຶກໂດດດຽວ                                      <sup>6</sup> ຢາກທົດລອງຕື່ມ
- <sup>7</sup> ຕື່ມເພື່ອສັງສັນໝູ່ເພື່ອນ                                      <sup>8</sup> ອື່ນໆ (ກາລຸນາລະບຸ).....

**2.4 ເຄື່ອງຕື່ມມີນົມເມົາຊະນິດໃດທີ່ຕື່ມເທື່ອທຳອິດ? (ຕອບໄດ້ຫລາຍຂໍ້)**



- <sup>4</sup> ສະປາຍ ແລະ ວາຍຄູນເລີ້      ○<sup>5</sup> ວາຍ      ○<sup>7</sup> ວິດສະກີ
- <sup>8</sup> ເຫຼົ້າສາໂທ, ເຫຼົ້າໄຫ      ○<sup>9</sup>ອື່ນໆ(ກາລຸນາລະບຸແຈ້ງ).....

**2.12 ດື່ມເທື່ອທຳອິດກັບໃຜ? (ຕອບໄດ້ຫລາຍຂໍ້)**

- <sup>1</sup> ຄົນດຽວ      ○<sup>2</sup> ໝູ່      ○<sup>3</sup> ແຟນ      ○<sup>4</sup> ພໍ່ແມ່
- <sup>5</sup> ອ້າຍເອື້ອຍນ້ອງ      ○<sup>6</sup> ພີ່ນ້ອງ      ○<sup>8</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

**2.13 ຖ້າທຽບໃສ່ໝູ່ນຳກັນເຈົ້າຄິດວ່າຕົນເອງແມ່ນ ດື່ມເຫຼົ້າ, ເບຍ ໜັກບໍ່?**

- <sup>1</sup> ບໍ່ແມ່ນ     <sup>2</sup> ແມ່ນ

**☉ ກາລຸນາບອກແດ່ວ່າດື່ມແຕ່ລະຄັ້ງໜ້ອຍຫລາຍ ປານໃດ?**

- <sup>1</sup> ດື່ມໜ້ອຍໜຶ່ງ     <sup>2</sup> ດື່ມພໍຊົມ     <sup>3</sup> ດື່ມໜັກຈົນເມົາ    ○<sup>8</sup> ອື່ນໆ (ກາລຸນາລະບຸ)

**2.14 ດື່ມເລື້ອຍປານໃດ?**

- <sup>1</sup> 1 ເທື່ອ/ເດືອນ       <sup>2</sup> 2-4 ເທື່ອ/ເດືອນ     <sup>3</sup> 1 ເທື່ອ/ອາທິດ
- <sup>4</sup> 2-4 ເທື່ອ/ອາທິດ       <sup>5</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

**2.15 ເຈົ້າສຸບຍາບໍ່ເວລາດື່ມເຫຼົ້າ?**

- <sup>1</sup> ສຸບທຸກຄັ້ງທີ່ດື່ມ     <sup>2</sup> ສຸບບາງຄັ້ງ     <sup>3</sup> ບໍ່ສຸບ

**ສ່ວນທີ III: ການເຂົ້າເຖິງເຄື່ອງດື່ມທີ່ມີທາດເຫຼົ້າ**

**3.1 ສາມາດຊື້ເຫຼົ້າ, ເບຍ ແລະ ເຄື່ອງດື່ມທີ່ມີທາດເຫຼົ້າອື່ນໆ ໄດ້ເວລາຈັກໂມງ ຫາ ຈັກໂມງ?**

- <sup>1</sup> ບໍ່ຈຳກັດເວລາ     <sup>2</sup> 06 00 ເຊົ້າ -20.00 ແລງ     <sup>3</sup> 06 ແລງ -24.00 ທ່ຽງຄືນ
- <sup>4</sup> 11.00 ເຊົ້າ-14.00 ບ່າຍ     <sup>5</sup> 17.00 ແລງ -2400 ທ່ຽງຄືນ
- <sup>6</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

**3.2 ສາມາດຊື້ເຫຼົ້າ, ເບຍ ແລະ ເຄື່ອງດື່ມທີ່ມີທາດເຫຼົ້າໄດ້ຢູ່ໃສແດ່? (ຕອບໄດ້ຫລາຍຂໍ້)**

- <sup>1</sup> ຮ້ານຂາຍຍ່ອຍ      ○<sup>2</sup> ຮ້ານສະດວກຊື້ M Point Mark    ○<sup>3</sup> ຮ້ານເບຍ
- <sup>4</sup> ຕະຫລາດ      ○<sup>5</sup> ຮ້ານຂາຍຍົກ      ○<sup>6</sup> Supermarket
- <sup>7</sup> ບ່ອນອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

3.3 ສາມາດຊອກຊື້ເຫຼົ້າ, ເບຍໄດ້ງ່າຍບໍ່?

□<sup>1</sup> ຖ້າຊອກຊື້ງ່າຍ ➔ ກາລຸນາໃຫ້ເຫດຜົນຍ້ອນຫຍັງ? (ຕອບໄດ້ຫລາຍຂໍ້)

- <sup>1</sup> ມີຮ້ານຂາຍຍ່ອຍຢູ່ໃກ້ເຮືອນ    ○<sup>2</sup> ມີຮ້ານຂາຍຢູ່ໃກ້ໂຮງຮຽນ
- <sup>3</sup> ມີຜູ້ໄປຊື້ໃຫ້                      ○<sup>4</sup> ມີຮ້ານເບຍໄກ້ເຮືອນ ແລະ ໂຮງຮຽນ
- <sup>5</sup> ອື່ນໆ (ກາລຸນາລະບຸ).....

□<sup>2</sup> ຊອກຊື້ຍາກ ➔ ກາລຸນາໃຫ້ເຫດຜົນຍ້ອນຫຍັງ (ຕອບໄດ້ຫລາຍຂໍ້)

- <sup>1</sup> ບໍ່ມີຮ້ານຂາຍຍ່ອຍ, ຍົກໃກ້ເຮືອນ
- <sup>2</sup> ບໍ່ມີຮ້ານຂາຍຍ່ອຍ, ຍົກໃກ້ໂຮງຮຽນ
- <sup>3</sup> ຫ້າມບໍ່ໃຫ້ຂາຍໃຫ້ເດັກທີ່ອາຍຸຕໍ່າກວ່າ 18 ປີ
- <sup>5</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

ສ່ວນທີ IV: ການເຂົ້າເຖິງຂໍ້ມູນຂ່າວສານການດື່ມເຫຼົ້າ

4.1 ເຈົ້າຮູ້ບໍ່ວ່າ ສ ປ ປ ລາວ ຂອງພວກເຮົາ ມີກົດໝາຍວ່າດ້ວຍການຄວບເຄື່ອງທີ່ມີທາດເຫຼົ້າອອກມາ ໃນປີ 2014?

□<sup>1</sup> ບໍ່ຮູ້

□<sup>2</sup> ຮູ້, ➔ ຖ້າຮູ້, ເຈົ້າຮູ້ມາຈາກໃສ່? (ຕອບໄດ້ຫລາຍຂໍ້)

- <sup>1</sup> ໜັງສືພິມ    ○<sup>2</sup> ໂທລະພາບ    ○<sup>3</sup> ອິນເຕີເນັດ
- <sup>4</sup> ແຜນພັບໂຄສະນາ    ○<sup>5</sup> ໂຮງຮຽນ    ○<sup>6</sup> ອື່ນໆ (ກາລຸນາລະບຸແຈ້ງ).....

4.2 ເຈົ້າເຫັນດີບໍ່ວ່າງານບຸນປະເພນີຕ່າງໆ ຄວນຈະຫລີກລ້ຽງການດື່ມເຄື່ອງດື່ມເຫຼົ້າ, ເບຍ ແລະເຄື່ອງດື່ມມືນເມົາອື່ນໆ?

□<sup>1</sup> ເຫັນດີທີ່ສຸດ   □<sup>2</sup> ເຫັນດີ   □<sup>3</sup> ບໍ່ແນ່ໃຈ   □<sup>4</sup> ບໍ່ເຫັນດີ   □<sup>5</sup> ບໍ່ເຫັນດີທີ່ສຸດ

4.10 ເຈົ້າເຫັນດີບໍ່ວ່າ ສະຖານບັນເທີງ, ຮ້ານເບຍ ແລະ ຮ້ານຈຳໜ່າຍເບຍ ຄວນຕັ້ງຢູ່ຫ່າງຈາກ ສະຖານບໍລິການສຸຂະພາບ, ສະຖານທີ່ການສຶກສາ, ສຳນັກງານຂອງລັດ, ສະຖານທີ່ທາງສາດສະໜາ, ສວນສາທາລະນະ, ໂຮງໝັງ, ສະຖານນິລິດເມ, ເປົ້ານໍ້າມັນ, ເດີນກິລາ, ໂຮງຈັກ ໂຮງງານ ?

<sup>1</sup> ເຫັນດີທີ່ສຸດ <sup>2</sup> ເຫັນດີ <sup>3</sup> ບໍ່ແນ່ໃຈ <sup>4</sup> ບໍ່ເຫັນດີ <sup>5</sup> ບໍ່ເຫັນດີທີ່ສຸດ

4.11 ເຈົ້າຄິດວ່າຜິດກົດໝາຍບໍ່ ຖ້າ ສະຖານບັນເທີງ, ຮ້ານເບຍ ແລະ ຮ້າຍຈຳໜ່າຍເບຍ ຕັ້ງຢູ່ໃກ້ກັບ ສະຖານທີ່ໃນ ຂໍ້ 4.3 ຂ້າງເທິງ?

<sup>1</sup> ຜິດກົດໝາຍ <sup>2</sup> ບໍ່ຜິດກົດໝາຍ <sup>3</sup> ບໍ່ແນ່ໃຈ

4.12 ເຈົ້າເຫັນດີບໍ່ວ່າ ການຈຳໜ່າຍເຄື່ອງດື່ມທີ່ມີທາດເຫຼົ້າ ຄວນຈຳກັດເວລາໃຫ້ຈຳໜ່າຍ ແຕ່ 16:00-23:00?

<sup>1</sup> ເຫັນດີທີ່ສຸດ <sup>2</sup> ເຫັນດີ <sup>3</sup> ບໍ່ແນ່ໃຈ <sup>4</sup> ບໍ່ເຫັນດີ <sup>5</sup> ບໍ່ເຫັນດີທີ່ສຸດ

4.13 ເຈົ້າຄິດວ່າຜິດກົດໝາຍບໍ່ ຖ້າຈຳໜ່າຍ ນອກເໜືອຈາກເວລາທີ່ລະບຸ ໃນຂໍ້ທີ່ 4.5?

<sup>1</sup> ຜິດກົດໝາຍ <sup>2</sup> ບໍ່ຜິດກົດໝາຍ <sup>3</sup> ບໍ່ແນ່ໃຈ

4.14 ເຈົ້າເຫັນດີບໍ່ວ່າການໂຄສະນາເຄື່ອງດື່ມທີ່ມີທາດເຫຼົ້າ ຄວນບໍ່ເປັນການສົ່ງເສີມການຂາຍ ?

<sup>1</sup> ເຫັນດີທີ່ສຸດ <sup>2</sup> ເຫັນດີ <sup>3</sup> ບໍ່ແນ່ໃຈ <sup>4</sup> ບໍ່ເຫັນດີ <sup>5</sup> ບໍ່ເຫັນດີທີ່ສຸດ

4.15 ເຈົ້າຄິດວ່າດື່ມແລ້ວຂັບ ຜິດກົດໝາຍບໍ່?

<sup>1</sup> ຜິດກົດໝາຍ <sup>2</sup> ບໍ່ຜິດກົດໝາຍ <sup>3</sup> ບໍ່ແນ່ໃຈ

4.16 ເຈົ້າເຫັນດີບໍ່ວ່າການລົນນະລົງ ກ່ຽວກັບການຫຼຸດຜ່ອນການດື່ມເຫຼົ້າ ຄວນເອົາເຂົ້າຫຼັກສູດການຮຽນ ການສອນໃນໂຮງຮຽນມັດທະຍົມ?

<sup>1</sup> ເຫັນດີທີ່ສຸດ <sup>2</sup> ເຫັນດີ <sup>3</sup> ບໍ່ແນ່ໃຈ <sup>4</sup> ບໍ່ເຫັນດີ <sup>5</sup> ບໍ່ເຫັນດີທີ່ສຸດ

4.17 ເຈົ້າເຄີຍເຫັນປ້າຍໂຄສະນາຄຳເຕືອນກ່ຽວກັບການດື່ມເຫຼົ້າບໍ່?

<sup>1</sup> ບໍ່ເຄີຍ

<sup>2</sup> ເຄີຍ. ☞ ຖ້າເຄີຍ, ເຈົ້າເຫັນແລ້ວຮູ້ສຶກແນວໃດ?

<sup>1</sup> ຮູ້ສຶກເສີຍໆ <sup>2</sup> ບໍ່ຍາກຈະດື່ມອີກ

<sup>3</sup> ຄິດຍາກເຊົາດື່ມ <sup>4</sup> ເຊົາດື່ມ <sup>5</sup> ອື່ນໆ (ກາລຸນາລະບຸ).....

4.11 ເຈົ້າເຄີຍເຫັນການໂຄສະນາການປຸກລະດົມຫ້າມການດື່ມເຫຼົ້າ, ເບຍ ແລະ ເຄື່ອງດື່ມມືນເມົາອື່ນໆ ບໍ່?

<sup>1</sup> ບໍ່ເຄີຍ

<sup>2</sup> ເຄີຍ  ຖ້າເຄີຍ ເຫັນຈາກໃສ່? (ສາມາດຕອບໄດ້ຫລາຍຂໍ້)

- <sup>1</sup> ວາລະສານ                      <sup>2</sup> ວິທະຍຸ                      <sup>3</sup> ໂທລະພາບ
- <sup>4</sup> Internet                      <sup>5</sup> ໜັງສືພິມ                      <sup>6</sup> ປ້າຍ ແລະ ແຜນພັບໂຄສະນາ
- <sup>6</sup> ອື່ນໆ (ກາລຸນາລະບຸ).....

4.12 ໃນຄອບຄົວຂອງເຈົ້າມີຜູ້ດື່ມເຫຼົ້າ, ເບຍບໍ່?

<sup>1</sup> ບໍ່ມີ

<sup>2</sup> ມີ  ຖ້າມີ ຈັກຄົນທີ່ດື່ມ? ລວມ.....ຄົນ (ບໍ່ລວມເຈົ້າ)  
ຍິງ..... ຄົນ

4.13 ພໍ່ແມ່ຂອງເຈົ້າດື່ມບໍ່?

<sup>2</sup> ບໍ່ດື່ມ      <sup>1</sup> ດື່ມ  ຖ້າດື່ມ, ແມ່ນໃຜດື່ມ?

ພໍ່    ແມ່    ທັງສອງ

4.14 ຄົນໃນຄອບຄົວຂອງເຈົ້າດື່ມເຫຼົ້າ, ດື່ມເບຍບໍ່ ໃນການບຸນປະເພນີຕ່າງໆ, ງານຂອງຄອບຄົວ ແລະ ໃນ ໂອກາດພິເສດອື່ນໆ?

<sup>1</sup> ບໍ່ດື່ມ      <sup>2</sup> ດື່ມ  ຖ້າດື່ມ, ເຈົ້າເຫັນດີບໍ່?

<sup>1</sup> ເຫັນດີສຸດ   <sup>2</sup> ເຫັນດີ   <sup>3</sup> ບໍ່ມີຄໍາເຫັນ   <sup>4</sup> ບໍ່ເຫັນດີໃນການດື່ມ   <sup>35</sup> ບໍ່

ເຫັນດີທີ່ສຸດ

4.15 ໃນບັນດາໝູ່ຊະນິດຂອງເຈົ້າມີໃຜດື່ມເຫຼົ້າ, ດື່ມເບຍບໍ່?

<sup>1</sup> ບໍ່ມີ

<sup>2</sup> ມີ  ມີຈັກຄົນທີ່ດື່ມ? ..... ຄົນ

ຍິງ..... ຄົນ      ຊາຍ..... ຄົນ

ສ່ວນທີ V : ຄວາມຮັບຮູ້ ກ່ຽວກັບຜົນຮ້າຍຂອງການດື່ມ ເຄື່ອງດື່ມທີ່ມີທາດເຫຼົ້າ  
ກາລຸນາ ເລືອກຄໍາຕອບດຽວ ຕາມຄວາມເປັນຈິງ ແລະ ຄວາມເຂົ້າໃຈຂອງເຈົ້າ

ລ/ດ	ເນື້ອໃນລາຍການ	ເຫັນດີ	ບໍ່ໜັ້ນໃຈ	ບໍ່ເຫັນດີ
1	ການດື່ມເຫຼົ້າເຮັດໃຫ້ເສຍເວລາຮຽນໜັງສື	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
2	ການດື່ມເຫຼົ້າເຮັດໃຫ້ຄວາມຈໍາສັ້ນ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
3	ການດື່ມເຫຼົ້າເຮັດໃຫ້ຕັດສິນໃຈຜິດພາດ ແລະ ບໍ່ມີສາມະທິ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
4	ການດື່ມເຫຼົ້າເຮັດໃຫ້ສຸຂະພາບຊຸດໂຊມ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
5	ການດື່ມເຫຼົ້າມີໂອກາດເຮັດໃຫ້ເກີດການໃຊ້ຄວາມຮຸ່ນແຮງ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
6	ການດື່ມເຫຼົ້າເຮັດໃຫ້ມີບັນຫາພາຍໃນຄອບຄົວ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
7	ການດື່ມເຫຼົ້າເຮັດໃຫ້ສິ້ນເບືອງລາຍຈ່າຍຂອງຄອບຄົວ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
8	ການດື່ມເຫຼົ້າເປັນສາເຫດການໃຊ້ຄວາມຮຸ່ນແຮງທາງເພດ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
9	ການດື່ມເຫຼົ້າເຮັດໃຫ້ເກີດອຸປະຕິເຫດບິນທ້ອງຖະໜົນ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
10	ການດື່ມເຫຼົ້າເປັນສາເຫດເກີດຄວາມດັນສູງ, ຫົວໃຈ, ແລະສະໜອງຂາດເລືອດມາລໍ້ຽງ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
11	ການດື່ມເຫຼົ້າເຮັດໃຫ້ເປັນພະຍາດມະເຮັງປາກ ແລະ ລອດລົມ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
12	ການດື່ມເຫຼົ້າເຮັດໃຫ້ສະມັດຕະພາບທາງເພດເຊື່ອມ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>
13	ການດື່ມເຫຼົ້າເຮັດໃຫ້ຫຼຸດຜ່ອນການຈະເລີນເຕີບໂຕຂອງຮ່າງກາຍ	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup>

(ຂອບໃຈຫລາຍທີ່ໃຫ້ການຮ່ວມມືເປັນຢ່າງດີ)



## APENDIX B

### Participant Information Sheet

**Instruction:**

Need to use simple language, avoid technical terms. (If used, give explanation in lay language)

Do not copy content of research proposal/thesis as information for participant.

The information must be consequently arranged as follows.

**Entitle:** ALCOHOL DRINKING AMONG HIGH SCHOOL STUDENTS

**Principle researcher's name** Mr. Vilakone KINDARAK Position: Technical officer, Permanent secretary, Ministry of Health, Lao PDR

**Office address** Ban Thatkhao, Sisattanak District, Rue Simeuang, Vientiane Capital, Phone: +856 21 214 000

**Home address** Sikhothabong District, Vientiane Capital, LAO PDR

**Telephone (office)** 856-21 254497, **Cell phone** 856 20 95908835

**E-mail:** [holidayle@hotmail.com](mailto:holidayle@hotmail.com)

You are being invited to take part in a research project. Before you decide to participate, it is important to understand why researcher is being done and what it will involve. Please take time to read the following information carefully and do not hesitate to ask if anything is unclear or if you would like more information.

**1. This research project involves**

Alcohol drinking & factors related to alcohol drinking among high school student.

**2. Objectives**

- To assess prevalence of alcohol drinking among high school students in Sikhottabong District Vientiane Capital, LAO PDR
- To describe predisposing, enabling and reinforcing factors that related to alcohol drinking behavior among high school students in Sikhottabong District, Vientiane Capital.

- To explore the relationship between predisposing, enabling and reinforcing factors and alcohol drinking among high school students
  - Students who are currently studying at Grade 11 to 13 in academic year 2017-2018.

### **3 Study population**

#### **Inclusion criteria**

- For students whose age below 18 years, permission has to be obtained from their parents or guardians by signing an assent form.
- They agree to participate in the study by signing an informed consent form.

#### **Exclusion criteria**

- Students who absent from school during the time of data collection.
- Those students who agree to participate, but leave the room before complete answering all questions

### **4 Number of participants needed.**

A total of 296 participants

### **5 How to approach potential participants.**

The researcher submitted approval letter from Sikhotthabong District sport & education Office to 5 high schools and meet school administrator to ask for their approval, researcher and team conducted collect data by self-administered questionnaire.

### **6 Reasons why this person is invited.**

- The number of alcohol drinking of secondary school student is up to 75.7% (National survey of alcohol use 2012, National Institute of Public Health)
- Lao PDR has a national goal to achieve from the least developed country by 2020, so the young people has significant role to achieve these.
- The member of population below the age of 25 years is 60% and more than 30% of the population between 10 and 24 years, young people constitute a large proportion in LAO PDR.

**7 Number of participants in each group.**

- 3 classes are represented to each school
- Each grade is 20 students for each school

State that if researcher does not perform upon participants as indicated in the information, the participants can report the incident to LAO National Ethics Committee for Health & Research, National institute of Public Health, Ministry of Health. Samsenthai Road, Ban Kaognot, Sisattanak district Vientiane Capital, Lao PDR  
Tel: +856 21 214012, 250670, Fax: 856 21 214012, Email: [contact@nioph.gov.la](mailto:contact@nioph.gov.la).  
Website: <https://www.nioph.gov.la>



## ຂໍ້ມູນຂອງຜູ້ສຶກສາ ແລະ ຜູ້ເຂົ້າຮ່ວມການສຶກສາ

### ສິ່ງທີ່ຄວນເອົາໃຈໃສ່:

ພາສາທີ່ໃຊ້ເຂົ້າໃນການສອບຖາມ ຄວນເປັນພາສາທົ່ວໄປທີ່ເຂົ້າໃຈງ່າຍ, ໂດຍລິກລ້ຽງພາສາທາງດ້ານວິຊາການ. ເຊິ່ງຂໍ້ມູນຂອງຜູ້ສຶກສາ ແລະ ປະຊາກອນທີ່ເຂົ້າຮ່ວມການສຶກສາ ມີລາຍລະອຽດດັ່ງຕໍ່ໄປນີ້:

**ຫົວຂໍ້ການສຶກສາ :** ການດື່ມເຫຼົ້າຂອງນັກຮຽນມັດທະຍົມຕອນປາຍ ຂອງເມືອງສີໂຄດຕະບອງ, ນະຄອນຫຼວງວຽງຈັນ

**ຊື່ ແລະ ນາມສະກຸນຂອງຜູ້ສຶກສາ**      ທ. ວິລະກອນ      ກິນດາລັກ

**ຕໍ່ແໜ່ງ** ວິຊາການ, ບ່ອນປະຈຳການ ຫ້ອງການກະຊວງສາທາລະນະສຸກ, ກະຊວງສາທາລະນະສຸກ

**ທີ່ຢູ່** ບ້ານ ທາດຂາວ, ເມືອງສີສັດຕະນາກ ນະຄອນຫຼວງວຽງຈັນ, ສ ປ ປ ລາວ ເບີໂທ 012 214000

**ທີ່ຢູ່ປະຈຸບັນ** ຖະໜົນ ສຸພານຸວົງ, ບ້ານໜອງປາໃນ ເມືອງສີໂຄດຕະບອງ ນະຄອນຫຼວງວຽງຈັນ

**ເບີໂທຫ້ອງການ** 021 254497

**ເບີມືຖື** 020 95908835

**ອີເມວ :** holidayle@hotmail.com

ນັກຮຽນມັດທະຍົມຕອນປາຍ ໃນເມືອງສີໂຄດຕະບອງ ໄດ້ເປັນກຸ່ມປະຊາກອນ ທີ່ຈະໄດ້ເຂົ້າຮ່ວມການສຶກສາດັ່ງກ່າວໂດຍເປັນຜູ້ຕາງໜ້າໃຫ້ນັກຮຽນມັດທະຍົມຕອນປາຍ ໃນຂອບເຂດທົ່ວປະເທດ, ສະນັ້ນກ່ອນທີ່ທ່ານຈະເຂົ້າຮ່ວມການຕອບແບບສອບຖາມ, ກາລຸນາອ່ານຂໍ້ມູນຢ່າງລະອຽດ, ຖ້າຫາກບໍ່ເຂົ້າໃຈ ແລະ ຍັງບໍ່ຈະແຈ້ງ ຫລື ຕ້ອງການຂໍ້ມູນເພີ່ມເຕີມ ຂໍໃຫ້ທ່ານຖາມຜູ້ຮັບຜິດຊອບ ພວກເຮົາຍິນດີ ທີ່ຈະສະໜອງຂໍ້ມູນ ແລະ ຕອບທຸກຄຳຖາມທີ່ຕິດພັນກັບການສຶກສາໃນຄັ້ງນີ້.

**1** ການສຶກສາຄັ້ງນີ້ ກ່ຽວກັບສະພາບຂອງການດື່ມເຫຼົ້າ ແລະ ປັດໃຈທີ່ເຮັດໄວໜຸ່ມ ຫັນໄປດື່ມເຫຼົ້າ

### **2 ຈຸດປະສົງ.**

- ເພື່ອການປະເມີນອັດຕາການດື່ມເຫຼົ້າຂອງນັກຮຽນທີ່ໂຮງຮຽນມັດທະຍົມຕອນປາຍ ເມືອງສີໂຄດຕະບອງ ນະຄອນຫຼວງວຽງຈັນ, ສ ປ ປ ລາວ.

- ເພື່ອສຶກສາເຖິງປັດໃຈທີ່ສົ່ງຜົນໃຫ້ນັກຮຽນມັດທະຍົມຕອນປາຍດື່ມເຫຼົ້າຂອງນັກຮຽນໂຮງຮຽນມັດທະຍົມໃນ ເມືອງສີໂຄດຕະບອງ, ນະຄອນຫຼວງວຽງຈັນ, ສປປລາວ
- ເພື່ອຄົ້ນຄວ້າຄວາມສໍາພັນລະຫວ່າງປັດໃຈນໍາ, ປັດໃຈເສີມ ແລະ ປັດໃຈເອື້ອ ຕໍ່ການດື່ມເຫຼົ້າ

#### ປະຊາກອນ.

ນັກຮຽນມັດທະຍົມຕອນປາຍ ແຕ່ ມ 5 ຫາ ມ 7, ໂຮງຮຽນມັດທະຍົມຕອນປາຍຂອງ ເມືອງ ສີໂຄດຕະບອງ, ນະຄອນຫຼວງວຽງຈັນ

### 3 ລັກຊະນະຂອງປະຊາກອນທີ່ຈະສຶກສາໃນຄັ້ງນີ້

ເງື່ອນໄຂໃນການເຂົ້າຮ່ວມ :

ນັກຮຽນມັດທະຍົມຕອນປາຍແຕ່ ມ 5 ຫາ ມ 6 ສົກປີ 2017-2018.

ນັກຮຽນຜູ້ຮັບການອະນຸຍາດຈາກພໍ່ແມ່ ຫຼື ຜູ້ປົກຄອງ ກໍລະນີນັກຮຽນທີ່ມີອາຍຸຕໍ່າກວ່າ 18 ປີ

ຜູ້ທີ່ເຫັນດີເຂົ້າຮ່ວມ ແລະ ເຊັນແບບຟອມຢັ້ງຢືນການເຂົ້າຮ່ວມ

ເງື່ອນຜູ້ທີ່ຈະຄັດອອກ

- ຜູ້ທີ່ຂາດໂຮງຮຽນ ໃນໄລຍະການລົງເກັບກຳຂໍ້ມູນ
- ຜູ້ທີ່ເຂົ້າຮ່ວມແລ້ວ ແຕ່ໂຈກການຕອບແບບສອບຖາມ ໂດຍທີ່ຍັງບໍ່ທັນສໍາເລັດ

### 4. ຈຳນວນຜູ້ເຂົ້າຮ່ວມ.

ທັງໝົດ 292 ຄົນ (ລວມທັງ 10% ສາລັບແບບສອບຖາມທີ່ບໍ່ສົມບູນ ຄົບຖ້ວນ)

### 5. ວິທີການເຂົ້າເຖິງກຸ່ມປະຊາກອນເປົ້າໝາຍ

ພາຍຫຼັງໄດ້ຮັບໜັງສືອະນຸມັດ ຈາກຫ້ອງການສຶກສາ ແລະ ກິລາເມືອງສີໂຄດຕະບອງແລ້ວ, ຜູ້ສຶກສາ ຈະສົ່ງເອກະສານດັ່ງກ່າວໄປຫາ 5 ໂຮງຮຽນເປົ້າໝາຍ ແລະ ເຂົ້າພົບພາກສ່ວນບໍລິຫານຂອງໂຮງຮຽນ ເພື່ອລາຍງານ ຈຸດປະສົງໃນການຂໍນໍາໃຊ້ແບບສອບຖາມຕອບດ້ວຍຕົນເອງ ຕໍ່ນັກຮຽນ, ພາຍຫຼັງໄດ້ຮັບອະນຸມັດຈາກແຕ່ລະໂຮງຮຽນແລ້ວ. ຜູ້ສຶກສາ ແລະ ຜູ້ຊ່ວຍກໍຈະເລີ່ມໃຊ້ແບບສອບຖາມຕາມວັນເວລາທີ່ໄດ້ຮັບການອະນຸມັດ ຢູ່ທີ່ໂຮງຮຽນທັງ 5 ແຫ່ງ ຕາມແຜນທີ່ວາງໄວ້.

## 6. ເຫດຜົນໃນການເລືອກປະຊາກອນກຸ່ມນີ້

- ອັດຕາການດື່ມເຫຼົ້າຂອງນັກຮຽນມັດທະຍົມ ເຫັນວ່າສູງເຖິງ 75.7 % ລາຍງານຈາກການສຳຫຼວດການດື່ມເຫຼົ້າໃນທົ່ວປະເທດ 2012 ຂອງສະຖາບັນສາທາລະນະສຸກສາດ
- ສ ປ ປ ລາວ ມີເປົ້າໝາຍຈະຫຼຸດພື້ນອອກຈາກສະຖານະພາບຄວາມດ້ອຍພັດທະນາ ໃນປີ 2020 ໃນນັ້ນ ໄວໜຸ່ມມີບົດບາດສຳຄັນໃນການບັນລຸເປົ້າໝາຍດັ່ງກ່າວ.
- ຈຳນວນປະຊາກອນໄວໜຸ່ມເຫັນວ່າມີສູງເຖິງ 60% ທີ່ມີອາຍຸຕໍ່າກວ່າ 25 ປີ ແລະ ຫລາຍກວ່າ 30% ປະຊາກອນທີ່ມີອາຍຸແຕ່ 10 ຫາ 24 ປີ ໃນທົ່ວປະເທດ

## 7. ປະຊາກອນໃນແຕ່ລະໂຮງຮຽນ.

- ແຕ່ລະຫ້ອງຈະສຳພາດນັກຮຽນ ຫ້ອງໜຶ່ງ 20 ຄົນ
- ມ 5 ຫາ ມ 7 ຊັ້ນລະຫ້ອງຮຽນ

ຖ້າກໍລະນີຫາກຜູ້ສຶກສາ ບໍ່ປະຕິບັດຕາມເງື່ອນໄຂຕ່າງໆ ທີ່ໄດ້ກ່າວມານັ້ນ, ຜູ້ເຂົ້າຮ່ວມການສຶກສາ ມີສິດລາຍງາຍຕໍ່ ຄະນະກຳມະການຈັນຍາທຳ ທາງດ້ານການຄຸ້ມຄອງສິດທິມະນຸດ, ຢູ່ທີ່ສະຖາບັນສາທາລະນະສຸກສາດ ກະຊວງສາທາລະນະສຸກ, ຖະໜົນສາມແສນໄທ, ບ້ານເກົ້າຍອດ, ເມືອງ ສີສັດຕະນາກ, ນະຄອນຫຼວງວຽງຈັນ, ໂທ +856 21 214012, 250670, ແຟັກ:+856 21 214012, Email: [contact@nioph.gov.la](mailto:contact@nioph.gov.la). Website: <https://www.nioph.gov.la>

## APENDIX C

### Informed Consent

**Entitle: Alcohol Drinking among High School Students in Sikhottabong District, Vientiane Capital, Lao PDR.**

This study was being done at the Thammasat University, Thailand by self-administered questionnaire. The researcher have been working at permanent secretary, Ministry of Health, LAO PDR and doing for master degree at the Thammasat University, Thailand. So I am very pleased to invite you to take part in this study, before deciding to participate, please note that you have received clearly all detail in questionnaire.

This study aims to access alcohol drinking among high school student and identified factors related to alcohol drinking in Sikhotthabong District, Vientiane Capital. Now LAO PDR faces a serious public health impact from alcohol drinking both drinker and non-drinker. Consequences of alcohol consumption affects to individual, family, and society and socio-economic development. In addition, LAO PDR has a national goal to achieve from the least develop country, so the young people has a significant role to achieve those. In conclusion, that is the reason why this study was performed.

**Please confirm with your signature that you have read and understood the following:**

- I confirm that I understand all the information for the above study.
- I understand that my participation was voluntary and I am free to withdraw at any time, without giving any reason.
- I agree that my data gathered in this study may be confidential.
- I agree to take a part in the study.

**Name of investigator or witness**

Mr. Vilakone KINDARAK

**Signature of participant**  
**(Student)**

Date:...../...../.....

## **Informed Consent for guardian**

**Entitle: Alcohol Drinking among High School Students in Sikhottabong District, Vientiane Capital, LAO PDR.**

This study was being done at the Thammasat University, Thailand by self-administered questionnaire. The researcher have been working at permanent secretary, Ministry of Health, LAO PDR and doing for master degree at the Thammasat University, Thailand. So I am very pleased to invite you to take part in this study, but before deciding to participate, please note that you have received clearly all detail in questionnaire.

This study aims to access alcohol drinking among high school student and identified factors related to alcohol drinking in Sikhothabong District, Vientiane Capital. Now LAO PDR faces a serious public health impact from alcohol drinking both drinker and non-drinker. Consequences of alcohol consumption affects to individual, family, and society and socio-economic development. In addition, LAO PDR has a national goal to achieve from the least develop country, so the young people has a significant role to achieve those. In conclusion, that is the reason why this study was performed.

**Please confirm with your signature that you have read and understood the following below:**

- I confirm that I understand all the information for the above study.
- I agree that the data gathered in this study may be confidential.
- I agree to let my children take part in the study.

**Name of investigator or witness**

**Signature of guardian**

Mr. Vilakone KINDARAK

Date...../...../.....



## ໃບຍິນຍອມເຂົ້າຮ່ວມການສຶກສາ

**ຫົວຂໍ້ການສຶກສາ:** ການຕົ້ມເຫຼົ້າຂອງນັກຮຽນມັດທະຍົມຕອນປາຍ ຂອງເມືອງສີໂຄດຕະບອງ, ນະຄອນຫຼວງວຽງຈັນ.

ການສຶກສາດັ່ງກ່າວ ແມ່ນການປະເມີນ ໂດຍຜ່ານແບບສອບຖາມທີ່ຕອບດ້ວຍຕົນເອງ. ຜູ້ສຶກສາ ເປັນພະນັກ ສັງກັດ ຫ້ອງການກະຊວງສາທາລະນະສຸກ ສ ປ ປ ລາວ ທີ່ໄດ້ມາສຶກສາປະລິນຍາໂທ ສາຂາ ບໍລິຫານສາທາລະນະສຸກ ຢູ່ທີ່ມະຫາວິທະຍາໄລ ທຳມະສາດ (ປະເທດໄທ). ໃນການສຶກສາຄັ້ງນີ້ ທ່ານຈະ ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ຂ້າພະເຈົ້າ ມີຄວາມຍິນດີຢ່າງຍິ່ງ ຂໍສະເໜີໃຫ້ ທ່ານເຂົ້າຮ່ວມໃນການສຶກສາ ຂອງພວກເຮົາ ໂດຍຜ່ານການຕອບແບບສອບຖາມດ້ວຍຕົນເອງ. ສະນັ້ນ, ກ່ອນທີ່ທ່ານຈະຕັດສິນໃຈເຂົ້າ ຮ່ວມ ຂ້າພະເຈົ້າຂໍຖືໂອກາດນີ້ ລາຍງານໂດຍຫຍໍ້ ກ່ຽວກັບຈຸດປະສົງໃນການສຶກສາຄັ້ງນີ້ ດັ່ງຕໍ່ໄປນີ້.

ການສຶກສານີ້ມີຈຸດປະສົງ ເພື່ອສຶກສາສະພາບການຕົ້ມເຄື່ອງຕົ້ມທີ່ມີທາດເຫຼົ້າ ຂອງນັກຮຽນ ມັດທະຍົມຕອນປາຍ ຂອງເມືອງສີໂຄດຕະບອງ ແລະ ປັດໃຈຕ່າງໆ ທີ່ນຳໄປສູ່ການຕົ້ມເຫຼົ້າ. ເຊິ່ງ ສ ປ ປ ລາວ ຂອງພວກເຮົາ ຍັງປະເຊີນໜ້າກັບຜົນກະທົບທີ່ຮ້າຍແຮງຕໍ່ສຸຂະພາບທັງຜູ້ຕົ້ມ ແລະ ຜູ້ບໍ່ຕົ້ມ ແລະ ຜົນ ກະທົບອື່ນໆ ເນື່ອງຈາກການຕົ້ມເຫຼົ້າ ທີ່ເຮັດໃຫ້ມີຄວາມເສຍຫາຍຂອງບຸກຄົນ, ຄອບຄົວ ແລະ ສັງຄົມ ລວມທັງເປັນການທ່ວງດຶງການພັດທະນາເສດຖະກິດ-ສັງຄົມ ແລະ ວັດທະນາທາອັນດີງາມຂອງພວກ ເຮົາ. ນອກນັ້ນ ສ ປ ປ ລາວ ຂອງພວກເຮົາ ຍັງມີເປົ້າໝາຍທີ່ຈະຫຼຸດຜົນອອກຈາກສະຖານະພາບຄວາມ ດ້ອຍພັດທະນາ ໃນປີ 2020 ໃນນັ້ນ. ໄວໜຸ່ມ ແມ່ນມີບົດບາດທີ່ສຳຄັນໃນການບັນລຸເປົ້າໝາຍດັ່ງກ່າວ, ດັ່ງນັ້ນ ຈຶ່ງເປັນເຫດຜົນ ແລະ ທີ່ມາ ໃນການສຶກສາການຕົ້ມເຫຼົ້າຂອງນັກຮຽນມັດທະຍົມຕອນປາຍ ໃນ ເມືອງສີໂຄດ ທີ່ຈະເປັນຕົວແທນ ໃຫ້ນັກຮຽນ ໃນທົ່ວນະຄອນຫຼວງວຽງຈັນ ແລະ ໃນຂອບເຂດທົ່ວ ປະເທດອີກດ້ວຍ.

### **ສິ່ງທີ່ຄວນເອົາໃຈໃສ່ຂອງຜູ້ທີ່ຈະເຂົ້າຮ່ວມການສຶກສາໃນຄັ້ງນີ້:**

- ຂ້າພະເຈົ້າຂໍຢັ້ງຢືນວ່າ ຕົນເອງເຂົ້າໃຈຂໍ້ມູນຕ່າງໆ ທີ່ຜູ້ສຶກສາໄດ້ກ່າວມາໃນເບື້ອງຕົ້ນແລ້ວ.

- ຂ້າພະເຈົ້າມີຄວາມສະໝັກໃຈ ເຂົ້າຮ່ວມໃນການສຶກສາ ແລະ ຂ້າພະເຈົ້າມີສິດທີ່ຈະຖອນໂຕອອກ ຈາກການສຶກສາ ໄດ້ທຸກເວລາ ໂດຍບໍ່ມີເງື່ອນໄຂ ແລະ ແຈ້ງເຫດຜົນ.
- ຂ້າພະເຈົ້າຫ້ວງເປັນຢ່າງຍິ່ງວ່າ ຂໍ້ມູນຂອງຂ້າພະເຈົ້າໃນການສຶກສາຄັ້ງນີ້ ຈະຖືກຮັກສາໄວ້ເປັນຄວາມ ລັບຢ່າງດີ ໂດຍຈະໃຊ້ຂໍ້ມູນດັ່ງກ່າວເຂົ້າໃນແຕ່ຂອບເຂດການສຶກສານີ້ເທົ່ານັ້ນ
- ຂ້າພະເຈົ້າເຫັນດີ ແລະ ເຕັມໃຈ ທີ່ຈະເຂົ້າຮ່ວມການສຶກສາຄັ້ງນີ້ໂດຍບໍ່ມີເງື່ອນໄຂ.

**ຜູ້ສຶກສາ**

**ລາຍເຊັນຂອງຜູ້ຍິນຍອມເຂົ້າຮ່ວມການສຶກສາ**

**ນັກຮຽນ**

ທ. ວິລະກອນ ກິນດາລັກ ຫຼື ຜູ້ຊ່ວຍເກັບກຳຂໍ້ມູນຄັ້ງນີ້

ວັນທີ:...../...../.....

## ໃບຍິນຍອມຂອງຜູ້ປົກຄອງນັກສຶກສາ

**ຫົວຂໍ້ການສຶກສາ:** ການດຶ່ມເຫຼົ້າຂອງນັກຮຽນມັດທະຍົມຕອນປາຍ ຂອງເມືອງສີໂຄດຕະບອງ, ນະຄອນຫຼວງວຽງຈັນ.

ການສຶກສາດັ່ງກ່າວ ແມ່ນການປະເມີນ ໂດຍຜ່ານແບບສອບຖາມທີ່ຕອບດ້ວຍຕົນເອງ. ຜູ້ສຶກສາ ເປັນພະນັກ ສັງກັດ ຫ້ອງການກະຊວງສາທາລະນະສຸກ ສ ປ ປ ລາວ ທີ່ໄດ້ມາສຶກສາປະລິນຍາໂທ ສາຂາ ບໍລິຫານສາທາລະນະສຸກ ຢູ່ທີ່ມະຫາວິທະຍາໄລ ທຳມະສາດ (ປະເທດໄທ). ໃນການສຶກສາຄັ້ງນີ້ ທ່ານຈະບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ຂ້າພະເຈົ້າ ມີຄວາມຍິນດີຢ່າງຍິ່ງ ຂໍສະເໜີໃຫ້ ທ່ານເຂົ້າຮ່ວມໃນການ ສຶກສາຂອງພວກເຮົາ ໂດຍຜ່ານການຕອບແບບສອບຖາມດ້ວຍຕົນເອງ. ສະນັ້ນ, ກ່ອນທີ່ທ່ານຈະຕັດສິນ ໃຈເຂົ້າຮ່ວມ ຂ້າພະເຈົ້າຂໍຖືໂອກາດນີ້ ລາຍງານໂດຍຫຍໍ້ ກ່ຽວກັບຈຸດປະສົງໃນການສຶກສາຄັ້ງນີ້ ດັ່ງຕໍ່ໄປນີ້.

ການສຶກສານີ້ມີຈຸດປະສົງ ເພື່ອສຶກສາສະພາບການດຶ່ມເຄື່ອງດຶ່ມທີ່ມີທາດເຫຼົ້າ ຂອງ ນັກຮຽນມັດທະຍົມຕອນປາຍ ຂອງເມືອງສີໂຄດຕະບອງ ແລະ ປັດໃຈຕ່າງໆ ທີ່ນຳໄປສູ່ການດຶ່ມເຫຼົ້າ. ເຊິ່ງ ສ ປ ປ ລາວ ຂອງພວກເຮົາ ຍັງປະເຊີນໜ້າກັບຜົນກະທົບຮ້າຍແຮງຕໍ່ສຸຂະພາບທັງຜູ້ດຶ່ມ ແລະ ຜູ້ບໍ່ດຶ່ມ ແລະ ຜົນກະທົບອື່ນໆ ເນື່ອງຈາກການດຶ່ມເຫຼົ້າ ທີ່ເຮັດໃຫ້ມີຄວາມເສຍຫາຍຂອງບຸກຄົນ, ຄອບຄົວ ແລະ ສັງຄົມ ລວມທັງເປັນການທ່ວງດຶງການພັດທະນາເສດຖະກິດ-ສັງຄົມ ແລະ ວັດທະນາທາອັນດີງາມຂອງ ພວກເຮົາ. ນອກນັ້ນ ສ ປ ປ ລາວ ຂອງພວກເຮົາ ຍັງມີເປົ້າໝາຍທີ່ຈະຫຼຸດຜົນອອກຈາກສະຖານະພາບ ຄວາມດ້ອຍພັດທະນາ ໃນປີ 2020.

### ສິ່ງທີ່ຄວນເອົາໃຈໃສ່ຂອງຜູ້ປົກຄອງນັກສຶກສາ:

- ຂ້າພະເຈົ້າຂໍຢັ້ງຢືນວ່າ ຕົນເອງເຂົ້າໃຈຂໍ້ມູນຕ່າງໆ ທີ່ຜູ້ສຶກສາໄດ້ກ່າວມາໃນເບື້ອງຕົ້ນແລ້ວ.
- ຂ້າພະເຈົ້າຍິນດີໃຫ້ລູກຂອງຂ້າພະເຈົ້າ ເຂົ້າຮ່ວມໃນການສຶກສາ ແລະ ຂ້າພະເຈົ້າມີສິດໃຫ້ເຂົາເຈົ້າ ຖອນໂຕອອກຈາກການສຶກສາ ໄດ້ທຸກເວລາ ໂດຍບໍ່ມີເງື່ອນໄຂ ແລະ ແຈ້ງເຫດຜົນໃດທັງສິ້ນ.

- ຂ້າພະເຈົ້າຫ້ວງເປັນຢ່າງຍິ່ງວ່າ ຂໍ້ມູນຂອງເຂົ້າເຈົ້າ ໃນການສຶກສາຄັ້ງນີ້ ຈະຖືກຮັກສາໄວ້ເປັນຄວາມລັບຢ່າງດີ ໂດຍຈະໃຊ້ຂໍ້ມູນດັ່ງກ່າວເຂົ້າໃນແຕ່ຂອບເຂດການສຶກສານີ້ເທົ່ານັ້ນ
- ຂ້າພະເຈົ້າເຫັນດີ ແລະ ເຕັມໃຈ ທີ່ຈະໃຫ້ຮຽນຜູ້ນີ້ເຂົ້າຮ່ວມການສຶກສາຄັ້ງນີ້ໂດຍບໍ່ມີເງື່ອນໄຂ.

**ຜູ້ສຶກສາ**

**ລາຍເຊັນຂອງຜູ້ປົກຄອງນັກຮຽນ**

ທ. ວິລະກອນ ກິນດາລັກ ຫຼື ຜູ້ຊ່ວຍເກັບກຳຂໍ້ມູນຄັ້ງນີ້

ວັນທີ:...../...../.....



## APENDIX C



Lao People's Democratic Republic  
Peace Independence Democracy Unity Prosperity

Ministry of Health  
National Ethics Committee  
for Health Research (NECHR)

No *053* /NECHR  
Vientiane Capital *26/3/2018*

### Approval Notice

Mr Vilakone Kindarak  
Email: [holiday@hotmail.com](mailto:holiday@hotmail.com)  
Tel: +8562095908835

RE: Ethical Approval for Health Research

Title: "Alcohol Drinking among High School Students" (Submission ID: 2018.64.Vie)

Dear Mr Vilakone Kindarak,

The National Ethics Committee for Health Research of the Lao People's Democratic Republic have reviewed and approved your research.

Please note the following information about your approved research protocol:

**Approval period:** March 2018 – March 2019

**Approved Subject Enrollment:** High school students of Sykthobong district, Vientiane capital

**Sponsor:** ADB

**Implementing Panel/Project Investigator:** Mr Vilakone Kindarak

Please note that the Ethics Committee reserves the right to ask for further questions, seek additional or monitor the conduct of your research and consent process.

**Principle Investigator is required to notify the Secretary of the National Ethic Committee for Health Research:**

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any);
- Serious adverse effects on participants and the action taken to address those effects;
- Any other unforeseen events or unexpected developments that merit notification;
- The inability of the Principal Investigator to continue in that role, or any other change in research personnel involved in the project;
- Any expiry of the insurance coverage provided with respect to sponsored clinical trials and proof of re-insurance;
- A delay of more than 12 months in the commencement of the project; and,
- Termination or closure of the project.

Additionally, the Principal Investigator is required to submit a progress report on the anniversary of approval and on completion of the project.

President of National Ethics Committee for Health Research

**Prof. Dr. Donangdao SOUKALOUN**

## BIOGRAPHY

First and last name      Vilakone Kindarak  
Date of birth              January 09, 1984  
Education Attainment    2004, Bachelor Degree, Europe-Asia Business College  
   Major of business administration

### **Work experience:**

2013 -present              Technical officer, Permanent secretary, Ministry of Health  
   Assistant administrator of LAO- Luxemburg project (027)  
   Group coordinator of Tobacco Control Fund Office  
   Technical working to alcohol law  
2007-2012                  Technical officer, DPIC

