

The Development of the Strategic Plan with Family, Community, and Buddhism to Build Social Protection Against Drugs in Thai Vulnerable Youth

Prasong Promsri¹, Sitthiporn Khetjoi¹, Nathaorn Chuachan¹, Prasert Chompromma¹, Thaworn Worabuttara¹, Pongmanut Deeod¹, Phattharachai Uthaphan¹, Radchaneebon Neadpuckdee¹ & Prachan Chachikul¹

¹ Mahamakut Buddhist University Isan Campus, Khon Kaen, Thailand

Correspondence: Prasong Promsri, Faculty of Graduate School, Mahamakut Buddhist University Isan Campus, Khon Kaen, Thailand.

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Abstract

The current study aims to investigate the effects of a strategic plan developed by the involvement of the family, community, and Buddhist institutions in Thai vulnerable youth knowledge, attitudes, and behavioral changes. The sample included 302 vulnerable adolescents from Khon Kaen, Thailand. The utilization of systematic sampling was observed based on income, marital status, and neighborhood. 10 governmental employees also took part in an interview designed to investigate the participants' changes in behaviors of drug abuse. The instruments include a strategic plan for the drug prevention of vulnerable children, a test of drug prevention knowledge, a satisfaction survey, and a semi-structured interview. The data were obtained by a pre-post-test on the samples' knowledge of drug prevention, an attitude survey, and an authorities' interview. Frequency, percentage, mean score, SD, and t-test were used to examine the data. The content analysis assessed qualitative data. The findings reveal how a strategic plan designed by institutions concerned with human development led to the development of knowledge, attitudes, and positive behavioral changes among at-risk teenagers.

Keywords: vulnerable youth, drug prevention, youth development

1. Introduction

Education development is primarily concerned with addressing problems among economically underprivileged adolescents. The socioeconomic conditions of a subgroup of children and adolescents dictate that they receive specific help to overcome life and scholastic obstacles. Lack of social support influences vulnerable adolescents to make decisions that result in undesired births, drug addiction, and criminal action (Gasparetto et al., 2020). According to Arora et al. (2015), vulnerable youth are characterized by several situations, including deprivation (lack of food, education, and parental care), exploitation, abuse, neglect, and violence, as well as HIV infection. In addition, the authors noted that vulnerability can range from resilience to full helplessness. The group of youth in such circumstances needs specific care and support to help them cope with difficulties in life and education.

In addition, the capitalist economic system has exacerbated the gap between the educational opportunities of persons from diverse socioeconomic backgrounds in the global society. Lack of government support forces children from low-income families into a poor educational system, particularly in developing nations (Bing, 2009). To demonstrate, while the wealthy could afford private schools with the availability of education assistance such as classrooms, textbooks, and teaching methods, the poor can hardly afford to send their children to free public schools where there are limitations of budget and resources. The difference in educational quality influences children's knowledge, abilities, and connections, which are crucial for their future occupations and possibilities in life (Reinders et al., 2021). Therefore, vulnerable children whose relatives (if any) are likely to be at the bottom of the capital pyramid are more likely to suffer educational challenges, which may aggravate their life circumstances.

On a contextual level, the socioeconomic position of vulnerable Thai youths has a significant effect on their many life difficulties. The country's economy is characterized as capitalist (Asia Development Bank, 2015). This could mean the system provides advantages to large corporations while smaller firms and individuals struggle in the market. Basic social benefits include free public education and universal health care. In the past decade, the Thai economy has declined, and the covid-19 pandemic has exacerbated the issue. According to the National Economic

and Social Development Council of Thailand (2022), 174,900 Thais had been unemployed for over a year. The national debt rate has increased for five consecutive quarters as a result of fluctuating agricultural commodity prices, the primary source of income for the majority of Thais. According to the Department of Juvenile Observation and Protection, the economy has a significant impact on vulnerable youth concerns, since more than 3.7 million Thai adolescents are deemed vulnerable (2017). This number comprises those with learning disabilities, those living in extreme poverty, illegal immigrants, displaced individuals, etc. This quantity appears to rise in the post-covid economy.

As mentioned, socioeconomic conditions and disparity in the capitalist economy can force vulnerable youth to get involved in undesired situations. One of the most crucial problems among a group of adolescents is the use of drugs and addictive substances. First, it has to be noted teens are especially prone to drug and alcohol experimentation, which can lead to addiction. Moreover, genetic, social, and environmental factors put some kids at risk for addiction. According to Murphy and Shafir (2022), 20.5% of eighth graders, 40.7% of tenth graders, and 53.3% of twelfth graders reported having consumed alcohol during the previous year. On the contextual level, statistically, 68% of Thai youth committing crimes including drugs were from separated families (The Office of Children and Youth Justice System, 2021). Furthermore, substance misuse harms health and life expectancy, as well as causes psychological crises among teen users (Ogbodo Adoga, 2018). Substance misuse, for example, causes social disengagement, which leads to loneliness and indicates a lack of social adjustment. Drug abuse has an impact on comprehension and decision-making. It leads to aggressive behaviors and a lack of social connection. Therefore, it is important to protect those in the vulnerable group from the use of drugs and alcohol.

Consequently, drug prevention has become a significant concern when dealing with vulnerable youth. However, the challenge is complex, necessitating the assistance of multiple stakeholders to produce a solution that meets the context's requirements. In Thailand, the institutions of family, community, and Buddhism are responsible for young development in society. Detailing the dangers of drugs, the family can be an excellent guardian for their young member. In contrast, a family can also be a person's first exposure to drug usage. For instance, parents who smoke, drink, or use drugs before conception or birth damage their children's development (Hsu, 1993). Abuse of psychoactive substances by family members has the potential to destroy families due to intoxication-related aggressiveness and long-term repercussions such as economic difficulties, unhappiness, and communication breakdown. Therefore, involving family members in drug prevention should be beneficial for their youth members and themselves.

In terms of community, leaders and responsible organizations could play an important role in building social protection against drugs among vulnerable youth. This includes providing information about the danger of drugs, legal issues, and public services regarding drug withdrawal, etc. Budambula and Budambula (2018) found that the participation of community members, leaders, and authorities positively affected drug situations in the community area. Similarly, Phetlomthong and Rojanatrakul (2022) also found that the participants of people sector networks helped reduce drug problems in Thai communities. Consequently, raising community awareness against drugs could be crucial for vulnerable juvenile prevention.

Buddhism could play an important role in drug prevention as well. As the dominant religion of the nation, Buddhism is the source of Thai society's morality, ethics, norms, and social standards. Therefore, Buddhist organizations such as monks, temples, monasteries, and religious authorities could help vulnerable youth comprehend the dangers of drugs and avoid using them by teaching them about ethical issues. According to Siriwatanamethanon et al. (2012), ethical training is an effective strategy for drug prevention because it may highlight the negative consequences of drug usage. Considering the requirements of vulnerable youth in the Thai context, the partnership of family, community, and Buddhist institutions may be a viable option.

In a variety of empirical investigations (e.g., Palinkas et al., 2014; Pierre et al., 1997; Scarbrough, 2013), coordination across organizations to reduce drug abuse was observed. Pierre et al. (1997) reported that a family participation project called Family Advocacy Network [FAN] Club was effective in changing vulnerable teenage drug behaviors, including alcohol refusal, marijuana refusal, cigarette refusal, and marijuana views. Scarbrough (2013) discovered that a project of Favorable Youth Development, an after-school program designed to foster competence, confidence, connection, character, caring, and participation in at-risk youth, had a positive effect on their marijuana use. Palinkas et al. (2014) analyzed the effect of the collaboration between California's child welfare and probation agencies, which led to a drop in juvenile arrests, substance addiction, youth violence, and teen pregnancy among abused and neglected adolescents.

Therefore, it can be seen in the result of the previous studies that the partnership of organizations responsible for youth development in each environment could result in positive results regarding drug prevention. In Thailand,

where Buddhism impacts morals, tradition, norms, and ways of life, Buddhism, family, and community—institutions close to children and youth—should collaborate to build social protection against drugs among vulnerable youth. This study aims to integrate the institutions of family, community, and Buddhism in the development of a strategic plan that could improve the awareness of at-risk youngsters regarding drug abuse. The attitude toward the involvement of the strategic plan and alterations in the samples' behaviors are also focal points of the inquiry.

2. Methodology

2.1 Samples

The sample included 302 vulnerable adolescents from Khon Kaen, Thailand. Utilization of systematic sampling was observed. Participants were chosen based on income, marital status, and neighborhood. 1,412 local adolescents out of 12,241 met the criteria. Yamane's (1967) method yielded 302 samples. Participants with anonymity were treated ethically. The detail of the samples can be seen below.

Table 1. Samples' detail

Gender	Male = 136 (45.03%)
	Female = 166 (54.97%)
Age	15 = 54 (17.88%)
	16 = 53 (17.54%)
	17 = 64 (21.19%)
	18 = 75 (24.83%)
	19 = 56 (18.54%)
Family Income	Low = 249 (82.45%)
	Lower middle = 53 (17.55%)
Marital status of parents	Married = 215 (71.19%)
	Divorced = 32 (10.59 %)
	Separated = 40 (13.24%)
	Widowed = 15 (4.96%)
Neighborhood	Low-income area = 235 (77.81%)
	Middle-income area = 67 (22.19 %)

In addition, 10 governmental employees tasked with protecting vulnerable adolescents were sampled. Three months after completing the strategic plan, they took part in an interview designed to investigate the participants' changes in behaviors of drug abuse.

2.2 Instruments

The instruments include a strategic plan for the drug prevention of vulnerable children, a test of drug prevention knowledge, a satisfaction survey, and a semi-structured interview. The strategic plan was established with the participation of family members of vulnerable kids, community leaders, authorities, and Buddhist monks. The strategic plan required three days to finish. It includes sessions on experience sharing, drug prevention training workshops, and ethical studies. The components of the plan include 1) analyzing vulnerable youth risks of drug, 2) identifying strategic direction, 3) setting expected outcomes, 4) implanting the plan with collaboration of family members of vulnerable kids, community leaders, authorities, and Buddhist monks, 5) evaluating the plan, and 6) improving the strategic plan.

The test comprises 30 multiple-choice questions designed to assess the participants' drug prevention expertise. The questionnaire has fifteen affirmative statements about the strategic plan. The purpose of the interview questions is to determine how authorities see the changes in the behaviors of vulnerable children in their areas of responsibility.

2.3 Data Collection and Data Analysis

The data was gathered in August of 2021. The participants participated in the activities outlined in the vulnerable drug prevention strategic plan. The participants' knowledge was evaluated before and after the plan. Also investigated was the participants' level of satisfaction with the strategic strategy. Three months after the completion of the strategic plan, 10 officials were questioned to assess the samples' observable behavioral changes regarding drug involvement. Frequency, percentage, mean score, SD, and t-test were used to examine the data. The content analysis assessed qualitative data.

3. Results

Table 2. The comparison of the participants' drug prevention knowledge

Tests	N	\bar{x}	S.D	t	Sig.
Pre-test	302	13.48	0.64	12.65	0.00*
Post-test	302	26.54	0.67		

P<0.05

The result of the study indicates the improvement of the participant's knowledge regarding drug prevention. A paired t-test shows that there was a significant difference between the participants' average pre-test score ($\bar{x} = 13.48$, S.D = 0.64) and average post-test score ($\bar{x} = 26.54$, S.D = 0.67), $t=12.65$, $p=0.00$. It could be interpreted that the participants gained drug prevention knowledge after participating in activities in the strategic plan.

Table 3. The participant's satisfaction with the strategic plan

Statements	\bar{x}	S.D
Family		
1. My family gave me advice on drug prevention.	4.56	0.64
2. My family taught me the value of youth and the harmfulness of drugs.	4.47	0.65
3. My family exemplified the effects of drugs and alcohol.	4.59	0.49
4. My family advised me to follow certain morals to avoid drug problems.	4.73	0.48
Average	4.58	0.27
Community		
6. People in my society esteemed adolescents who do not use drugs.	4.44	0.53
7. My community collaborated with the responsible organization in drug prevention.	2.71	0.80
8. My community collaborated with the responsible organization to knowledge about drug prevention.	3.02	0.93
9. My community collaborated with the responsible organization to hold activities against drugs.	2.95	0.93
10. My community prioritized certain morals to prevent drug problems.	2.67	0.75
Average	3.15	0.35
Buddhism		
11. Studying Dharmas, I considered drinking less alcohol.	3.56	1.02
12. Studying Dharmas, I no longer hung out at night.	4.29	0.82
13. Studying Dharmas, I was afraid of committing sins of drug abuse.	3.89	0.97
14. Studying Dharmas, I was no longer involved with gambling.	4.01	0.81
15. Studying Dharmas, I no longer associate with undesirable people.	4.62	0.50
16. Studying Dharmas, I had stopped being lazy.	3.91	0.84
Average	4.04	0.36
Overall	3.84	0.23

The result of the study indicates a high level of participant satisfaction with the strategic plan for drug prevention ($\bar{x} = 3.81$, S.D = 0.70). In detail, the aspects of family ($\bar{x} = 4.58$, S.D = 0.27), Buddhism ($\bar{x} = 4.04$, S.D = 0.36), and community ($\bar{x} = 3.15$, S.D = 0.35) were rated respectively. In detail, the participants view their participation in the activities outlined in the strategic plan as a project that assisted them in acquiring knowledge concerning the prevention of drug abuse, recognizing the significance of family and community in preventing them from engaging in drug abuse, and applying Buddhist Dharmas to the prevention of using drugs and alcohol. As a result, it could be interpreted that the participants were satisfied with the strategic plan for the prevention of drug use among vulnerable children.

Moreover, the conclusion of the interview session reveals intriguing questions regarding the use of drugs among the participants. It could be summarized from the interview session that the challenges connected with adolescent drug use cannot be assessed in a short time. In addition, it is difficult to get participants to acknowledge their involvement with illegal drugs. Nevertheless, their parents saw and reported that the samples consumed less alcohol and cigarettes. Even though it is against the law in Thailand to sell things to those under the age of 18, it cannot be denied that these substances are available to the subjects. In other cases, some samples were reported to

have notified their caretakers that they were contemplating stopping smoking and drinking.

4. Discussion

The study revealed that the strategic plan for vulnerable youth drug prevention established with the participation of the family, community, and Buddhism was effective in developing vulnerable adolescents in terms of their knowledge, attitudes, and behaviors in preventing drug usage. Previous research (e.g., Palinkas et al., 2014; Pierre et al., 1997; Scarbrough, 2013) has established the favorable impacts of joint projects amongst stakeholders on social protection against drug use among vulnerable children. In this study, scientific knowledge, familial support, and moral instruction were successful in avoiding drug use among vulnerable adolescents.

In addition, the findings indicate the importance of family, community, and religion in protecting vulnerable kids from negative socioeconomic conditions. Arora et al. (2015) report that vulnerable youth are susceptible to engaging in dangerous social activities. Therefore, caregivers, community leaders, and religious leaders should work together to shield them from societal threats such as narcotics, child abuse, and sexual harassment, among others. According to the study's findings, a strategic plan formed via the participation of the family, community, and Buddhist institutions resulted in an increase in understanding and the anticipated modification of behavior among children at risk.

5. Conclusion

The purpose of this study is to examine the impact of a strategic plan designed with the involvement of the family, community, and Buddhist institutions on the drug prevention knowledge, attitudes, and actions of vulnerable teenagers. The findings reveal how a strategic plan designed by institutions concerned with human development led to the development of knowledge, attitudes, and positive behavioral changes among at-risk teenagers.

The study's findings may affect the development of vulnerable youth in a variety of situations. Future research should concentrate on the development of supplementary training courses that take context and stakeholder roles into account. Moreover, scholars should continue to concentrate on disadvantaged youth. To aid marginalized and oppressed children and adolescents, investigate factors that may influence abusive behavior, collaboration among stakeholders, and subject participation.

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