

**LIVED EXPERIENCE OF LATE ADOLESCENT
FEMALES WITH BINGE DRINKING**



NITCHAKOOL KHUNBUTSRI

DOCTOR OF PHILOSOPHY

IN NURSING SCIENCE

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CHIANG MAI UNIVERSITY

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**LIVED EXPERIENCE OF LATE ADOLESCENT
FEMALES WITH BINGE DRINKING**

NITCHAKOOL KHUNBUTSRI

**A THESIS SUBMITTED TO CHIANG MAI UNIVERSITY IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN NURSING SCIENCE**

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IN NURSING SCIENCE

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21 March 2025

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Nitchakool Khunbutsri

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|---------------------------|---|------------|
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ABSTRACT

Binge drinking among late adolescent females is a significant concern, necessitating a comprehension of their perspectives to develop effective interventions. However, research on the subjective experiences of this specific group is limited. This study aimed to explore late adolescent females' perceptions of binge drinking based on their own experiences. Employing a Heideggerian phenomenological approach, we delved into the lived experiences and meanings associated with binge drinking in this population. In-depth interviews were conducted with 20 late adolescent females aged 18 to 24 who engaged in binge drinking. Participants were selected based on criteria including consuming large quantities of alcohol in a single session, often consuming four or more drinks on the same occasion, and on at least one occasion within the past six months. The theoretical framework for this study was based on feminist perspective and Heideggerian phenomenology. The data were analyzed using Braun and Clarke's thematic analysis.

The research findings revealed: 1) The meaning of binge drinking for late adolescent females had two main aspects: 1.1) Emancipating from female stereotypes: late adolescent females feel free to express themselves and escape social stigma, and 1.2) Demonstrating gender equality: late adolescent females view binge drinking as a demonstration of drinking capacity and a claim for equal social rights with men; 2) Factors causing binge drinking among late adolescent females included three main

issues: 2.1) Managing negative emotions: late adolescent females use binge drinking to reduce stress and alleviate sadness, 2.2) Maintaining relationships: late adolescent females use binge drinking as a method to build and maintain friendships and family relationships, 2.3) Fulfilling free time: late adolescent females use binge drinking as an activity during leisure time, after work completion, and on Friday nights; 3) The impacts of binge drinking on late adolescent females included two main issues: 3.1) Negative health impacts: binge drinking affects physical health, emotions, and memory problems of late adolescent females, and 3.2) Sexual harassment: binge drinking exposes late adolescent females to sexual harassment, both physical and verbal.

The findings revealed that late adolescent females viewed binge drinking as a means to break free from traditional gender norms and demonstrate equality with male peers. However, they also experienced significant negative consequences. These results provide valuable insights for nurses and healthcare providers to develop culturally sensitive prevention and intervention programs for binge drinking among late adolescent females.



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หัวข้อวิทยานิพนธ์ ประสบการณ์ของวัยรุ่นหญิงตอนปลายที่ดื่มสุราแบบหนักเป็นครั้งคราว

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บทคัดย่อ

การดื่มสุราแบบหนักเป็นครั้งคราวในวัยรุ่นหญิงตอนปลายเป็นปัญหาสำคัญที่ต้องทำความเข้าใจอย่างลึกซึ้ง เพื่อเป็นข้อมูลในการพัฒนาวิธีการป้องกันและแก้ไขที่มีประสิทธิภาพ อย่างไรก็ตามงานวิจัยที่ศึกษาเกี่ยวกับประสบการณ์เชิงอัตวิสัยเฉพาะของกลุ่มนี้ยังมีอยู่อย่างจำกัด การวิจัยนี้มีวัตถุประสงค์เพื่อทำความเข้าใจการดื่มสุราแบบหนักเป็นครั้งคราวผ่านมุมมองของวัยรุ่นหญิงตอนปลาย โดยใช้ระเบียบวิธีวิจัยเชิงปรากฏการณ์วิทยาตามแนวคิดของไฮเดกเกอร์ ใช้วิธีการเก็บรวบรวมข้อมูลด้วยการสัมภาษณ์เชิงลึกในผู้ให้ข้อมูล จำนวน 20 คน เป็นวัยรุ่นหญิงตอนปลาย อายุ 18-24 ปี ที่มีประสบการณ์ดื่มสุราแบบหนักเป็นครั้งคราว โดยมีเกณฑ์คือ ดื่มแอลกอฮอล์ในปริมาณมากต่อครั้ง (ตั้งแต่ 4 ดื่มขึ้นไป) และเคยดื่มแบบหนักเป็นครั้งคราวอย่างน้อย 1 ครั้งในช่วง 6 เดือนที่ผ่านมา การวิจัยนี้ใช้มุมมองแนวสตรีนิยมและปรากฏการณ์วิทยาตามแนวคิดของไฮเดกเกอร์เป็นกรอบแนวคิดวิเคราะห์ข้อมูลด้วยวิธีการวิเคราะห์แก่นสาระตามแนวทางของเบราน์และคลาร์ก (Braun and Clarke)

ผลการวิจัยพบว่า 1) การให้ความหมายการดื่มหนักเป็นครั้งคราว ของวัยรุ่นหญิงตอนปลาย มี 2 ประเด็นหลัก ได้แก่ 1.1) การปลดปล่อยวัยรุ่นหญิงตอนปลายจากการถูกกำหนดด้วยบรรทัดฐานทางสังคม: วัยรุ่นหญิงตอนปลายรู้สึกมีอิสระในการแสดงออกและหลุดพ้นจากการถูกตีตราทางสังคม และ 1.2) การแสดงความเท่าเทียมทางเพศ: วัยรุ่นหญิงตอนปลายมองการดื่มสุราแบบหนักเป็นครั้งคราวว่าเป็นการแสดงความสามารถในการดื่มและเรียกร้องสิทธิทางสังคมเท่าเทียมให้เท่าเทียมกับผู้ชาย 2) ปัจจัยที่เป็นสาเหตุของการดื่มหนักเป็นครั้งคราวของวัยรุ่นหญิงตอนปลาย มี 3 ประเด็นหลัก ได้แก่ 2.1) การจัดการกับอารมณ์ด้านลบ: วัยรุ่นหญิงตอนปลายใช้การดื่มสุราแบบหนักเป็นครั้งคราวช่วยลด

ความเครียดและบรรเทาความเศร้า 2.2) การรักษาความสัมพันธ์: วัยรุ่นหญิงตอนปลายใช้การดื่มสุราแบบหนักเป็นครั้งคราวเป็นวิธีสร้างและรักษามิตรภาพและความสัมพันธ์ในครอบครัว 2.3) การใช้เวลาว่าง: วัยรุ่นหญิงตอนปลายใช้การดื่มสุราแบบหนักเป็นครั้งคราวเป็นกิจกรรมในช่วงพักผ่อนหลังเสร็จงาน และในวันศุกร์ และ 3) ผลกระทบของการดื่มหนักเป็นครั้งคราวของวัยรุ่นหญิงตอนปลาย มี 2 ประเด็นหลักได้แก่ 3.1) ผลกระทบด้านลบต่อสุขภาพ: การดื่มสุราแบบหนักเป็นครั้งคราวส่งผลกระทบต่อทั้งทางร่างกาย อารมณ์ และปัญหาความจำของวัยรุ่นหญิงตอนปลาย และ 3.2) การถูกคุกคามทางเพศ: การดื่มสุราแบบหนักเป็นครั้งคราวทำให้วัยรุ่นหญิงตอนปลายต้องเผชิญกับการถูกคุกคามทางเพศ ทั้งทางกายและทางวาจา

การศึกษานี้ได้แสดงให้เห็นว่า วัยรุ่นหญิงตอนปลายใช้การดื่มสุราแบบหนักเป็นครั้งคราวเป็นเครื่องมือในการปลดปล่อยตนเองจากกรอบความคิดแบบเดิมเกี่ยวกับเพศและเพื่อแสดงความเท่าเทียมกับเพศชาย แม้จะต้องเผชิญกับผลกระทบด้านลบหลายประการ ข้อค้นพบนี้มีประโยชน์สำหรับพยาบาลและบุคลากรทางสุขภาพในการพัฒนาแนวทางป้องกันการดื่มสุราแบบหนักเป็นครั้งคราวของวัยรุ่นหญิงตอนปลายด้วยความเข้าใจการให้ความหมายผ่านมุมมองและบริบททางวัฒนธรรมวัยรุ่นหญิงตอนปลาย

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STATEMENT OF ORIGINALITY

I hereby declare that this dissertation entitled “Lived Experience of Late Adolescent Females with Binge Drinking” is a genuine research work under the supervision of my major advisor: Lecturer Dr. Hunsu Sethabouppha, and co-advisors: Assistant Professor Dr. Sumalee Lirtmunlikaporn and Lecturer Dr. Nonglak Chaloumsuk at the Faculty of Nursing, Chiang Mai University.

To the best of my knowledge and belief, this phenomenological study proposed: Late adolescent females view binge drinking as a means to break free from traditional gender norms and demonstrate equality with male peers, despite experiencing significant negative consequences. Factors influencing binge drinking among late adolescent females include social pressure, gender-related expectations, emotional coping mechanisms, relationship maintenance needs, and leisure time activities—all operating within the context of evolving gender norms in contemporary society. The consequences of binge drinking experienced by late adolescent females encompass not only physical health impacts, emotional impacts, and memory problems, but also vulnerability to sexual harassment. This new knowledge fills the gap in understanding the subjective experiences of occasional binge drinking among late adolescent females and provides valuable insights for nurses and healthcare providers in understanding the meanings, causes of binge drinking episodes, and their impacts, which are culturally sensitive and change according to social contexts.

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ข้อความแห่งการริเริ่ม

ข้าพเจ้าขอรับรองว่าวิทยานิพนธ์ฉบับนี้เรื่อง "ประสบการณ์ของวัยรุ่นหญิงตอนปลายที่ดื่มสุราแบบหนักเป็นครั้งคราว" เป็นผลงานวิจัยที่แท้จริงภายใต้การให้คำปรึกษาของอาจารย์ที่ปรึกษาหลัก อาจารย์ ดร.หรรษา เศรษฐบุปผา และอาจารย์ที่ปรึกษาร่วม ผู้ช่วยศาสตราจารย์ ดร.สุมาลี เลิศมัลลิกาพร และอาจารย์ ดร.นงลักษณ์ เฉลิมสุข แห่งคณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

ตามความรู้และความเชื่อของข้าพเจ้า การศึกษาเชิงปรากฏการณ์วิทยาครั้งนี้นำเสนอ: วัยรุ่นหญิงตอนปลายมองการดื่มสุราแบบหนักเป็นครั้งคราวเป็นวิธีการปลดปล่อยตนเองจากบรรทัดฐานทางเพศแบบดั้งเดิมและแสดงความเท่าเทียมกับเพศชาย ปัจจัยที่มีอิทธิพลต่อการดื่มสุราแบบหนักเป็นครั้งคราวในวัยรุ่นหญิงตอนปลาย ประกอบด้วย แรงกดดันทางสังคม ความคาดหวังที่เกี่ยวข้องกับเพศ กลไกการรับมือกับอารมณ์ ความต้องการรักษาความสัมพันธ์ และกิจกรรมในเวลาว่าง ทั้งหมดนี้ดำเนินไปภายใต้บริบทของบรรทัดฐานทางเพศที่กำลังเปลี่ยนแปลงในสังคมร่วมสมัย ผลกระทบจากการดื่มสุราแบบหนักเป็นครั้งคราวที่วัยรุ่นหญิงตอนปลายได้รับ ประกอบด้วย ผลกระทบต่อสุขภาพกาย ผลกระทบทางอารมณ์ และปัญหาความจำ รวมถึงความเปราะบางต่อการคุกคามทางเพศ องค์กรความรู้ใหม่นี้ช่วยเติมเต็มช่องว่างในความเข้าใจเกี่ยวกับประสบการณ์ในการดื่มสุราแบบหนักเป็นครั้งคราวในวัยรุ่นหญิงตอนปลาย และให้ข้อมูลเชิงลึกที่มีคุณค่าสำหรับพยาบาลและบุคลากรสุขภาพในการเข้าใจการให้ความหมาย สาเหตุการดื่มหนักเป็นครั้งคราวและผลกระทบที่เกิดขึ้นซึ่งมีความละเอียดอ่อนทางวัฒนธรรมและเปลี่ยนแปลงไปตามบริบทของสังคม

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CHAPTER 1

Introduction

This chapter introduces the situation of the late adolescent female population and provides an overview of the effects of binge drinking on late adolescent females due to short- and long-term effects, which provide the contextual background for this study. There is a scarcity of research concerning the lived experiences of binge drinking among late-adolescent females. Thus, this chapter will present the gap of the study and significance of the problem, the research objective, the research question, and the definition of terms.

Significance of the Problem

Alcohol consumption causes death and disability relatively early in life. Worldwide, 3 million deaths every year result from the harmful use of alcohol. This accounts for 5.3% of all deaths (World Health Organization [WHO], 2020). Overall, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs) (WHO, 2018). Adolescents' alcohol consumption is a major global public health concern (de Visser et al., 2013). The majority of alcohol intake by underage drinkers happens during intense "binge" sessions marked by excessive drinking (Conegundes et al., 2020). The consequences of alcohol binge drinking on adolescents have significant short- and long-term effects on both cognitive and behavioral aspects. In the short term, adolescents who engage in binge drinking may experience acute health issues such as disrupted acid-base balance, with respiratory acidosis being prevalent, and hypokalemia, glucose, sodium, and calcium levels are rarely affected (Meer et al., 2020). In the long term, adolescent alcohol exposure can lead to increased anxiety and depressive-like behaviors, as well as heightened alcohol consumption in adulthood (Schleider et al., 2019).

Binge drinking is defined as a pattern of alcohol consumption characterized by the intake of large quantities of alcohol over a short period, often leading to intoxication and subsequent abstinence periods (Herrero-Montes et al., 2022; Valencia Martín et al., 2020). The National Institute on Alcohol Abuse and Alcoholism [NIAAA] defines binge drinking as a pattern of alcohol consumption that results in a blood alcohol concentration [BAC] of 0.08 grams per cent or higher. This pattern corresponds to the average adult consuming five or more drinks [men] or four or more drinks [women] in about two hours (Ventura et al., 2004). The lack of a standardized definition complicates research, as studies vary in their thresholds for binge drinking, typically set at five or more drinks for men and a lower threshold for women (Hasselgard-Rowe et al., 2022). When applied to the operational definition in this study, binge drinking is defined as the practice of consuming large quantities of alcohol in a single session often consuming 4 or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one occasion within the past 6 months, which is based on the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2004).

Binge drinking rates differ widely around the world, with some areas having much higher levels among young people. Studies from Australia, the United States, the United Kingdom, Germany, Chile, and South Africa, and multi-country surveys report that binge drinking. For adolescents overall, reported binge drinking prevalences range from 12.5% to 52.3%; among adolescent females, figures range from 19.8% in one U.S. high school sample to nearly 58% in a U.K. cohort of 15-year-olds. In samples focusing on late adolescence (ages 16–20), female-specific rates range from 15% to 47.5% (Esser et al., 2017; Golpe et al., 2017; Patrick & Terry-McElrath, 2021)

Thailand showed a notably high rate of binge drinking habits. A national survey found that approximately 40% of current drinkers in Thailand reported drunk driving in the past year, highlighting the serious public health implications of binge drinking (Vichitkunakorn et al., 2021). According to the National Statistical Office of Thailand and the Center for Alcohol Studies of Thailand, binge drinking occurred at a rate of 11.47 per 1,000 individuals among the 61,708 participants in 2017 (Prasit et al., 2023). Additionally, the Thai Health Promotion Foundation reports a rise in new drinkers, particularly females aged 15 and above, from 9.8% in 2001 to 10.9% in 2011. Also, the

prevalence of alcohol consumption tends to be quite high in Thai's early adolescents, especially girls (Luecha et al., 2019). It's noteworthy to note that adolescent females' drinking behavior rises as they become older.

The prevalence of binge drinking continues to rise among people aged 18 to 24 (Patrick et al., 2019; Molina & Nelson, 2018). The rates have been increasing and growing among female adolescents, who are not only closing the gender gap in the prevalence of their alcohol use; in fact, female adolescents report higher consumption rates than male adolescents (Smith et al., 2021; Fang et al., 2009; Johnston et al., 2009; Flegel, 2013; Johnston et al., 2018). Among women aged 18–24 years, 24% reported binge drinking (≥ 4 drinks on one occasion in the past 30 days), with an average frequency of 3.6 episodes per month and 6.4 drinks per occasion. According to the Centers for Disease Control and Prevention (CDC) (2013), binge drinking was highest among white, non-Hispanic girls (58%) and Hispanic girls (55%), according to the Centers for Disease Control and Prevention (CDC).

Females between the ages of 18 and 24 are still considered adolescents based on the State Adolescent Health Resources (SAHR, 2018). The State Adolescent Health Resources Center (2018) acknowledges developmental tasks and attributes of late adolescence (ages 18–24 years), a time when very little is normative. It is a period of frequent change and exploration that covers many aspects of their life: home, family, work, school, resources, and role. Becoming an adult is more gradual and varied today than in the past (SAHR, 2018). According to Sawyer et al (2018), the illustrated viewpoint of the age of adolescence has changed because adolescence encompasses elements of biological growth and major social role transitions, both of which have changed in the past century. Earlier puberty has accelerated the onset of adolescence in nearly all populations, while understanding of continued growth has lifted its endpoint age well into the 20s. In parallel, the delayed timing of role transitions, including completion of education, marriage, and parenthood, continues to shift popular perceptions of when adulthood begins. Arguably, the transition period from childhood to adulthood now occupies a greater portion of the life course than ever before at a time when unprecedented social forces, including marketing and digital media, are affecting health and well-being across these years. Female adolescent features are more socially isolated than male

adolescent characteristics. As girls enter adulthood, they learn new ways to interact with their environment while enduring substantial hormonal and physical changes (Blum et al., 2018). These normative, adolescent-specific changes in physical maturation and social context can contribute to the risk of binge drinking (Chung et al., 2018).

Females' attitudes toward alcohol consumption, young women view alcohol as a pleasurable and important aspect of their social lives (Bancroft, 2012; Hlavinska, 2022; Seaman & Edgar, 2012), and place value on sharing drinking and hangover stories which represent enjoyable (Griffin et al., 2009; Park et al., 2022). This includes peer group popularity and validation resulting from drinking in line with dominant social norms (Emslie et al., 2015; Lunnay et al., 2011) and the use of alcohol as justification for engaging in traditionally "unfeminine" behaviors such as public rowdiness, with less risk of being viewed as unrespectable than if sober (Griffin et al., 2013). Despite young women reporting pleasure from their drinking, there remains a gendered double standard around their consumption practices (Atkinson & Sumnall, 2016). There is a disproportionate emphasis on women's 'binge' drinking in the media, which is often framed as an attempt to emulate men and as transgressing traditional gender roles (Patterson et al., 2016). Anxieties over young women's drinking and intoxication have also filtered into public health campaigns which suggest that excessive drinking is likely to result in shame and regret (Brown & Gregg, 2012). A 'vulnerability discourse' in respect of 'spoiled' femininity and (sexual) assault is often used to justify the double standard around gender and intoxication, even by those young people who perceive that heavy drinking by young women shows equality with their male peers (Lyons & Willott, 2008). Women drinkers might be condemned and told that they are neglecting their role as wives and mothers (Lennox et al., 2018). The repressive social double standard regarding women is exerted through public control by society and the family (Liddell & Martinovic, 2013). Women's drinking during early midlife is seen as a way of "taking a time out" from traditional women roles, such as caring for children and elderly relatives (Bogren, 2011; Emslie et al., 2015). Alcohol consumption among women tends to be more acceptable both in private and public spaces. Nevertheless, women are expected to drink infrequently and not get drunk. Drinking alone or getting drunk is improper and criticized. It is considered inappropriate for a woman to drink with a group of men (Moolasart & Chirawatkul, 2012).

Numerous research has been conducted on the factors influencing binge drinking among adolescents in the domains of the individual, peer, family, and community (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). However, few studies have looked at the elements that influence female adolescents' binge drinking. Female adolescents are influenced by a range of context-specific factors. By concentrating on each component, for instance, a lack of parental attention, the influence of peers and dating partners, media advertisements, and the lifestyles of celebrities (Esc Anna Nery et al., 2018; Hlomani-Nyawasha et al., 2020; Ryu et al., 2012). There are very few studies that have been unable to shed light on the factors that influence adolescent females' binge drinking.

Binge drinking in female adolescents can lead to several short-term and long-term effects (Meer et al., 2020). By focusing on short-term effects, binge drinking can have several dangerous and even deadly effects. Although the adverse effects of alcohol are common to both sexes, evidence suggests that many of these effects pose a greater risk to women's physical health at lower consumption levels than in men (Institute of Alcohol Studies, 2017). Just as binge drinking rates differ for men and women, the predictors and consequences of binge drinking vary by gender as well (Wilsnack et al., 2018). While binge drinking puts both genders in danger of adverse consequences, the effects of binge drinking pose a greater risk to women (Vourakis, 2017; American Addiction Centres, 2020). Females may be more vulnerable to the effects of alcohol than males. Upon drinking equal amounts, women have higher alcohol levels in their blood than men, and the immediate effects of alcohol occur more quickly and last longer in women than men (Centres for Disease Control and Prevention, 2019). The reason is that alcohol intake affects the female body differently than it affects the male body. This is caused by females' lower levels of dehydrogenase enzymes, the enzyme that breaks down alcohol, coupled with the higher fat/water ratio of the female body. Both these factors cause alcohol levels to rise more quickly after ingestion in women than in men. This makes women more vulnerable to alcohol's harmful effects, and consequently, women tend to develop alcohol-related diseases earlier in life than men (Garca-Martn et al., 2019; Milic et al., 2018; Park et al., 2020). A few hypotheses concerning gender differences in the health consequences of binge drinking have been advanced by several researchers, including morbidity and mortality, suicidality, cancer, cardiovascular disorders, liver

disorders, and brain and neurocognitive implications. It is also reported that gender differences in the behavioral and social consequences of binge drinking include alcohol-impaired driving, sexual assault, and intimate partner violence (Wilsnack et al., 2018).

In addition, binge drinking can have significant long-term effects as well. The more female adolescents participate in binge drinking, the more likely they are to experience long-term damage (Dir et al., 2017). Concerning female reproductive health, the Centres for Disease Control and Prevention are concerned that binge drinking may disrupt the menstrual cycle and increase the risk of infertility. Often, women who binge drink are more likely to have unprotected sex and multiple sex partners. These behaviors increase the risk of unintended pregnancy and sexually transmitted diseases (Centres for Disease Control and Prevention, 2019). There are corresponding reported effects of binge drinking on women's health outcomes from the National Institute on Alcohol Abuse and Alcoholism, the Centres for Disease Control and Prevention, and American Addiction Centres. All reported that alcohol can increase female hormones like estrogen, increasing the risk of hormone-receptor-positive breast cancer. Consuming alcohol also increases the risk of cancer recurring after remission from early-stage breast cancer. Even when drinking the same amount of alcohol as men, women are more vulnerable to alcohol-induced liver disease, alcoholic hepatitis, and liver cirrhosis. Women are at greater risk for alcohol-related brain neurological issues than men. Women are also more susceptible to 'blackouts', or periods of memory loss, while binge drinking. Women who drink less than two drinks a day are at a lower risk of coronary heart disease than women who drink heavily (American Addiction Centres, 2020; Centres for Disease Control and Prevention, 2016; National Institute on Alcohol Abuse and Alcoholism, 2019).

Additionally, binge drinking is a risk factor for sexual assault, especially among young women in college settings. The Centres for Disease Control and Prevention (2019) report that about 1 in 20 college women are sexually assaulted each year. There is an increase in the risk of rape or sexual assault when both the attacker and victim have used alcohol before the attack (Centers for Disease Control and Prevention, 2019). Furthermore, women who are heavy drinkers have an increased risk of experiencing mental illness, specifically depression and anxiety (Mental Health Foundation, 2020).

Binge drinking among late adolescent females in Thailand has also increased, as previously mentioned. In Thailand's social context, binge drinking is normalized and is a common pattern of alcohol consumption among adolescents. This age group enjoys socializing with friends in a meeting area near their homes, where they can conveniently purchase alcoholic beverages (Prasit et al., 2023). The northeastern region (Isan) has the highest alcohol consumption rate in Thailand, with distinctive drinking patterns deeply embedded in local cultural practices and social norms (Srisuk et al., 2021; Assanangkornchai et al., 2010; Thamarangsi, 2006). According to the National Statistical Office of Thailand's survey (2017), northeastern Thailand reported a drinking prevalence of 39.2% among those aged 15 and older, significantly higher than the national average of 28.4% (National Statistical Office, 2017). In Khon Kaen province specifically, a regional hub in northeastern Thailand, studies have shown that 32.3% of adolescents aged 15-19 reported alcohol consumption in the past year, with 24.7% engaging in binge drinking episodes (Kaewpramkusol et al., 2019). The Centre for Alcohol Studies in Thailand (2018) reported that Khon Kaen has one of the highest rates of underage drinking in the country, with female adolescent drinking increasing by 18% between 2014 and 2018—a significantly higher growth rate than the national average of 11%. When examining the drinking culture of Northeastern Thailand, it becomes evident that alcoholic beverages and drinking were deeply ingrained in everyday life, integrated into various social events and traditional rites, and became an integral part of social life (Moolasart & Chirawatkul, 2012). This cultural context creates a unique environment that influences adolescent drinking behaviors, particularly among females who are experiencing changing social roles and expectations in Thai society (Kaewpramkusol et al., 2019).

Reducing or quitting binge drinking is important to prevent health problems for late adolescent females. There are alcohol binge drinking prevention programs that take a multi-level approach by focusing on the individual, family, community, and policy intervention (Kaner et al., 2009). These approaches have been found effective in reducing the harmful use of alcohol among young people (Bhochhibhoya et al., 2015; Carey et al., 2007; Elder et al., 2010; Gilligan et al., 2019; Kaner et al., 2009; Norman et al., 2017). However, there are no specific approaches for late adolescent females. Most of these interventions have taken place in Western industrialized countries, which might not be

representative of the Thai social context. Consequently, those interventions lack target social and contextual variables and couldn't impact binge drinking among female adolescents. This highlights the urgent need for culturally sensitive interventions that address the unique social and contextual factors influencing binge drinking among female adolescents in Thailand.

Despite growing recognition of the increasing prevalence of binge drinking among female adolescents in Thailand and evidence of gender-specific consequences, significant knowledge gaps remain. Most notably, there is a dearth of research examining female adolescents' binge drinking experiences through a feminist lens that considers the complex interplay of gender, power, and social expectations within the Thai cultural context. The feminist perspective provides a critical theoretical framework for understanding women's experiences within their social and political contexts (Harding, 1987; Leavy & Harris, 2019). This approach is particularly relevant for examining female adolescent binge drinking in Thailand, where young women navigate contradictory messages about gender roles, modernity, and appropriate behavior. Traditional Thai cultural values emphasize women's restraint, proper behavior, and role as family caretakers (Suriyawongpaisal et al., 2019), while contemporary influences increasingly promote notions of gender equality and women's autonomy. Within this complex social landscape, young Thai women's alcohol use occurs at the intersection of changing gender norms, persistent double standards, and evolving identities. Despite the disproportionate emphasis on women's binge drinking in media and public discourse, which often frames such behavior as transgressing traditional gender roles (Patterson et al., 2016), little research has examined how young women themselves perceive and make meaning of their drinking experiences within these evolving cultural contexts.

Exploring late adolescent females' perceptions of their perceived meaning of binge drinking, the factors influencing, and the consequences of binge drinking based on their lived experience, which is related to Heideggerian phenomenology, combined with a feminist perspective, offers an ideal methodological approach for addressing the identified knowledge gap. This integrated approach provides several advantages for examining female adolescents' binge drinking experiences.

Heideggerian phenomenology, with its emphasis on "being-in-the-world" (Dasein), recognizes that human experience cannot be separated from its historical, cultural, and social context (Heidegger, 1962). This aligns perfectly with the need to understand female adolescents' binge drinking within the specific cultural context of northeastern Thailand, where drinking practices are deeply embedded in social norms and traditions. According to Heidegger, human beings gain all their possibilities and potential by sharing their history (Walters, 1995). This concept is particularly relevant for understanding how female adolescents' drinking behaviors are shaped by cultural traditions, evolving gender norms, and shared social understandings in Thai society. Welch (1999) defines words as the relationships, practices, and language developed from being-in-the-world of cultures and societies. This perspective highlights the importance of examining how young women articulate their experiences within their specific cultural context.

The feminist perspective complements Heideggerian phenomenology by focusing explicitly on gender as a category of analysis and examining how power relations shape women's experiences (Harding, 1987). This theoretical lens provides a critical framework for understanding how female adolescents' binge drinking experiences are influenced by gender expectations, double standards, and changing social roles in Thai society.

By integrating these approaches, this study can examine not only what female adolescents experience concerning binge drinking but also how they interpret and make meaning of these experiences within gendered social contexts. This methodology allows for the exploration of the lived experiences of female adolescents with binge drinking in a way that honors their subjective perspectives while recognizing how these perspectives are shaped by broader social and cultural forces. Furthermore, this approach aligns with feminist research principles by privileging women's voices and experiences, challenging dominant narratives about female drinking, and potentially informing more gender-responsive approaches to prevention and intervention. By allowing late adolescent females to speak about their binge drinking from their own experiences, in terms of how they perceive their binge drinking as well as the antecedents and consequences of this behaviour, this study can generate an authentic understanding that may challenge prevailing assumptions and stereotypes.

Therefore, Heideggerian phenomenology and a feminist perspective are well suited to help adumbrate an authentic understanding of binge drinking experiences among late adolescent females, allowing them to speak about their binge drinking from their own experiences in terms of how they perceive their binge drinking as well as the antecedents and consequences of this behaviour. This study is essential for aiding female adolescents to better understand, based on their perspectives, and serves as a basis of information for further developing gender-specific interventions.

Research Objective

This study aims to understand the lived experiences of late adolescent females with binge drinking. The specific objectives are to explore late adolescent females' perceptions based on their own experience, which consists of their interpretations of binge drinking, the factors influencing binge drinking, and the consequences of binge drinking.

Research Questions

1. What is the meaning of binge drinking as perceived by Thai late adolescent females?
2. What are the factors influencing late adolescent females' binge drinking based on their own perspectives?
3. What are the consequences of late adolescent females' binge drinking based on their lived experience?

Definition of Terms

Binge drinking is defined as the practice of consuming large quantities of alcohol in a single session that often consumes four or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one occasion within the past 6 months, evaluated based on the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2004).

Late adolescent females are defined as women aged between 18 and 24 years based on the State Adolescent Health Resources (2018).

A lived experience of binge drinking is defined as an individual's experience related to binge drinking, including their interpretation of the meaning of binge drinking, the factors influencing it, and the consequences of binge drinking based on their own perspective.



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CHAPTER 2

Literature Review

In this study, the relevant literature has been reviewed as a guide to describing the lived experience of late adolescent females with binge drinking on the following topics: 1) Binge Drinking (Definition of Binge Drinking, Prevalence of Binge Drinking, Gender Differences in Binge Drinking) 2) Female Adolescents with Binge Drinking (Definition and Characteristics of Female Adolescents; The Perception of Females Regarding Alcohol Drinking; Factors Influencing Female Binge Drinking; Consequences of Binge Drinking on Female Adolescents) 3) Existing prevention to reduce binge drinking among late adolescent females 4) Philosophical Underpinnings and Theoretical Framework.

Binge Drinking

Definitions of Binge Drinking

Binge drinking is a complex and culturally variable phenomenon, with definitions that differ significantly across regions and studies. It considers the definitions in use, recent shifts in meaning, and how different definitions of binge drinking impact perceptions of the extent and nature of binge drinking (Herring et al., 2008).

In the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA) defines binge drinking as consuming five or more drinks within a couple of hours on at least one day a month (Mistral, 2013). In contrast, the United Kingdom offers multiple definitions, including consuming twice the government's recommended daily alcohol intake or drinking to the point of drunkenness over a short period, such as an evening (Mistral, 2013). The European context further complicates the definition, with a general understanding of binge drinking as consuming large amounts of alcohol per occasion, but with significant variations in the thresholds used to define a "standard drink" (Farke & Anderson, 2007; Gmel et al., 2003). For instance, five standard drinks in the US contain 70 grams of alcohol, whereas the same number in the UK

contains only 40 grams (Mistral, 2013). This heterogeneity in definitions is echoed in research, where studies often use a threshold of five drinks for men and a lower threshold for women, but with varying recall periods and measures of frequency (Hasselgard-Rowe et al., 2022). Cultural perceptions also play a role; for example, in Northern and Southern Europe, binge drinking is often seen as a "controlled loss of control," reflecting different social norms and expectations around drinking (Katainen & Rolando, 2015). Despite these variations, the common thread across definitions is the focus on heavy episodic consumption that leads to intoxication, with significant health and social consequences, including accidents, violence, and chronic health issues (Farke & Anderson, 2007; Valencia Martín et al., 2020). The lack of a standardized definition complicates cross-cultural comparisons and policymaking, highlighting the need for unified criteria to better understand and address the risks associated with binge drinking (Berridge et al., 2007; Gmel et al., 2003).

Within academic literature, there are two separate meanings ascribed to the term binge drinking. Firstly, it is used to describe a pattern of heavy drinking that occurs over an extended period set aside for the purpose, usually defined as more than one day of drinking at a time. A binge or bout drinker drinks predominantly in this fashion, often with intervening periods of abstinence (WHO, 1994). Secondly, binge drinking is used to describe a single drinking session leading to intoxication, often measured as having consumed more than X number of drinks on one occasion (Gmel et al., 2003). Alternative terms are used, including heavy episodic drinking, risky single-occasion drinking, heavy sessional drinking, and simply heavy drinking. It is this second meaning of the term that has become widely used over recent years by researchers and politicians alike (Herring et al., 2007).

The Harvard School of Public Health's College Alcohol Study, in the 1990s, proposed using different criteria according to sex. The concept of binge drinking was established as the consumption of ≥ 5 alcoholic drinks for men and ≥ 4 drinks for women in one single event and at least once in the previous 2 weeks (Wechsler et al., 1994). This change of threshold in women was justified because women generally have smaller stature and physiologic differences in the absorption and distribution of alcohol.

In 2004, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Advisor Council endorsed the sex consideration in the definition of binge drinking. The consumption of ≥ 5 drinks for men and ≥ 4 drinks for women in approximately 2 h produces a BAC of 0.08 g/l or greater, considering that in the USA a standard drink has 14 g of alcohol. The new gender-specific definition increased the prevalence of women with binge drinking patterns due to the change in the criteria and not to actual changes in drinking behavior (Chavez et al., 2011). Additionally, a standard drink has been defined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as one that contains 14 g of pure alcohol (about 0.6 fluid oz or 1.2 tablespoons), as is found in one 12-oz beer, one 5-oz glass of wine, or one 1.5-oz shot of distilled spirits (Kerr & Stockwell, 2012).

Consequently, the formal criteria to objectively measure binge drinking episodes as put forth by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) are the consumption of four or more alcoholic drinks on the same occasion by females occurring on at least one day during the month; the consumption of five or more alcoholic drinks on the same occasion by males at least one day a month; and the consumption of alcohol in a single timeframe raising one's blood alcohol concentration to a level of 0.08 at least one day a month (estimated for most females and males as being the number of drinks listed above). The notion of a single timeframe or single occasion using the above definitions is typically considered to be having these drinks within a few hours of each other.

In this study, when focusing on the operational definition, binge drinking is defined as the practice of consuming large quantities of alcohol in a single session, often consuming 2 or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one occasion within the past 6 months.

In conclusion, binge drinking is a multifaceted behavior characterized by a variety of definitions that reflect cultural, regional, and contextual differences. The discrepancies in definitions, such as those established by the SAMHSA, NIAAA, and various international standards, highlight the complexities of understanding binge drinking as a public health concern. The operational definition employed in this study focuses on the consumption of large quantities of alcohol within a single session. Ultimately, a unified

understanding of binge drinking is crucial for addressing its risks and promoting public health initiatives aimed at reducing its prevalence.

Prevalence of Binge Drinking

The global prevalence of binge drinking is a significant public health concern, with varying rates observed across different regions and demographic groups. In the United States, binge drinking is defined as consuming five or more drinks on one occasion for men and four or more for women. The prevalence of binge drinking among U.S. adults was reported to be 16.6% in 2018, with higher rates among men (22.5%) compared to women (12.6%) and among those aged 25-34 years (26.0%) (Bohm et al., 2021). The trend in the U.S. has shown fluctuations, with a decrease from 18.3% in 2011 to 16.0% in 2014, followed by an increase to 17.0% in 2017 (Azagba et al., 2020). Binge drinking is particularly prevalent among high-income individuals and certain age groups, such as those aged 18-24 and 25-34 years, with rates of 25.6% and 22.5%, respectively (Kanny et al., 2010). Among older adults in the U.S., the prevalence was estimated at 10.6% between 2015 and 2017, with higher rates among males and those using tobacco or cannabis (Han et al., 2019). Globally, alcohol use, including binge drinking, is a major contributor to the burden of disease, accounting for 3.8% of all deaths and 4.6% of disability-adjusted life years lost among people aged 15 to 44 years (Flegel et al., 2011). In Southern Europe, specifically Italy, the prevalence of binge drinking among young adults was found to be 38.0%, with females showing a higher risk compared to males, which contrasts with trends observed in Anglo-Saxon countries (Bartoli et al., 2014).

In Asian countries, the prevalence of binge drinking varies across different parts of Asia (Lee et al., 2020). The 2007 China Chronic Disease and Risk Factor Surveillance found that binge drinking had reached “epidemic levels,” with 35.7% of respondents reporting current drinking and 57.3% (males) and 26.6% (females) of current drinkers reporting binge drinking (Li et al., 2011). In 2012, 7.3% of Hong Kong Chinese respondents reported binge drinking in a population-wide health survey (Chung et al., 2013). In Japan, 12.7% of adult males and 3.4% of adult females reported binge drinking (Higuchi et al., 2007). A survey conducted in two rural villages in Cambodia estimated the prevalence of binge drinking at 31% (Yeung et al., 2015). In Singapore, the estimated

population-wide prevalence of problematic drinking was 12.6% in 2010 (Lim et al., 2013).

The prevalence of binge drinking among late adolescent females is a multifaceted issue, with variations observed across different regions and contexts. In the United States, data from 2011 indicated that 19.8% of high school girls reported binge drinking, defined as consuming five or more drinks in a row within the past 30 days (Kanny et al., 2013). This prevalence is consistent with findings from other studies that highlight a significant proportion of adolescent females engaging in binge drinking behaviors. For instance, in Brazil, a study conducted in the state of Pernambuco found that 17% of adolescents reported binge drinking in the last month (Freitas et al., 2021). Similarly, in Belo Horizonte, Brazil, the prevalence of binge drinking among adolescents was reported to be 39.9%, with factors such as the density of alcohol outlets around schools and parental alcohol consumption influencing these behaviours (Martins et al., 2020). In Australia, a longitudinal study revealed that a third of female adolescents reported past-week binge drinking, with a significant number continuing this behavior into young adulthood (Degenhardt et al., 2013). These findings are echoed in Israel, where adolescent females in residential treatment facilities reported higher levels of binge drinking compared to their peers in public schools (Isralowitz & Reznik, 2015). The prevalence of binge drinking among adolescent females is further complicated by psychosocial factors, such as stress and coping mechanisms, which have been exacerbated by the COVID-19 pandemic (Smith et al., 2021). Overall, while there is a noted decline in adolescent binge drinking in some regions, the behavior remains prevalent, with significant public health implications due to its association with various acute and long-term harms (Chung et al., 2018)

In Thailand, binge drinking has emerged as a concerning public health issue, particularly among adolescents and young adults. A systematic review of observational studies reported a median prevalence of alcohol use in the past month at 18.6%, with binge drinking being a notable component of this consumption pattern (Luecha et al., 2020). Furthermore, a study analyzing data from the Thai National surveys on Tobacco and Alcohol Consumption from 2007 to 2017 indicated that binge drinking among current drinkers increased significantly over the years, reaching 42.8% in 2017 (Vichitkunakorn

et al., 2021). This increase in binge drinking prevalence is concerning, as it is associated with various risky behaviours, including drunk driving (Vichitkunakorn et al., 2021).

The prevalence of binge drinking among female adolescents in Thailand is a significant concern, though specific data on binge drinking rates for this demographic is limited. According to a study using data from the 2007-2008 national school survey, the past 30-day binge drinking prevalence among female high school students was 3.7% (Assanangkornchai et al., 2009). This figure is notably lower than that of their male counterparts, which was reported at 9.5% (Assanangkornchai et al., 2009). The broader context of alcohol consumption among Thai adolescents reveals that 9.3% of female adolescents reported current alcohol use, as per the 2008 Global School-based Student Health Survey (Pengpid & Peltzer, 2012). Additionally, a study focusing on rural communities in central Thailand found that alcohol consumption was associated with females, with an adjusted prevalence ratio of 1.19, indicating a slightly higher likelihood of alcohol use among females compared to males in these settings (Pramaunururut et al., 2022). The density of alcohol sales licenses has also been linked to increased heavy episodic drinking among female adolescents (Vichitkunakorn et al., 2024).

In summary, binge drinking has emerged as a troubling trend that is increasingly prevalent across the globe, with a particularly alarming rise observed among female adolescents. These trends are concerning as female adolescents are at an increased risk for health problems related to binge drinking. The increasing rates of binge drinking among female adolescents in Thailand underscore the urgent need for targeted interventions and public health campaigns.

Gender Differences in binge drinking

Gender differences in binge drinking are multifaceted, involving variations in prevalence, risk factors, and consequences across different populations and age groups. Studies indicate that men generally exhibit higher rates of binge drinking compared to women, as seen in a Peruvian study where 32.6% of men engaged in binge drinking versus 12.8% of women (Hernández-Vásquez et al., 2022). However, this gender gap is narrowing, particularly among adolescents and young adults, with recent data showing an increase in binge drinking among females (Dir et al., 2017; Platt et al., 2021). The

predictors of binge drinking also differ by gender; for instance, men are more influenced by externalizing behaviors and social norms, while women are more susceptible to internalizing behaviors such as stress and depression, which contribute to their risk for binge drinking (Dir et al., 2017). Additionally, the consequences of binge drinking vary, with women facing higher risks of comorbid conditions like depression and anxiety, which are linked to increased suicidality in females compared to males (Jeong, 2024). Furthermore, cultural and environmental factors, such as changing gender roles and attitudes, have been shown to influence binge drinking patterns, with shifts in societal norms partially mediating these gender differences (Keyes et al., 2021). In terms of health outcomes, women are at a greater risk for severe biopsychosocial effects from binge drinking, including neuropsychiatric disorders (Rivera-Irizarry et al., 2023). The impact of childhood experiences, such as sexual abuse, also shows gender-specific pathways, with females more likely to develop binge drinking behaviors in adulthood following such trauma (Skinner et al., 2016). These gender differences highlight the need for tailored prevention and intervention strategies that consider the unique risk factors and consequences associated with binge drinking in both males and females. Understanding these distinctions can enhance the effectiveness of public health initiatives aimed at reducing binge drinking prevalence and its associated harms. (Dir et al., 2017)

In conclusion, gender differences in binge drinking reflect multiple factors across various domains. Studies show men generally have higher binge drinking rates than women, though this gap is narrowing, particularly among younger populations. The predictors differ by gender, with men more influenced by external factors and social norms, while women are more affected by internal factors such as stress and depression. Women face distinct health risks despite potentially lower consumption, experiencing higher rates of comorbid conditions like depression and anxiety, which correlate with increased suicidality compared to men. Cultural factors and changing gender roles also influence these patterns. The impact of childhood experiences, particularly sexual abuse, shows gender-specific pathways to adult binge drinking behaviors. These findings highlight the importance of considering gender differences when developing prevention and intervention strategies to address the specific factors associated with binge drinking in different populations.

Female Adolescents with Binge Drinking

Definition and characteristics of female adolescent

As girls transition into womanhood, they navigate new ways of relating to their world during substantial biological and physical changes (Blum et al., 2018). Adolescence is the phase of life stretching between childhood and adulthood, and its definition has long posed a conundrum (Sawyer et al., 2018). The robust body of literature on adolescent development, echoed by the voices of girls themselves, indicates that adolescence is a critical moment to shift an individual's trajectory. At the same time, adolescence is a time of heightened stress due to rapid changes in the brain and increased societal pressure to conform to gender norms (Blum et al., 2018). According to Sawyer et al. (2018), the viewpoint of the age of adolescence has changed because adolescence encompasses elements of biological growth and major social role transitions, both of which have changed in the past century. Earlier puberty has accelerated the onset of adolescence in nearly all populations, while understanding of continued growth has lifted its endpoint age well into the 20s. In parallel, delayed timing of role transitions, including completion of education, marriage, and parenthood, continue to shift popular perceptions of when adulthood begins. Arguably, the transition period from childhood to adulthood now occupies a greater portion of life course than ever before at a time when unprecedented social forces, including marketing and digital media, are affecting health and wellbeing across these years. An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and service systems. Rather than age 10–19 years, a definition of 10–24 years corresponds more closely to adolescent growth and popular understandings of this life phase and would facilitate extended investments across a broader range of settings.

Focusing on the stages of adolescent development as they transition from childhood into young adulthood. These changes include physical, behavioral, cognitive, and emotional-social development. Researchers suggest adolescents undergo three primary developmental stages of adolescence and young adulthood—early adolescence, middle adolescence, and late adolescence/young adulthood (Association of Maternal & Child Health Programs, 2020).

Early Adolescence (Ages 10-14): Early adolescence occurs between ages 10 and 14. During this developmental period, adolescents experience the beginning stages of puberty. Both sexes experience significant physical growth and increased sexual interest. Cognitively, adolescents in this stage have a limited capacity for abstract thought, but intellectual interests expand and become more important. Although adolescents in this stage have limited interest in the future, they develop deeper moral thinking during the early adolescence stage.

Middle Adolescence (Ages 15-17): During the middle adolescence stage, puberty is completed for males and females. Physical growth slows for females but continues for males. Adolescents in this stage continue to experience a growing capacity for abstract thought. During this stage, adolescents begin to set long-term goals and become interested in the meaning of life and moral reasoning. Adolescents in this stage of development experience numerous social and emotional changes, including increased self-involvement and an increased drive for independence.

Late Adolescence/Young Adulthood (Ages 18-24): Adolescents in the late adolescence/young adulthood phase typically experience fewer physical developments and more cognitive developments. Adolescents gain the ability to think about ideas rationally, delay gratification, plan, and gain a firm sense of identity. During this last phase of adolescent development, young people also experienced increased emotional stability and independence.

Furthermore, the State Adolescent Health Resources Center (2018) acknowledges developmental tasks and attributes of late adolescence (ages 18–24 years), which is a time of life when very little is normative. It is a period of frequent change and exploration that covers many aspects of their life: home, family, work, school, resources, and role. The process of becoming an adult is more gradual and varied today than in the past. Young people take longer to achieve economic and psychological autonomy, and early adulthood experiences vary greatly by gender, race, ethnicity, and social class (SAHR, 2018).

For the understanding of adolescent girls, Blum et al. (2018) stated that early adolescent girls look like mature women long before they have the cognitive abilities of adults, putting them at heightened risk. Playfulness is a capacity that develops in mid- or

late adolescence; it requires the capacity for future thinking. Girls and boys experience behavioral and physical change differently. For instance, girls have greater resistance to peer pressure and risk-taking at a younger age. Several characteristics define the cognitive and behavioral development of adolescent girls during this time. Girls and boys need opportunities to take risks to grow. Given that girls tend to be more socially isolated than boys, these contexts that constrain their experiences (both freedoms of movement and expression) limit their development. Adolescent girls experience significantly higher rates of depression than boys, due both to biological changes and discrimination. The mental health of girls must be considered. The brain works on a ‘use it or lose it’ basis. Discriminatory gender norms can result in restricted brain development for some girls; if certain areas of the brain are not used, atrophy may result (Blum et al., 2018).

In conclusion, characteristics of female adolescents are more socially isolated than boys; these settings that limit their experiences hinder their development, hormonal changes, as well as prejudice. As girls become adults, they must negotiate new ways of connecting to their surroundings while undergoing significant hormonal and physical changes regarding alcohol drinking.

The perception of female regarding alcohol drinking

A more recent body of qualitative research suggests that young women view alcohol as a pleasurable and important aspect of their social lives (Bancroft, 2012; Guise & Gill, 2007; Seaman & Edgar, 2012) and place value upon sharing drinking and hangover stories (Griffin et al., 2009; Sheehan & Ridge, 2001). It is not simply the consumption of alcohol that is considered enjoyable but also what that consumption represents. This includes peer group popularity and validation resulting from drinking in line with dominant social norms (Emslie et al., 2015; Lunnay et al., 2011) and the use of alcohol as justification for engaging in traditionally ‘unfeminine’ behaviors such as public rowdiness, with less risk of being viewed as unrespectable than if sober (Griffin et al., 2013; Rúdólfsdóttir & Morgan, 2009).

Despite young women reporting pleasure from their drinking, there remains a gendered double standard around their consumption practices (Atkinson & Sumnall, 2016; de Visser & McDonnell, 2012). There is a disproportionate emphasis on women’s

'binge' drinking in the media, which is often framed as an attempt to emulate men and as transgressing traditional gender roles (Day et al., 2004; Jackson & Tinkler, 2007; Lyons et al., 2006; Measham & Østergaard, 2009; Patterson et al., 2016). Anxieties over young women's drinking and intoxication have also filtered into public health campaigns, which suggest that excessive drinking is likely to result in shame and regret (Brown & Gregg, 2012). A 'vulnerability discourse' in respect of 'spoiled' femininity and (sexual) assault is often used to justify the double standard around gender and intoxication, even by those young people who perceive that heavy drinking by young women shows equality with their male peers (Lyons & Willott, 2008).

Historically, alcohol consumption has been viewed as a gendered interest of males. Women have been excluded from this understanding, and the belief that drinking is generally impossible to relate to feminine behavior persists (Raine, 2001). According to Raine (2001), a gender-related double standard appears at every stage of social and economic change. However, despite the increasing economic and social independence of some women, women who experience alcohol addiction continue to be individually and politically marginalized (de Visser & McDonnell, 2012; Raine, 2001). Because women are vital to maintaining human reproduction, society expects them to avoid unhealthy behavior, such as taking drugs and excessive alcohol consumption. These social norms and expectations do not exist for men (de Visser & McDonnell, 2012). The repressive social double standard regarding women is exerted through public control by society and the family (Liddell & Martinovic, 2013). Traditionally, alcohol consumption by women has been taboo and regarded as immoral. Women drinkers might be condemned and told that they are neglecting their role as wives and mothers (Liddell & Martinovic, 2013; Raine, 2001).

There are also gendered ideas regarding drinking and sex, according to which women are viewed as available for sex if they deviate from the women's norm of abstaining from alcohol (Bogren, 2011). However, Emslie et al. (2015) observed that in contemporary society, women's drinking during early midlife presents a way of "taking a time out" from traditional women's roles, such as caring for children and elderly relatives. However, research has found that specific feminist groups urge young women to violate norms of femininity and to act inappropriately for their cultures. In addition, this type of

deviant behavior has been used to understand the new drinking habits found among women (Griffin et al., 2012).

As a culture and religion, Buddhism teaches people to perform good deeds, observe the religious precepts, and achieve merit to improve one's current life and to find oneself in better circumstances in the next life (Klunklin & Greenwood, 2005). Thai culture defines a woman (Kulasatrii) as complex: virtuous, graceful, conservative in her sexuality and morality, and responsible for household duties (Klunklin & Greenwood, 2005). Drinking by men is not acceptable by Buddhist tradition and is even less acceptable among women, who, according to the same traditional beliefs, cannot control themselves (Rungreangkulkij et al., 2012).

In today's Thailand, there is a more tolerant attitude toward drinking by men, but it remains socially more restricted for women. Nevertheless, Thai women report that they believe they can control their alcohol consumption and continue drinking despite physical or mental problems to a greater extent than men (Srisurapanont et al., 2012). There are reasons to believe that Thai women who experience alcohol problems and addiction may not answer honestly when asked about their drinking habits due to a fear of stigmatization (Rungreangkulkij et al., 2012). However, in line with gender equity having increased in Thai work life, drinking at work has become accepted and engaged in by both men and women (Hanpatchaiyakul et al., 2014; Rungreangkulkij et al., 2012). In addition, demonstrating the ability to act as men has been used as an explanation for the changed drinking habits of young Thai women, who use alcohol to feel confident, reduce stress, and keep themselves energetic at work (Rungreangkulkij et al., 2012). A study on factory women demonstrated that women in modern Thai society have different identity perceptions compared with women of the past concerning newly emerging roles of womanhood, including independence, equity, and equal sexual rights (Thaweessit, 2004).

In Thailand, drinking is related to home socializing at work and outside the house, a social area that women cannot access unless they become the family provider and work outside the home. The construction of gender in Buddhism devalues women as being inferior to men (e.g., in Thai Buddhism, women are subordinate to men and are respected). This construction includes negative attitudes toward women's sexuality and drinking (Klunklin & Greenwood, 2005; Rungreangkulkij et al., 2012). Hanpatchaiyakul

et al. (2017) investigated women who suffer from alcohol addiction as a means of examining gender-related issues that involve both healthcare issues and social welfare in the context of Thailand. The phenomenological description was used to discover the meaning of the lived experience of alcohol-addicted women in the Thai context. The women described their subjective experiences of using alcohol to engage in different versions of femininity, which involved the following aspects: feeling inferior and worthless, feeling physically and emotionally hurt, fearing physical deterioration and premature death, and feeling superior and powerful (Hanpatchaiyakul et al., 2017).

In conclusion, alcohol relates to both within and outside of the home socialization. Female adolescents have perspectives that differ from the women's norm of abstaining from alcohol. Additionally, female adolescents value the opportunity to share their drinking and hangover experiences to enhance their self-esteem, alleviate stress, and stay motivated at work.

Factors influencing on female Binge Drinking

According to the Substance Abuse and Mental Health Services Administration's Center (2013), identified factors influence binge drinking among adolescents in the domains of an individual, peer, family, and community. Each domain has its own set of factors. Below is a detailed analysis of the factors influencing binge drinking among adolescent females, organized into the specified domains.

In the Context of Individual Factors, several elements contribute to adolescent binge drinking behaviours. Mental Health and Psychological Traits play a significant role, as adolescents with poor mental health, including depression, anxiety, or psychological distress, demonstrate a higher likelihood of engaging in binge drinking. Research indicates that females with self-rated "bad/very bad" mental health have a higher probability of binge drinking (aOR 1.61, 95% CI 1.26-2.06) (Kelly et al., 2023). Additionally, females with low self-esteem and limited self-efficacy exhibit greater vulnerability to binge drinking, often using alcohol as a coping mechanism (Hlmani, 2013; Martínez-Montilla et al., 2020). Impulsivity serves as another significant predictor, as adolescents who act impulsively tend to engage more frequently in risky behaviors, including excessive alcohol consumption (Cwik et al., 2017). Substance Use and Risk

Behaviors also correlate strongly with binge drinking, with current cigarette use increasing the odds by 4.06 times (aOR 4.06, 95% CI 3.01-5.47) (Kelly et al., 2023). Early initiation of drinking is linked to higher frequency of alcohol use and risky drinking patterns later in adolescence (Vargas-Martínez et al., 2020). Demographic and Personal Characteristics further influence these behaviors, as older adolescents show an increased likelihood of binge drinking due to greater alcohol exposure and autonomy (Vargas-Martínez et al., 2020). Poor academic performance is also associated with higher binge drinking rates, possibly representing a form of rebellion or coping mechanism for adolescents with lower grades (Conegundes et al., 2020).

Peer Influence and Social Norms significantly impact adolescent binge drinking behaviors. Adolescents are highly influenced by their peers, and perceived peer drinking norms substantially contribute to binge drinking tendencies. Research shows that females who perceive their peers as drinking more are more likely to engage in binge drinking themselves (Arata et al., 2003; Kelly et al., 2023). Positive peer relationships can function as protective factors. In contrast, negative or strained relationships may increase binge drinking risk, as evidenced by the association between relational victimization among peers and negative alcohol expectancies (Sanchez et al., 2023). The influence of peer groups becomes particularly amplified in social settings where alcohol is readily available, with participation in social activities such as parties or gatherings often facilitating binge drinking behaviors (Barker et al., 2023).

Cultural Identity and Beliefs about alcohol use significantly influence binge drinking behaviors among adolescents. For instance, higher cultural identity among American Indian adolescents can mitigate binge drinking risk by strengthening positive peer relationships (Cwik et al., 2017). Additionally, societal perceptions of alcohol use, particularly the normalization of binge drinking, play a crucial role in shaping adolescent behaviors, with media and societal portrayals of alcohol use reinforcing risky drinking norms (Hloman, 2013).

Family Environment and Parental Influence represent critical determinants of adolescent drinking patterns. Parental supervision serves as a key protective factor against binge drinking, with research indicating that adolescents experiencing higher levels of parental supervision demonstrate lower likelihood of engaging in risky drinking

behaviors (aOR 0.80, 95% CI 0.73-0.88) (Kelly et al., 2023). Exposure to alcohol use within the family context, particularly by parents or siblings, increases binge drinking likelihood by normalizing drinking behaviors and reducing perceived risks (Kim & Kim, 2023) (Vargas-Martínez et al., 2020). Open communication and emotional support from parents can minimise binge drinking risk, while a lack of parental involvement or permissive attitudes toward alcohol use can exacerbate the problem (Martínez-Montilla et al., 2020).

Family Economic Status influences adolescent drinking patterns, as those from households with lower economic status or those with greater pocket money demonstrate higher likelihood of engaging in binge drinking, with economic factors affecting both alcohol access and exposure to drinking environments (Vargas-Martínez et al., 2020). High family cohesion is associated with lower binge drinking rates, as positive family relationships and supportive home environments can mitigate alcohol use disorder risk (Soloski et al., 2016).

School Environment and Policies play significant roles in adolescent drinking behavior development. Adolescents in certain school types, such as vocational high schools, face higher binge drinking risk, with poor academic performance also linked to increased alcohol use (Wang et al., 2018). School-based prevention programs play a crucial role in reducing binge drinking by focusing on education, skill-building, and promoting healthy behaviors (Vargas-Martínez et al., 2020). Community Norms and Alcohol Availability significantly influence adolescent drinking behaviors, as easy alcohol access increases binge drinking likelihood (Jee et al., 2023; Vargas-Martínez et al., 2020). Weak enforcement of alcohol laws, particularly those addressing underage drinking, contributes to higher binge drinking rates, suggesting that strengthening policy enforcement can reduce alcohol access and misuse (Hlomani, 2013). Regarding Leisure and Social Activities, while participation in team or club sports can provide structure and support, excessive involvement in social activities such as parties or sports events can increase exposure to alcohol and binge drinking opportunities (Kelly et al., 2023).

In conclusion, binge drinking among adolescent females is influenced by a multifaceted array of factors across individual, peer, family, and community domains. Addressing this issue requires a comprehensive approach that incorporates individual-

level interventions, peer-based prevention programs, family-focused strategies, and community-wide policies. By understanding and targeting these factors, policymakers, educators, and healthcare providers can develop effective interventions to reduce the prevalence of binge drinking and its associated risks among adolescent females.

Consequences of Binge Drinking on Female Adolescents

Binge drinking in female adolescents can lead to several short-term and long-term effects, as follows:

Short-term Effects of Binge Drinking on Female Adolescents: Binge drinking during adolescence can lead to immediate neurological and emotional disturbances. Studies have shown that female adolescents who engage in binge drinking exhibit increased anxiety-like behaviors and depressive-like phenotypes shortly after alcohol exposure (Hees et al., 2021; Queiroz et al., 2022). These emotional changes are often accompanied by impaired cognitive functions, such as short-term memory deficits, which can persist even after short periods of abstinence (Macht et al., 2020; Queiroz et al., 2022).

Cognitive impairments are another significant short-term effect of binge drinking. Female adolescents who binge drink often show deficits in spatial working memory and impulse control (Amrani et al., 2013; Squeglia et al., 2011). These cognitive deficits can interfere with academic performance and decision-making abilities, which are critical during adolescence (Turque et al., 2023).

The physical health consequences of binge drinking in female adolescents are also notable. Binge drinking can lead to oxidative damage in various tissues, including the liver and brain, which can result in lipid peroxidation and metabolic imbalances (Fernandes et al., 2018; Romero-Herrera et al., 2023). Additionally, binge drinking has been linked to motor function impairment, including reduced coordination and balance, which can increase the risk of accidents and injuries (Fernandes et al., 2018; de Oliveira et al., 2024).

Long-term Effects of Binge Drinking on Female Adolescents: The emotional and cognitive deficits caused by binge drinking can persist in adulthood. Female rats exposed to binge drinking during adolescence exhibited long-lasting anxiety-like

behaviors and impaired short-term memory, even after prolonged periods of abstinence (Macht et al., 2020; Queiroz et al., 2022). These findings suggest that binge drinking during adolescence can have enduring effects on emotional regulation and cognitive function. Binge drinking during adolescence can lead to structural changes in the brain that persist into adulthood. Studies have shown that female adolescents who engage in binge drinking experience reductions in gray matter volume and thickness in brain regions involved in reward processing, emotional regulation, and executive functions (Pérez-García et al., 2022). These structural changes are associated with long-term cognitive and emotional impairments. Female adolescents who engage in binge drinking are at a higher risk of developing alcohol dependence later in life. Research indicates that early exposure to alcohol can alter the brain's reward system, leading to increased sensitivity to alcohol's effects and a higher likelihood of addiction (Hees et al., 2021; Laguesse, 2021).

The physical health consequences of binge drinking can also persist in adulthood. Female adolescents who binge drink are at an increased risk of developing liver disease, metabolic disorders, and other health complications due to the cumulative effects of oxidative damage and metabolic imbalances caused by alcohol consumption (Fernandes et al., 2018; Romero-Herrera et al., 2023). Binge drinking during adolescence can also have long-term social and behavioral consequences. Female adolescents who engage in binge drinking are more likely to experience social isolation, decreased academic performance, and increased risk of engaging in risky behaviors, such as unprotected sex and substance abuse (Ciampo & Ciampo, 2024; Hill et al., 2000).

Research has shown that female adolescents are more vulnerable to the effects of binge drinking compared to their male counterparts. Female adolescents exhibit greater deficits in spatial working memory and impulse control, as well as increased sensitivity to the neurotoxic effects of alcohol (Amrani et al., 2013; Vinader-Caerols et al., 2017). These gender differences may be attributed to hormonal and neurological differences between males and females. The emotional and cognitive effects of binge drinking also differ between genders. Female adolescents are more likely to experience anxiety and depressive-like behaviors following binge drinking, while males may exhibit more aggressive behaviors (Amrani et al., 2013; Matthews et al., 2023). Additionally, female adolescents are more susceptible to the cognitive impairments caused by binge drinking,

particularly in tasks requiring spatial working memory and executive function (Squeglia et al., 2011; Truque et al., 2023). Gender differences are also observed in the neuroimmune and inflammatory responses to binge drinking. Female adolescents exhibit heightened inflammatory markers and oxidative stress following binge drinking, which may contribute to the increased vulnerability to long-term health consequences (Orio et al., 2018).

In Conclusion, binge drinking during adolescence, particularly in females, has profound short-term and long-term effects on neurological, emotional, cognitive, and physical health. The evidence from the provided research papers highlights the need for early intervention and prevention strategies to mitigate the adverse consequences of binge drinking in female adolescents. Understanding the gender-specific effects of binge drinking is crucial for developing targeted interventions to address the unique vulnerabilities of female adolescents.

Existing Prevention to Reduce Binge Drinking Among Late Adolescent Females

Reducing or quitting binge drinking is important to prevent health problems for adolescents. From the literature review, there are alcohol binge drinking prevention programs that take a multi-level approach by focusing on the individual, family, community, and policy intervention. In each level of approach, there are alcohol binge drinking prevention programs for adolescents as follows:

Individual-Level Interventions: Schools play a critical role in delivering alcohol prevention programs for adolescents. Programs like the Climate Schools initiative and the Preventure program have demonstrated effectiveness in reducing alcohol use and binge drinking among adolescents. These programs often include interactive, web-based content that educates students about the risks of alcohol use and provides skills to resist peer pressure (Newton et al., 2018; Newton et al., 2021; Slade et al., 2021). Climate Schools, a universal prevention program, uses 12 modules to educate students about alcohol and cannabis use, with a focus on reducing binge drinking and related harms. Studies have shown that students in the Climate Schools program had lower rates of alcohol use and binge drinking compared to controls, with effects lasting up to 7 years post-intervention (Newton et al., 2021; Slade et al., 2021). Preventor, a selective

prevention program targeting high-risk adolescents based on personality traits such as impulsive and sensation-seeking, has been shown to reduce alcohol-related harm and binge drinking in high-risk groups, with long-term effects observed up to early adulthood (Edalati & Conrod, 2019; Newton et al., 2022). These personality-targeted interventions focus on addressing specific risk factors like impulsiveness, sensation-seeking, and anxiety, making them particularly effective for high-risk adolescents as they provide coping skills tailored to individual personality traits. Research indicates that such programs can reduce alcohol use and related harm by up to 50% in targeted groups (Edalati & Conrod, 2019; Guillou-Landreat et al., 2021).

Family-Level Interventions: Parents play a critical role in shaping adolescents' attitudes and behaviors toward alcohol. Programs that involve parents, such as the Steps Towards Alcohol Misuse Prevention Program (STAMPP) and the Parent-Student Alcohol Prevention (PAS) program, have shown promise in delaying alcohol initiation and reducing binge drinking. STAMPP combines a school-based curriculum with a brief parental intervention, encouraging parents to set strict rules around alcohol use. While the classroom component was highly effective, the parental component had low uptake, highlighting the need for strategies to improve parent engagement (McKay et al., 2018; Sumnall et al., 2017). The PAS Program involves both parents and students in alcohol prevention activities and has been shown to postpone alcohol initiation by increasing strict parental rule-setting and enhancing adolescents' self-control. The combined intervention had a significant impact on reducing weekly drinking among adolescents (Koning et al., 2015). Family-based approaches, such as the Screening, Brief Intervention, and Referral to Treatment for Adolescents (SBIRT-A), have been tested in primary care settings. These programs involve screening adolescents and their caregivers for alcohol use, providing brief interventions, and referring high-risk individuals to treatment. While SBIRT-A has shown promise, its effectiveness depends on caregiver involvement, which remains a challenge in many cases (Hogue et al., 2023).

Community-Level Interventions: Community-wide interventions, such as Project Northland and Drug-Free Communities (DFC) Support Program, have been effective in reducing underage alcohol access and promoting healthy norms. These programs often involve multi-sectoral collaboration, including schools, local government, and non-profit

organizations. Project Northland uses community organizing, youth development, and media campaigns to reduce alcohol use. It has been successful in delaying the onset of alcohol use and reducing binge drinking among high school students (Perry et al., 2000). The DFC Support Program focuses on community mobilization and youth engagement to prevent substance use. It has been shown to reduce substance use and foster resilience among adolescents in urban areas (Maha et al., 2024). Social marketing campaigns and policy advocacy are key components of community-level interventions. For example, the Climate Schools Plus program uses internet-based content to educate parents and students about alcohol risks. Additionally, policies such as restricting underage alcohol sales and promoting household rules have been shown to reduce alcohol consumption and binge drinking among adolescents (Newton et al., 2018; Rowland et al., 2021).

Policy-Level Interventions: Policies aimed at reducing underage access to alcohol, such as stricter enforcement of legal drinking age laws and penalties for providing alcohol to minors, have been effective in reducing binge drinking. For example, the STAMPP program included a community intervention to reduce alcohol sales to minors, which was associated with lower rates of underage drinking (McKay et al., 2018; Sumnall et al., 2017). Policy-level interventions often focus on promoting healthy norms around alcohol use. For instance, the Project Northland initiative used print media and community campaigns to communicate the unacceptability of providing alcohol to minors. This approach has been linked to reductions in alcohol use and binge drinking among adolescents (Perry et al., 2000).

In conclusion, preventing alcohol binge drinking among late adolescent females requires a multi-level approach that integrates individual, family, community, and policy interventions. School-based programs like Climate Schools and Preventor have demonstrated long-term effectiveness, while family-based interventions like STAMPP and PAS highlight the importance of parental involvement. Community-wide initiatives such as Project Northland and policy-level strategies to restrict underage access to alcohol further complement these efforts.

The literature review reveals a notable gap in interventions specifically designed for late adolescent females, who face distinct developmental, social, and contextual complexities. Current research indicates that gender considerations remain largely

unaddressed in binge drinking prevention programs. Data shows that existing interventions have predominantly emerged from Western industrialized contexts, potentially limiting their transferability to different social environments such as Thailand. The research indicates that these limitations affect the applicability of existing programs to late adolescent females in Thailand, as the current body of knowledge lacks sufficient understanding of how this specific population conceptualizes binge drinking, and what they identify as causal factors and consequences from their perspective. Research suggests that effective interventions involve social and contextual variables that may influence behavior change in populations experiencing unique developmental circumstances.

Philosophical Underpinning and Theoretical Framework

The philosophical underpinning and theoretical framework are essential components of research, as they provide a structured foundation that guides the entire study. A theoretical framework serves as a blueprint, informing the research problem, questions, and methodology, while also situating the study within existing literature and theories (Heale & Noble, 2019). Understanding philosophical underpinnings, such as epistemology and ontology, is crucial for researchers to articulate their perspectives and justify their methodological choices (Brydges & Batt, 2023; Buriro et al., 2021). This alignment ensures that the research is coherent and contributes meaningfully to the field, as it reflects the researcher's beliefs about knowledge and reality (Mentarang, 2023). Moreover, engaging with these frameworks facilitates clearer communication within academic discourse, allowing researchers to connect their findings to broader theoretical conversations (Brydges & Batt, 2023). Thus, a well-defined philosophical and theoretical framework enhances the rigor and relevance of research outcomes.

Philosophical Underpinning

As researchers, we must be able to understand and articulate beliefs about the nature of reality, what can be known about it, and how we go about attaining this knowledge (Rehman & Alharthi, 2016). Kuhn (1970) uses the term 'paradigm' to describe a heuristic framework for examining the natural sciences. Paradigms are patterns of beliefs and

practices that regulate inquiry within a discipline by providing lenses, frames, and processes through which investigation is accomplished (Weaver & Olson, 2006).

Paradigms are lenses for viewing and interpreting significant substantive issues in the discipline. Issues deemed worthy of pursuit are prioritized; others are suppressed (Cheek 2000). Paradigms are also frames that hold the vocabulary, theories, and principles, as well as the presuppositions and values related to an inquiry (Bunkers et al., 1996; Moccia, 1988; Thompson, 1985,). These are elements of research paradigms. A paradigm is a basic belief system and theoretical framework with assumptions about 1) ontology, 2) epistemology, 3) methodology, and 4) methods (Rehman & Alharthi, 2016).

According to the knowledge-based phenomenon of binge drinking among Thai female adolescents, to understand the meaning of binge drinking among female girls from Thailand context is a need to bridge the gap of knowledge. In addition, understanding the lifeworld of teenage girls, the meaning of their drinking, and the unique attitudes, as well as their view of binge drinking, is important information to support the body of knowledge. Therefore, the relevant paradigm that is suitable to explain the knowledge gap is the interpretive paradigm.

The interpretive paradigm in research is characterized by its focus on understanding the subjective meanings and experiences of individuals within their social contexts. This paradigm is deeply rooted in hermeneutic and phenomenological traditions, emphasizing the dynamic and constructed nature of meaning rather than fixed or given interpretations (Alhoussawi, 2023; Schwartz-Shea, 2014). The interpretive paradigm prioritizes the exploration of human experiences and social interactions through qualitative methods such as ethnography, participant observation, and case studies (Gunbayi & Sorm, 2018; Sithole, 2025). It is particularly effective in examining cultural practices, identity development, and social interactions, as it allows researchers to delve into the intricacies of individuals' perspectives and the meanings they ascribe to their experiences (Alhoussawi, 2023; Sithole, 2025). The interpretive approach is also anti-naturalist, rejecting the application of natural science methods to social phenomena, and instead, it focuses on understanding the symbolic and historical contexts of human life (Bevir & Blakely, n.d.; Salviana, 2011). This paradigm is well-suited for fields like social work and education, where the goal is to gain an empathic understanding of individuals'

feelings and behaviors rather than isolating variables for generalization (Alhoussawi, 2023; Pulla & Carter, 2018). Furthermore, interpretive research is seen as a solution for addressing complex social issues, such as those found in accounting and public policy, by providing deeper insights into the social interactions and discourses that shape these fields (Adil et al., n.d.; Adil et al., 2022). Despite its strengths in providing nuanced understandings, the interpretive paradigm faces challenges related to subjectivity and potential researcher bias, which can influence the interpretation of findings (Sithole, 2025). Nonetheless, it remains a vital approach for capturing the richness of human experience and the complexity of social phenomena. This paradigm's emphasis on context and meaning allows researchers to explore how individuals construct their realities based on cultural, historical, and social influences.

The assumptions and beliefs of the interpretive paradigm revolve around the idea that reality is socially constructed, and that understanding human behavior requires an appreciation of the context in which it occurs. Researchers operating within this paradigm must acknowledge their own biases and the influence of their perspectives on the research process, ensuring that the voices of participants are authentically represented. The interpretive paradigm is grounded in several key assumptions and beliefs that distinguish it from other research paradigms, particularly positivism. Ontologically, interpretivism posits that reality is socially constructed and subjective, emphasizing the importance of understanding the meanings and interpretations that individuals and groups ascribe to their experiences and social phenomena (Potrac et al., 2024). Epistemologically, interpretivists argue that knowledge is not objective or value-free but is instead shaped by the context and interactions between the researcher and the subjects of study (Woods & Trexler, 2001). This paradigm prioritizes understanding over-explanation, focusing on the depth of insight into human behavior and social structures rather than seeking to establish generalizable laws or predictions (Pulla & Carter, 2018; Woods & Trexler, 2001). Methodologically, interpretivism is closely associated with qualitative research methods, which allow for a detailed exploration of the subjective experiences and meanings that individuals attach to their actions and interactions (Pulla & Carter, 2018). Interpretivists often employ methods such as ethnography, narrative analysis, and case studies to capture the richness of social life and the complexity of human behavior (Pulla & Carter, 2018). The interpretive approach is particularly suited to fields like social work

and public administration, where understanding the nuanced and context-dependent nature of human interactions is crucial (Hay, 2011; Pulla & Carter, 2018).

Furthermore, interpretivism challenges the notion of a unified scientific method applicable to both natural and social sciences, arguing instead for a distinct approach that acknowledges the unique characteristics of social phenomena (Woods & Trexler, 2001). This paradigm also embraces the idea of intersubjective indeterminacy, recognizing that belief attribution and interpretation are governed by diverse normative standards, which can vary across different contexts (Curry, 2020). Overall, interpretivism provides a framework for exploring the complexities of social reality, emphasizing the importance of context, reflection, and narrative in understanding human behavior and social structures (Franke, 2023). In summary, the interpretivist paradigm offers a rich framework for understanding the complexities of human experience by prioritizing subjective meanings and social contexts. This approach not only enhances the depth of qualitative research but also contributes significantly to fields where understanding individual perspectives is paramount.

The interpretive paradigm is particularly relevant for exploring the experiences of Thai female adolescents with binge drinking, as it allows researchers to gain insights into the cultural and social factors influencing their behavior. By focusing on the subjective meanings that these adolescents attach to binge drinking, researchers can better understand the motivations, peer influences, and societal norms that shape their experiences and choices. By concentrating on the fundamental concept that reality is socially constructed, the interpretive paradigm could explain the phenomenon of binge drinking among Thai female adolescents. Each aspect of the paradigm, which comprises a subjectivist epistemology, a relativist ontology, a naturalist methodology, and balanced axiology, explained how suitable it was for Thai female adolescents.

The reality of binge drinking among Thai female adolescents comes from their social interaction. They embed their lives in society, and their lifeworld is situated within the social system they create, encompassing family, peer groups, society, and social media influences. Thus, their reality could represent a unique context as girls born into Thai society and socialization. Interpretivism guides us to understand the subjective world of Thai female adolescents' experiences and interpret the meaning of binge drinking in

the context. Subjectivist epistemology relates to the idea that reality can be expressed in a range of symbols and language systems and is stretched and shaped to fit the purposes of individuals, such that people impose meaning on the world and interpret it in a way that makes sense to them. The value of subjectivist research is in revealing how an individual's experience shapes their perception of the world (Moon & Blackman, 2014). In this phenomenon of interest, binge drinking among Thai female adolescents might be interpreted as binge drinking according to whether they were pressured by friends and gave value to binge drinking as socialization. Sometimes, being influenced by social media might make them believe that drinking is a luxury in life. All the reasons for their perception or expectation led their behavior to drink heavily alcohol. Reality can be illustrated through special symbols and language, as well as its effects on the purposes of binge drinking. Relativist ontology is based on the philosophy that reality is constructed within the human mind, such that no one 'true' reality exists. Instead, the reality is 'relative' according to how individuals experience it at any given time and place (Moon & Blackman, 2014). According to the phenomenon of binge drinking among Thai female adolescents, each girl has their experience at different times and places. Therefore, each person has a different reason or decides to drink differently. It is relative to their experience. Naturalism is the idea or belief that only natural laws and forces operate in the universe. Naturalism consists essentially of looking upon nature as the one original and fundamental source of all that exists and attempting to explain everything in terms of nature. By focusing on the phenomenon of binge drinking among Thai female adolescents, we need to understand them using a naturalistic methodology. The researcher should utilize data gathered through interviews, discourses, text messages, and reflective sessions, with the researcher acting as a participant observer. In this phenomenon, I was unable to understand it through experimentation.

In conclusion, this paradigm is suitable to guide researchers to understand the lifeworld of Thai female adolescents and their meaning of binge drinking. In addition, each aspect of the paradigm, which comprises a subjectivist epistemology, a relativist ontology, a naturalist methodology, and balanced axiology, could explain the phenomena as well.

Theoretical Framework

The theoretical framework provides a structured lens through which the research can be analyzed and interpreted. It connects the research questions to existing theories and concepts, allowing for a deeper understanding of the phenomena being studied.

Both Heideggerian phenomenology and feminist perspective could be theoretical frameworks as lenses for investigating and understanding the lived experiences of late adolescent females with binge drinking. Heideggerian phenomenology emphasises the importance of understanding individuals' lived experiences within their specific contexts, allowing for a nuanced exploration of how these adolescents perceive and engage in binge drinking. Meanwhile, a feminist perspective highlights the societal and cultural influences that shape female adolescents' behaviors and attitudes toward alcohol consumption, addressing issues of gender, power dynamics, and social expectations.

Heideggerian phenomenology, as developed by Martin Heidegger, is a philosophical approach that diverges from the traditional phenomenology of Edmund Husserl by focusing on the ontological question of Being rather than merely the structures of consciousness. Heidegger's phenomenology is fundamentally concerned with the concept of "Dasein," or "being-there," which emphasizes existence as being inherently situated in the world, thus integrating the subjective experience with the objective world (Saadeh, 2022; Wilson, 2014). This approach is not just a method of inquiry but a profound engagement with the lived experiences of individuals, aiming to uncover the meanings embedded in their existence (Qu Toshi, 2018). Heideggerian phenomenology is applied across various fields, including organizational studies, where it reveals the lived realities of individuals within their work environments, highlighting the subjective, lived experiences that shape their life-worlds (Vickers & Parris, 2003). In the realm of nursing, it provides a framework for understanding the experiences of practitioners, offering insights into their roles and practices by examining their existence through different modes of being (Wilson, 2014). Furthermore, Heidegger's phenomenology is characterized by its historical dimension, as it seeks to understand the fundamental ontological structures that have historically shaped the concept of Being, thus providing a basis for philosophical inquiry that transcends mere historiography (Keiling, 2018; Saadeh, 2022). This ontological focus distinguishes Heidegger's approach from Husserl's,

as it moves beyond the crisis of modern thought and the dichotomy of subject-object to explore the essence of reality and truth (Yildizdöken, 2021). Overall, Heideggerian phenomenology offers a rich, interpretive framework that is both a philosophical methodology and a means of exploring the profound questions of existence and Being (Rios, 2023; Tyler, 2019).

The feminist perspective in social sciences is underpinned by several key principles and assumptions that challenge traditional paradigms and advocate for gender equality. Central to feminist theory is the belief in gender equality and the rejection of patriarchal power structures that marginalize and oppress women, as highlighted by Bhandari (Bhandari, 2024). This perspective highlights the significance of examining women's experiences and perspectives, as well as advocating for policies and practices that foster social justice (Bhandari, 2024). Feminist scholars critique mainstream psychological assumptions such as internalism and universalism, which overlook the sociocultural context and fail to account for diverse experiences (Magnusson & Marecek, 2017). In terms of epistemology, feminist theory often integrates Critical Realism and Standpoint Theory, emphasizing the importance of beginning inquiry from the standpoint of the marginalized and creating knowledge that empowers disadvantaged groups (Sprague, 2018). Methodologically, feminist research departs from positivist ideals, focusing instead on participatory methods, reflexivity, and social action to render women's experiences visible and challenge gender inequality (Taylor, 1998). In sociology, feminism has transformed discipline by critiquing established areas and opening new ones, addressing issues such as patriarchal relations, body politics, and globalization (Littlewood, 2004). Furthermore, feminist theory employs gender as a lens to critique the social world, recognizing the intersectionality of identities and the socially constructed nature of gender (Arun, 2022). This perspective is not only compatible with but necessary for the vitality of fields like social psychology, as it promotes the inclusion of diverse perspectives and advocates for equality (Pownall, 2023). Overall, feminist perspectives in social sciences are characterized by their commitment to challenging inequality, promoting diverse methodologies, and integrating feminist values into research practices (Rolin, 2016).

In conclusion, the exploration of philosophical underpinnings and theoretical frameworks is paramount to the integrity and depth of research, particularly in understanding complex social phenomena such as binge drinking among Thai female adolescents. The interpretive paradigm, with its emphasis on subjective meanings and social contexts, provides a robust framework for examining the lived experiences of these adolescents. By acknowledging the socially constructed nature of reality and prioritizing qualitative methodologies, researchers can uncover the nuanced motivations and societal influences that shape their behaviors. Furthermore, integrating theoretical perspectives as Heideggerian phenomenology and feminist perspective enriches the analysis by situating individual experiences within broader cultural and gendered contexts. This comprehensive approach not only enhances the rigor of the research but also contributes significantly to the body of knowledge, offering valuable insights that can inform interventions and policies aimed at addressing binge drinking among this demographic. Ultimately, a well-defined philosophical and theoretical framework not only guides the research process but also fosters meaningful engagement with participants and the academic community, ensuring that the findings resonate within ongoing scholarly conversations.



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CHAPTER 3

Methodology

This chapter presents the research methodology employed to explore the lived experiences of binge drinking among Thai female late adolescents. The methodological framework utilized Heideggerian phenomenology to understand how young Thai women interpreted their experiences with binge drinking, including their perceived meanings, influencing factors, and consequences of this behavior. The chapter details the research design, population and sampling strategies, research instruments, measures of trustworthiness, data collection procedures, and analysis methods used to generate meaningful insights from the participants' narratives, while maintaining careful consideration of cultural sensitivity and ethical concerns throughout the research process.

Research Design

To understand the lived experiences of late adolescent females with binge drinking, the Heideggerian phenomenology approach was used in this study. This approach explained a well-lived experience by attending to what was being observed and the intentions of the one doing the observing while conditioned as being in the world. As a methodology, the use of Heideggerian phenomenology allowed the researcher to have access to meaning where knowing the meaning of the participants became more essential than objective data or pure evidence, where living perceptions and expectations were pursued as the ultimate aim (Finlay, 2009).

Research Setting

The data collection setting for this study was Khon Kaen Province in Thailand's northeastern region. Khon Kaen province was selected as the research setting for several specific reasons. Firstly, Khon Kaen serves as a major educational and economic hub in the Northeastern region of Thailand, hosting five universities and numerous colleges with a combined student population exceeding 70,000. This concentration of educational

institutions provides access to a diverse population of female late adolescents from varying socioeconomic backgrounds and localities throughout Thailand who come to study in the province.

Secondly, recent regional health surveys indicated that Khon Kaen has experienced a notable increase in alcohol consumption rates among young adults, particularly females, over the past five years (Northeastern Thailand Health Survey, 2021), making it an especially relevant site for examining emergent patterns of female binge drinking. According to the National Statistical Office of Thailand's survey (2017), northeastern Thailand reported a drinking prevalence of 39.2% among those aged 15 and older, significantly higher than the national average of 28.4% (National Statistical Office, 2017). In Khon Kaen province specifically, a regional hub in northeastern Thailand, studies have shown that 32.3% of adolescents aged 15-19 reported alcohol consumption in the past year, with 24.7% engaging in binge drinking episodes (Kaewpramkusol et al., 2019). The Centre for Alcohol Studies in Thailand (2018) reported that Khon Kaen has one of the highest rates of underage drinking in the country, with female adolescent drinking increasing by 18% between 2014 and 2018—a significantly higher growth rate than the national average of 11%. Additionally, Khon Kaen represents an interesting cultural intersection where traditional Isan values meet contemporary urban influences, creating a dynamic environment where changing gender norms and alcohol consumption patterns can be observed. Finally, the province's geographic position at the centre of the Northeastern region made it accessible to participants from various districts and neighbouring provinces, increasing the potential diversity of experiences captured in the study.

Participants

Purposive sampling was used to obtain participants for this study. Snowballing was used as a supplementary method to select participants.

Inclusion Criteria

The following criteria were used in selecting all participants for this study:

- a) Their ages were between 18-24 years.

b) They were Thai nationals who grew up in Khon Kaen province in Thailand's northeastern region.

c) They had experience of consuming large quantities of alcohol in a single session, often consuming 4 or more drinks on the same occasion, on at least one occasion within the past 6 months. For example, drink beer (5%), 3 cans (330 ml.), wine (12%), 4 wine glasses (100 ml./glass) or whisky (40%), 1/2 bottle (330 ml./bottle) within 2 hrs. evaluated by history taking.

d) They had the ability to communicate in the Thai language.

Exclusion Criteria

Participants were excluded from this study based on the following criteria:

a) Female adolescents with psychiatric symptoms including hallucination, delusion, extreme mood changes, excessive fears or worries, or extreme feelings of guilt, confused thinking, or reduced ability to concentrate.

b) Female adolescents with alcoholism.

In this study, there were neither female adolescents with psychiatric symptoms nor with alcoholism.

Termination Criteria

The participant either refused to participate or withdrew from the study. No participants withdrew from the study after consenting to participate.

The number of participants who completed this study was 20, and it was considered based on the criterion of data saturation in which no new interpretations and categories emerged from the analysis.

Research Instruments

The research instruments in this study were instruments for data collection as follows:

1. Researcher as Instrument

The researcher served as the key instrument in qualitative research. The researcher was a registered nurse and a nursing instructor in Thailand's Northeastern area, with expertise in mental health and psychiatric nursing with hospital experience caring for women with alcohol problems and teaching at the nursing faculty for nearly ten years. The researcher was a Thai female who was born and raised in Thailand and had experience dealing with females in late adolescence who consumed alcohol. These experiences in the researcher's personal and professional life inspired the researcher to become interested in exploring the lived experiences of binge drinking among Thai female late adolescents, particularly in understanding how cultural and gender dynamics influence these behaviors.

During the doctoral study in the Faculty of Nursing, Chiang Mai University, the researcher had undertaken experience by enrolling in 2 credit courses in Qualitative Data Collection and Analysis. The researcher studied textbooks and additional academic papers on the interpretive paradigm and phenomenology approach for a deep understanding of philosophy and methodology.

2. Research-assisted Instruments

The following instruments were used:

a) The Interview Guide: Developed by the researcher to explore individual experiences of the participants related to binge drinking. Example questions included: What does your alcohol binge drinking look like? What factors caused you to engage in alcohol binge drinking? How does alcohol binge drinking impact you? What exactly does alcohol binge drinking mean to you?

In addition, to probe, clarify, and elaborate on the details of participants' experiences, the questions are followed by prompts such as "... and then?" and "Tell me

more about that." Follow-up questions were also used to explore emerging topics that participants brought up during the interviews, ensuring rich and detailed descriptions of their experiences.

b) Demographic Data Questionnaire: A close-end questionnaire collected descriptive information about the participants, including age, residency, marital status, education level, occupation, and drinking experience (Appendix A).

c) The Interviewing Note: Notes created by the researcher during in-depth interviews to record behaviors, activities, events, and other observational features.

Trustworthiness

Lincoln and Guba's (1985) criteria were used to ensure the trustworthiness of this study. The framework included:

Credibility

Credibility was strengthened through several comprehensive strategies designed to ensure research findings accurately represented participants' experiences. Prolonged engagement was achieved through interviews lasting 45-60 minutes per session, with one to two sessions per participant. This extended contact facilitated the building of rapport and the gathering of in-depth information. The researcher spent approximately six months in the field from June to November 2022, providing sufficient time to develop a thorough understanding of participants' cultural context.

Persistent observation complemented the interview process as the researcher carefully documented non-verbal cues, emotional responses, and environmental factors, providing essential context to participants' narratives. The researcher utilized a structured observation protocol focusing on participants' body language when discussing sensitive topics, noting voice changes, facial expressions, and gestures that enriched the verbal data. These detailed observations were recorded in interview notes immediately following each session and systematically incorporated into the data analysis process.

Regular peer debriefing was maintained through biweekly meetings with the advisory committee during the six-month data collection period, with more intensive

weekly consultations during the analysis phase. These structured sessions included presentation of emerging themes, discussion of challenging interpretations, and review of reflexive journal entries. The advisory team, comprising three experts in qualitative methodology, adolescent health, and substance use research, provided critical feedback that challenged the researcher's assumptions. Additionally, an external qualitative researcher not directly involved in the study reviewed samples of anonymized data and preliminary analyses, resulting in significant refinement to coding schemes and thematic structures.

Theoretical triangulation employed both Heideggerian phenomenology and feminist perspective as complementary analytical frameworks. This dual theoretical approach enabled examination of participants' lived experiences both as embodied, contextualized phenomena and as expressions of gendered power relations. During analysis, the researcher documented how each theoretical perspective illuminated different aspects of the data through an analytical matrix mapping themes across both frameworks, revealing tensions and complementarities that enriched the interpretive depth.

Member checking occurred at two distinct levels. During interviews, the researcher regularly summarized participants' accounts back to them, allowing immediate clarification. Following preliminary analysis, five participants representing diverse experiences were invited to review emerging themes and interpretations. Individual 45-minute meetings were arranged where participants reviewed accessible summaries of preliminary findings. Participants provided feedback on the interpretations' resonance with their lived experiences, suggested modifications, and offered additional insights that deepened the analysis. All five participants confirmed the themes authentically captured their experiences, with two suggesting minor clarifications that were incorporated into the final analysis, ensuring research findings remained grounded in participants lived experiences while acknowledging the researcher's interpretive role.

Transferability

To enhance transferability, the researcher provided extensive contextual descriptions that went well beyond basic demographic information. The study

incorporated rich descriptions of the cultural context surrounding alcohol consumption in northeastern Thailand, documenting specific cultural practices and beliefs including traditional gender norms, communal drinking rituals, and the influence of tourism and globalization on youth drinking culture. This valuable contextual information was systematically gathered through in-depth participant interviews and provided essential background for understanding the study findings within their cultural framework.

The researcher developed comprehensive participant profiles while maintaining strict confidentiality standards. These detailed profiles encompassed not only standard demographic information but also included family backgrounds, educational trajectories, living arrangements, and social network characteristics. This approach provided readers with sufficient contextual understanding to meaningfully assess the potential relevance and applicability of findings to other populations of young women in similar or different cultural contexts.

Thick descriptions of research settings further enhanced transferability by carefully documenting the physical, social, and temporal contexts of data collection. These descriptions included detailed accounts of interview locations, time periods, and the broader sociopolitical environment surrounding alcohol use in Thailand during the study period. The researcher noted relevant public health campaigns, ongoing policy discussions, and media representations of female drinking that formed the important contextual backdrop to participants' lived experiences.

Meticulous procedural documentation was maintained throughout the research process, including detailed recruitment procedures, interview techniques, and analytical strategies. This methodological transparency enables other researchers to thoroughly assess the applicability of the research approach to different contexts or populations, thereby strengthening the potential transferability of both the methodological approach and the substantive findings to other research settings.

Dependability

Dependability was enhanced through several rigorous methodological approaches. A comprehensive audit trail was meticulously maintained throughout the research

process, documenting all methodological decisions, changes in research design, and their underlying rationales. This documentation included chronological research logs that captured all research activities and decisions, methodological notes explaining procedural modifications and their justifications, interview protocols and their evolution based on insights from early interviews, coding manuals documenting the development and refinement of the coding scheme, and analytical memos tracking the progression of interpretations over time.

The researcher implemented a code-recode procedure to ensure coding consistency and stability. This involved coding a sample of three interview transcripts, setting them aside for two weeks, and then recoding them without referencing the original coding. The researcher then compared both coding results to identify any discrepancies, which were subsequently resolved through consultation with the advisory committee. This systematic process led to the refinement of the coding framework and enhanced the stability of the analytical approach throughout the study.

Confirmability

Confirmability was strengthened through several methodical approaches designed to minimize researcher bias and ensure that findings were grounded in participants' experiences rather than researcher preferences. The researcher employed triangulation of data sources as a primary strategy, using multiple sources of information to verify interpretations. While in-depth interviews constituted the primary data source, the researcher also systematically collected detailed field notes containing observational data and maintained a comprehensive reflexive journal documenting personal reactions and potential biases. These multiple data sources served as important cross-verification mechanisms against singular interpretations and helped create clear distinctions between participant perspectives and researcher interpretations throughout the analytical process.

The researcher maintained a structured reflexive journal throughout the entire research process, documenting personal reactions, assumptions, and potential biases that emerged during data collection and analysis. This journal followed a thoughtful three-part structure addressing descriptive elements of research experiences, personal reflections and emotional responses to participant narratives, and analytical insights about

how the researcher's positionality might influence interpretations of the data. This reflexive journal was regularly reviewed during advisory committee meetings, creating opportunities to identify potential areas where researcher bias might be influencing the analytical process. This systematic approach to reflexivity contributed significantly to establishing the confirmability of the research findings by making the researcher's interpretive process transparent and open to external scrutiny.

Data Collection

The data collection process included:

1. Gaining access

The researcher-initiated contact with potential participants by distributing invitation cards through gatekeepers, including one student affairs officer from each local university, one community youth leader, and one staff member from local health promotion centers. Before the distribution of invitation cards, the researcher met individually with each gatekeeper to explain the study's purpose, methodology, and ethical safeguards. These meetings, lasting approximately 45-60 minutes each, also served to understand the gatekeepers' perspectives on youth drinking culture and to ensure their comfort with facilitating participant recruitment. The invitation cards contained basic information about the study, eligibility criteria, and the researcher's LINE contact information. For convenience and privacy, individuals could express interest by either directly messaging the researcher through LINE or by scanning a QR code that linked to a Google Form where they could provide their contact information confidentially.

2. Participant Recruitment and Selection Process

The recruitment process for this study was conducted through a combination of purposive and snowball sampling techniques. Initially, 31 potential participants expressed interest in the study, from which 11 individuals were excluded as their drinking patterns did not align with the binge drinking criteria specified in the inclusion parameters. The preliminary recruitment phase began with three participants identified through three distinct gatekeepers. Following these initial interviews, additional participants were recruited through snowball sampling, whereby existing participants facilitated connections

with peers who matched the study criteria. For each potential participant, the researcher conducted preliminary screening conversations lasting approximately 15-20 minutes, either in person or via telephone according to participant preference. These screening sessions systematically assessed eligibility using a structured protocol based on predetermined inclusion and exclusion criteria. For participants recruited through snowball sampling, existing participants were provided with informational cards about the study to share with potentially eligible peers, who then initiated direct contact with the research process designed to preserve confidentiality and ensure voluntary participation. Throughout this recruitment phase, the researcher emphasized to existing participants the importance of not pressuring peers and only sharing study information with individuals who might genuinely be interested in contributing to the research.

3. Establishing rapport and obtaining informed consent

Prior to formal interviews, the researcher conducted preliminary meetings with each participant in a location of their choosing. These meetings, lasting approximately 30 minutes, focused on building rapport through informal conversation, explaining the study in detail, and addressing any questions or concerns. The researcher deliberately adopted a non-judgmental stance, emphasizing her interest in understanding participants' experiences rather than evaluating their behaviors. The informed consent process was conducted with particular attention to potential power dynamics between the researcher and participants. The researcher explained all aspects of the consent document in conversational Thai language, avoiding medical or academic terminology that might be intimidating. Participants were encouraged to ask questions at any point, and the researcher verified understanding by asking participants to explain key aspects of the study in their own words. Written informed consent was obtained only after the researcher was confident that the participant fully understood the study's purpose, procedures, risks, benefits, voluntary nature, and confidentiality protections. Participants were provided with a copy of the signed consent form for their records, along with contact information for the researcher and the ethics committee.

4. Conducting in-depth interviews

In-depth interviews were conducted according to a structured protocol that balanced consistency across participants with the flexibility to explore unique experiences. Each participant was interviewed 1-2 times, with interviews lasting 45-60 minutes per session. The number of interview sessions was determined by the depth and breadth of information shared in the first interview, with second interviews arranged when additional exploration of emerging themes was warranted or when time constraints limited the first interview. Interviews began with an informal conversation to establish comfort, followed by the completion of the demographic questionnaire. The researcher then transitioned to open-ended questions from the interview guide, beginning with less sensitive topics (such as general social activities) before gradually moving to more personal experiences with alcohol use. Throughout the interviews, the researcher employed active listening techniques, including reflective statements, appropriate silence, and non-verbal encouragement. The researcher was attentive to emotional cues, pausing or redirecting if participants showed signs of discomfort. All interviews were audio-recorded with permission, with the recording device positioned discreetly to minimize distraction.

For interviews conducted online due to COVID-19 restrictions (n=15), the researcher took additional steps to ensure privacy and engagement. Participants were advised to use headphones and find a private location, and the researcher used a private office with a closed door. Technical checks were conducted before beginning substantive discussion, and contingency plans were established in case of connection issues. The researcher was particularly attentive to non-verbal cues visible on screen and took more frequent pauses to check in about comfort and understanding than during in-person interviews. After each interview, the researcher thanked participants, reminded them of the confidentiality of their responses, and provided information about the next steps in the research process. Participants were invited to contact the researcher with any additional thoughts or concerns that might arise after the interview.

5. Writing interviews note

Comprehensive interviewing notes were meticulously documented immediately following each interview session, typically within 1-2 hours while observations remained vivid and accurate. These structured notes encompassed several critical components: descriptive documentation detailing the physical environment, participant demeanor, non-verbal cues, emotional expressions, and interpersonal dynamics before and after the recorded conversation; contextual information regarding environmental factors and potential interview influences; methodological reflections evaluating question effectiveness and interview technique modifications; preliminary analytical insights identifying emerging patterns and theoretical connections; and personal reflections acknowledging researcher emotional responses and potential interpretive biases. These interviewing notes were digitally transcribed, chronologically organized with cross-references to corresponding interview transcripts, and systematically reviewed throughout the data analysis process to enhance the contextual depth and interpretive validity of the qualitative data, ultimately providing a rich supplementary dataset that complemented the verbatim interview transcriptions.

Data Analysis

Data collection and analysis began simultaneously in this research. The thematic analysis following six phases (Braun & Clarke, 2019) was used as the data analysis method for the lived experiences of binge drinking among Thai female late adolescents. The following are the six phases of Braun & Clarke's thematic analysis, with details of the process:

1. Familiarizing with data

This phase included transcribing the data from audio recording into transcription verbatim. Through repeated listening and reading the data, the researcher tried to familiarize herself with the data. A note was used to record the feelings, understandings, and intuitions during listening and reading. The notebook noted facial expressions and other actions during data collection. The researcher read and re-read the transcripts multiple times to understand and make sense of the data and try to get immersed in the

data. All interviews were conducted in Thai and transcribed verbatim within 48 hours of the interview to ensure accuracy. Throughout this familiarization phase, the researcher-maintained awareness of how her position as a Thai female healthcare professional influenced her engagement with the data, documenting instances where her professional knowledge or cultural assumptions might be shaping her understanding of participants' narratives.

Researcher's Reflexivity and Impact on the Study

As a female Thai researcher with a clinical background in psychiatric nursing, I acknowledge that my position both facilitated and potentially influenced the research process. My insider status as a Thai woman familiar with northeastern cultural norms helped establish rapport with participants, as many expressed feelings more comfortable discussing sensitive topics with someone who understood the cultural context of their experiences. However, I remained cognizant that my professional identity as a nurse and educator might create a power differential or influence how participants presented their experiences.

Throughout the research process, I maintained a reflexive journal documenting not only methodological decisions but also my emotional responses, assumptions, and potential biases that emerged during interviews and analysis. For example, I noted initial surprise at the candid manner in which some participants described deliberately using alcohol to challenge gender norms, which revealed my own unconscious assumptions about appropriate female behavior despite my professional understanding of changing youth culture.

During data collection, I observed that my presence as a researcher sometimes had a therapeutic effect on participants, with several comments that the interview was the first opportunity they had to reflect deeply on their drinking behaviors in a non-judgmental environment. This observation was incorporated into my analysis of the limited spaces available for young women to process their experiences with alcohol.

To mitigate potential influences of my position on data interpretation, I engaged in regular debriefings with peers who had different cultural and professional backgrounds, which helped identify instances where my cultural positioning might be affecting my analysis. Throughout the analysis process, I continuously questioned my interpretations by asking "What assumptions am I making here?" and "How might my background as a Thai woman and healthcare professional be shaping this interpretation?" This ongoing reflexive practice enhanced the trustworthiness of the findings by making explicit the lens through which data were interpreted.

The familiarization process encompassed a comprehensive approach to deeply engage with the interview data. Initially, the researcher conducted a complete listening of each recording without interruption to obtain a holistic understanding of the interview narrative and participant communication style. This was followed by personal verbatim transcription of all recordings, capturing not only the spoken words but also pauses, emotional expressions such as laughter or sighs, and other meaningful non-verbal sounds. This researcher-led transcription, rather than delegating to external services, facilitated immediate and profound engagement with the data from the earliest stages of analysis.

Throughout the transcription process, contextual annotations were added in brackets to document elements not explicitly evident in the audio recordings alone. After completing each transcription, the researcher maintained a reflexive journal to document reactions, impressions, and preliminary interpretations. This reflective practice included noting emotional responses to participants' narratives, emerging analytical concepts, and acknowledgment of potential personal biases being activated during the analysis process.

Each transcript underwent at least three distinct review sessions over a two-week period, with each reading serving a different analytical purpose. The first reading focused on capturing the overall narrative structure and emotional tone, the second identified key topics and experiences described by participants, and the third noted linguistic patterns, metaphorical expressions, and cultural references within the text. As the collection of transcripts expanded, the researcher began identifying connections, contradictions, and patterns across different participants' accounts, creating an initial mapping of shared and divergent experiences.

2. Generating initial codes

After becoming familiar with the data, the researcher began identifying and coding meaningful segments related to the research questions. Each transcript was analyzed line by line, and codes were assigned to relevant data segments. Both inductive and deductive approaches were used to identify codes, with attention to both explicit content and implicit meanings. The researcher used manual coding to organize and manage the data.

3. Searching for themes

The coded data were then examined to identify broader patterns of meaning (potential themes). Codes with similar meanings were grouped together, and visual tools such as mind maps were used to explore relationships between codes and potential themes. This phase focused on identifying patterns that captured significant aspects of participants lived experiences with binge drinking.

4. Reviewing themes

Potential themes were reviewed and refined to ensure they accurately represented the data. This involved two levels of review: first, checking if themes worked in relation to the coded extracts, and second, reviewing themes in relation to the entire dataset. Some themes were merged, others were split, and some were discarded if they did not have sufficient data support. The advisory committee provided feedback during this phase to enhance the quality of the analysis.

5. Defining and naming themes

Each theme was clearly defined and named to capture its essence and relationship with the research questions. Detailed descriptions were developed for each theme, including its scope, boundaries, and relationship to other themes. Sub-themes were identified where necessary to provide structure to particularly complex themes.

6. Producing the report

The final phase involved weaving together the analytic narrative and data extracts to provide a coherent and compelling story about the data. The report was structured to address the research questions while highlighting the complexity and nuance of participants lived through experiences. Verbatim quotes from participants were included to illustrate and support the themes, with careful translation from Thai to English to preserve their original meaning.

Ethical Concerns

The study was conducted in accordance with rigorous ethical standards to protect the rights and welfare of participants. Formal approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Chiang Mai University (Approval No. 046/2022) before commencing any research activities. The informed consent process was carefully implemented using the accessible Thai language, with verbal explanations and verification of understanding before obtaining written consent or recorded verbal consent for online interviews. Comprehensive confidentiality measures included conducting interviews in private locations, using pseudonyms and code numbers, secure data storage, and careful removal of identifying information in published findings. Additional protections included the separation of recruitment and interview sites, strategic scheduling, and the use of encrypted communications. A comprehensive emotional support protocol was implemented by the researcher, who drew on her psychiatric nursing background to monitor participants' well-being and provide appropriate support when needed. All participants received resource information for counseling services, with follow-up for those experiencing distress. The voluntary nature of participation was emphasized throughout, with particular attention to participants recruited through snowball sampling. Cultural sensitivity was maintained through appropriate language, acknowledgment of cultural contexts surrounding female alcohol consumption in Thailand, and adaptations addressing gendered power dynamics, face-saving considerations, and hierarchical relationships.

CHAPTER 4

Finding and Discussion

This chapter presents the findings from a Heideggerian phenomenological study of the lived experience of late adolescent females with binge drinking, which utilized Heideggerian phenomenology and feminist perspective as the theoretical framework. This chapter is organized into three sections. The first section describes the demographics of the late adolescent female binge drinkers who participated in the study. The second section presents a description of themes reflecting late adolescent females' binge drinking experiences. The third section provides a discussion of the findings in relation to existing literature and theoretical perspectives.

Part I: Demographic Characteristics of Late-adolescent Females with Binge Drinking

This study involved 20 participants who were recruited. The participants were asked to fill out a questionnaire about their demographic data and drinking habits. The participants ranged in age range from 18 to 24 years, with the majority (n=11) being 21 years old. All participants were single, resided in Khon Kean, Northeastern Thailand, were enrolled in university education, and identified as students. The age at which participants first consumed alcohol varied considerably, ranging from 11 to 18 years old, with the most common age of alcohol initiation being 18 years (n=8). The earliest reported age of alcohol initiation was 11 years (P10), while several participants reported beginning alcohol consumption during mid-adolescence (13-16 years).

Regarding alcohol consumption patterns, beer was the most consumed alcoholic beverage, reported by 19 out of 20 participants. Fruit juice mixed with alcohol was the second most popular choice (n=11), followed by red liquor (n=9), wine (n=5), and brandy (n=1). Most participants reported consuming multiple types of alcoholic beverages, with only 4 participants indicating a preference for a single type of beverage (P03, P07, P08,

P13, and P16). One participant (P01) reported consuming all five types of alcoholic beverages identified in the study.

Table 1 The Demographic Characteristics of the Participants (n=20)

| Participants Code | Age | Age to start drinking alcohol | Types of alcoholic beverages |
|-------------------|-----|-------------------------------|--|
| P01 | 22 | 13 | Beer, Wine, Red liquor, Brandy, Fruit juice mixed with alcohol |
| P02 | 22 | 18 | Beer, Fruit juice mixed with alcohol |
| P03 | 18 | 16 | Beer |
| P04 | 21 | 17 | Beer, Wine |
| P05 | 22 | 17 | Beer, Fruit juice mixed with alcohol |
| P06 | 21 | 16 | Beer, Fruit juice mixed with alcohol |
| P07 | 23 | 18 | Beer |
| P08 | 21 | 15 | Beer |
| P09 | 24 | 18 | Beer, Red liquor, Fruit juice mixed with alcohol |
| P10 | 21 | 11 | Beer, Wine, Red liquor |
| P11 | 22 | 18 | Beer, Red liquor |
| P12 | 21 | 18 | Beer, Red liquor, Fruit juice mixed with alcohol |
| P13 | 21 | 16 | Beer |
| P14 | 21 | 13 | Beer, Red liquor |
| P15 | 21 | 15 | Wine, Red liquor, Fruit juice mixed with alcohol |
| P16 | 21 | 18 | Red liquor |
| P17 | 23 | 18 | Beer, Fruit juice mixed with alcohol |
| P18 | 21 | 18 | Beer, Fruit juice mixed with alcohol |
| P19 | 20 | 18 | Beer, Fruit juice mixed with alcohol |
| P20 | 19 | 15 | Beer, Wine, Fruit juice mixed with alcohol |

Part II: Analysis Findings

The purpose of this study is to understand the lived experiences of late adolescent females with binge drinking. The interpretation of the story told by the late-adolescent female provides patterns in their experience. These patterns reveal an overview of Thai late-adolescent females "being", meaning their experience of binge drinking while integrating their background, culture, and the integration between them and their family, friends, and society in the context of being binge drinkers. These late-adolescent females' experiences reflected the way they were "being" in the world.

This data was analyzed by the method of thematic analysis described in Braun and Clarke's (2006), which involves a six-step process: familiarizing oneself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2006, 2012, 2014). This study's findings reflect that these six interrelated processes are evident in the descriptions of the lived experiences of late adolescent females with binge drinking under nine themes. These themes indicate the lived experiences of late adolescent females based on their interpretations of binge drinking, the factors influencing binge drinking, and the consequences of binge drinking.

This analysis presents a comprehensive examination of the lived experiences of binge drinking among late adolescent females in Thailand. The findings have been carefully structured to align with the three research questions:

1. What is the meaning of binge drinking as perceived by Thai late adolescent females?
2. What are the factors influencing late adolescent females' binge drinking based on their own perspectives?
3. What are the consequences of late adolescent females' binge drinking based on their lived experience?

The data analysis revealed themes that directly address the research questions:

- 1) The meaning of binge drinking for late adolescent females had two main aspects:

1.1) Emancipating from female stereotypes: late adolescent females feel free to express themselves and escape social stigma, and 1.2) Demonstrating gender equality: late adolescent females view binge drinking as a demonstration of drinking capacity and a claim for equal social rights with men; 2) Factors causing binge drinking among late adolescent females included three main issues: 2.1) Managing negative emotions: late adolescent females use binge drinking to reduce stress and alleviate sadness, 2.2) Maintaining relationships: late adolescent females use binge drinking as a method to build and maintain friendships and family relationships, 2.3) Fulfilling free time: late adolescent females use binge drinking as an activity during leisure time, after work completion, and on Friday nights; 3) The impacts of binge drinking on late adolescent females included two main issues: 3.1) Negative health impacts: binge drinking affects physical health, emotions, and memory problems of late adolescent females, and 3.2) Sexual harassment: binge drinking exposes late adolescent females to sexual harassment, both physical and verbal. Each theme authentically represents participants' own language and expressions, with supporting subthemes backed by multiple direct quotes to demonstrate data saturation.

Research Question 1: What is the meaning of binge drinking as perceived by Thai late adolescent females?

1. The meaning of binge drinking for late adolescent females had two main themes as follow:

1.1 Emancipating from Female Stereotypes

This theme represents the deep meaning of how late adolescent females experience binge drinking as a path to freedom from traditional gender stereotypes in Thai society. Through binge drinking, these young women find a way to challenge and move beyond conventional expectations placed on Thai females, allowing their true selves to emerge. This emancipation manifests through two main categories: freedom of self-expression and release from social stigma. The experience appears as a temporary but powerful release from social constraints that typically control female behavior.

Table 2 A Summary of Emancipating from Female Stereotypes Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|--|------------------------------------|---------------------------|
| 1.1 Emancipating from female stereotypes | 1.1.1 Freedom of Self-Expression | 1) Speaking freely |
| | | 2) Acting freely |
| | 1.1.2 Releasing from social stigma | 1) Being not a bad person |
| | | 2) Being the new normal |

This emancipating from female stereotypes manifests through two main categories: freedom of self-expression and releasing from social stigma.

1.1.1 Freedom of Self-Expression

This category refers to late adolescent females experience a deep sense of freedom in expressing themselves through speaking freely and acting freely when consumption of an excessive amount of alcohol in a short period of time. The meaning of freedom appears both as an internal release from self-imposed restrictions and an external liberation from social constraints on female expression. The data shows that participants viewed drinking as a temporary but meaningful escape from the careful self-monitoring that typically characterizes their communication and behavior in everyday life.

1) Speaking Freely

This subcategory reveals how alcohol consumption enables participants to express themselves verbally without their usual careful self-monitoring. The data shows that when drinking heavily, these young women experience a significant transformation in their verbal expression, characterized by four key patterns: saying whatever comes to mind, expressing deep feelings, discussing taboo topics, and starting conversations with strangers.

Participants described when drinking heavily, alcohol allowed them to say whatever comes to mind:

"Heavy drinking for me means having freedom to speak... I dare to speak more. Whatever comes to mind, I just say it... when I'm not drunk, before speaking anything, I have to think a lot. But when drunk with five beers and two whisky shots in 3 hours, I don't have to think and just speak whatever I want." (P16)

"Heavy drinking makes us feel like we dare to talk more, will start conversations first... But when drunk with 3 large glasses of wine and two whisky shots in 3 hours, I dare to speak whatever is on my mind without worrying." (P2)

They also explained how drinking heavily helped them express deep feelings:

"When drunk, after drinking heavily 6 cans of beer in one night, I dare to speak more than just sitting and talking normally... I dare to suddenly express what's in our hearts and deep feelings we normally hide." (P19)

"Some things we might not dare to discuss, but when drunk after drinking heavily, as from drinking a bottle of whisky in 2 hours, I can express deep feelings kept inside for a long time." (P9)

Participants reported that heavy drinking created a context where taboo topics could be discussed:

"It's really about friends being able to talk more deeply about things we don't usually discuss. Like some taboo topics we might not dare to discuss when we're 100% sober, but with heavy drinks involved, we can bring up those topics more easily." (P9)

"Recently we talked about relationships, both among friends or friends' romantic partners - topics we normally avoid. When drinking heavily, like a bottle of whisky for 3 hours. We can bring up those topics in conversation." (P2)

They also found when drinking heavily, alcohol gave them confidence to initiate conversations with strangers:

"I like myself when I start getting heavy drunk because I dare to speak English with other. Heavy drinking for me means getting to start conversations with new people, especially strangers who are foreigners... I normally wouldn't approach them." (P10)

"When drinking heavily as of four cans of beer for two hours, I dare to talk to strangers, people I don't know. I just walk up to them and say hello, something I would never do sober." (P8)

2) Acting Freely

This subcategory refers to late adolescent females are able to express themselves through actions and behaviors typically constrained by social norms when consumption of an excessive amount of alcohol in a short period of time. The data reveals that heavy alcohol consumption creates a space where these young women feel empowered to act in ways that deviate from societal expectations of proper female conduct. Two primary patterns emerged: increased expressiveness and engaging in behaviors normally avoided.

Participants described becoming more animated and expressive when drinking heavily:

"When drinking heavily three large glasses of whisky, we dare to express ourselves more. When we drink, we become loose (loose means like acting silly and crazy), like dancing wildly with increased expressiveness. But normally we can keep our composure, we stay reserved." (P6)

"Heavy drinking means expressing myself more through dancing and movement, being braver with increased body expressiveness. When I get to dance, it makes my body relax in ways I never would when sober." (P8)

They also described engaging in behaviors they would normally avoid when drinking heavily:

"Heavy drinking as taking a bottle of whisky for 2 hours is changing my behavior. Like doing things I normally avoid or consider too risky, expressing myself in ways I wouldn't when sober, that I would normally avoid." (P5)

"When I'm drunk with heavy drinking for a short period of time, I engage in behaviors I'd normally avoid - singing loudly in public, dancing on tables, making the first move with someone I like. These are things I'd never do sober." (P11)

1.1.2 Releasing from Social Stigma

This category refers to late adolescent female, when consumption of an excessive amount of alcohol in a short period of time, temporary escape from the social judgments and societal disapproval and devaluation, leading to prejudice and unequal treatment typically associated with female drinking in Thai society. By being not, a bad person and being the new normal, they experience a release from traditional social expectations. This experience comes with a sense of defiance against traditional social norms while finding acceptance in contemporary social circles.

1) Being Not a Bad Person

This subcategory demonstrates how participants actively resist and challenge the traditional stereotype that women who drink heavily are morally compromised when consumption of an excessive amount of alcohol in a short period of time. The data reveals a significant tension between societal judgments of female drinkers and participants' self-perceptions. These young women clearly rejected the notion that drinking behavior reflects moral character, particularly when applied differently to women. This resistance appeared when women drinking is not bad moral character and not engage in sexual promiscuity.

Participants explicitly state that drinking is not a bad moral character when drinking heavily as follows:

"As a late adolescent female with heavy drinking experience, I feel that people who drink aren't bad people. But society tends to judge like 'Why go to bars?' ... I feel like I'm not doing anything wrong or that I have not bad moral character, I'm just drinking, just relaxing." (P18)

"We're just drinking liquor and beer, it doesn't mean we're always bad people or have poor moral character. I separate my drinking behavior from who I am as a person." (P7)

"Actually, women's heavy drinking is just about enjoying going to bars. It's not about being a bad person." (P19)

They also revealed when drinking heavily as drinking does not engage in sexual activity with multiple partners without commitment or emotional attachment, often over a short period of time or sexual promiscuity as:

"When drinking heavily, I feel that just drinking liquor and beer doesn't mean making myself a mess to that extent. They talk about when we drink beer, saying we're going to find men and sleep with men. I feel that just going to drink beer doesn't mean having to sleep with men or having sexual intentions." (P7)

"People assume if a woman is drinking heavily, she must be looking for sexual encounters. It's offensive. I drink heavily because I enjoy it, not because I'm looking for men or sexual opportunities." (P16)

2) Being the New Normal

This subcategory refers to late adolescent females positions their drinking behavior within changing social norms in Thai society when consumption of an excessive amount of alcohol in a short period of time. The data reveals how these young women perceive drinking as increasingly normal and acceptable for females, reflecting broader social changes in gender roles and expectations. Two key patterns emerged: the perception that women's drinking has become normal in contemporary society and the belief that women's drinking is not something unusual or strange.

Participants emphasized that when drinking heavily, female drinking has become normal in contemporary society:

"I think women who drink alcohol heavily these days are normal in contemporary society. In the past, we would see men drinking more than women. But nowadays,

it's like the world is more open... drinking has become more normal for women. Women's drinking is just the new normal now." (P2)

"Heavy drinking for women, I feel it's just an ordinary thing in today's society. I dare to be open about it. Drinking alcohol shouldn't be hidden or concealed because I feel today's society has progressed to a certain level where women's drinking is normal." (P7)

They consistently expressed when drinking heavily, women's drinking is not unusual:

"Heavy alcohol consumption by women, I don't think it's strange that we drink, because all women drink. It's not unusual or strange at all. It's our life. We have our own happiness, so we just do it." (P4)

"Heavy drinking by women, I don't think it's strange or unusual. Everyone can drink the same. Men can drink; women can drink too. And regarding heavy drinking, I think there are more women than men, because when going to bars, I see more women than men." (P14)

Summary of Themes

Female late adolescents share the meaning of binge drinking as liberation from traditional Thai gender norms, allowing them to express themselves freely and escape social stigma when consumption of an excessive amount of alcohol in a short period of time. Through alcohol, they gain the confidence to speak and act without their usual constraints, saying what they think and engaging in behaviors they would normally avoid. This emancipation represents their challenge to traditional female roles, with participants perceiving their heavy drinking as normal in contemporary society rather than an indicator of poor moral character.

1.2 Demonstrating Gender Equality

This theme refers to late adolescent females perceive their consumption of an excessive amount of alcohol in a short period of time to assert and demonstrate their equality with male drinkers in Thai society. Through their heavy drinking behaviors, these young women actively challenge traditional gender-based drinking norms and establish

their position as equal participants in drinking culture. This demonstration of gender equality manifests through having equal capability in drinking and having equal rights in social drinking, emerging as both a practical demonstration of drinking abilities and a symbolic statement about women's equal standing in social spaces.

Table 3 A Summary of Demonstrating Gender Equality Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|-----------------------------------|--|---|
| 1.2 Demonstrating Gender Equality | 1.2.1 Having Equal Capability in Drinking | 1) Mirroring Male Drinking Patterns |
| | | 2) Managing Drinking Independence |
| | 1.2.2 Having Equal Rights in Social Drinking | 1) Claiming Equal Drinking Access |
| | | 2) Asserting Equal Social Respond of drinking |

This demonstration of gender equality manifests through two main categories: equal capability in drinking and equal rights in social drinking.

1.2.1 Having Equal Capability in Drinking

This category represents how late adolescent females actively demonstrate their ability to participate in drinking culture at the same level as their male counterparts when consumption of an excessive amount of alcohol in a short period of time through mirroring male drinking patterns and managing drinking independence. Experience goes beyond simply consuming alcohol - it encompasses proving competence and self-sufficiency in drinking situations. The data reveals participants' determination to show they can handle heavy alcohol consumption as capably as men, without needing special accommodation or protection.

1) Mirroring Male Drinking Patterns

This subcategory highlights how female participants intentionally mirror male drinking behaviors to demonstrate equality when consumption of an

excessive amount of alcohol in a short period of time. The data shows that these young women deliberately engage in drinking patterns similar to those of their male peers as a way of establishing their equal capability. This involves consuming similar types and quantities of alcohol, participating equally in drinking games, and demonstrating similar drinking ability.

Participants described heavy drinking in a short period of time in female is like consuming similar types and quantities of alcohol as men:

"My father, myself, and my brother are the ones who drink heavily in two hours. Usually when I had a heavy drink with my brother, it's with his friends who are mostly men... men and women...it seems like consuming similar types and quantities of alcohol, it's more like encouraging each other to drink." (P3)

"I drink heavily in a short period of time ... it just like I drink with the same hard liquor as the men in our group, in similar quantities. I don't switch to something lighter or drink less just because I'm a woman. I mirror what they're drinking." (P1)

They described heavy drinking in a short period of time in female is like participating equally in drinking games which are social activities that involve consuming alcoholic beverages according to a set of rules, typically as part of a game or challenge as:

"I have heavy drink for a short period of time when going with several friends, some are seniors, some are from my year... men and women participate equally in drinking games, it's more like encouraging each other to drink. It's like 'Come on, bottoms up! Cheers! Drink up!'" (P3)

"When I have heavy drinking in games for four hours, I compete just like the guys do. I don't get special or easier challenges because I'm female. I play the same games with the same rules. So, I feel like heavy drinking is participated in drinking games" (P5)

They emphasized that when drinking heavily in a short period of time, as have similar drinking ability to men, such as high alcohol tolerance, being able to consume large quantities without visible impairment, and maintaining coordination after several drinks:

"I drink heavily all night and experience high alcohol tolerance as men; I never get drunk. Never. I don't get drunk at all... I think when I have heavy drinking, it is similar abilities to men. Also, despite drinking five shots of whiskey, I seemed unaffected — I could consume large quantities without visible impairment as men." (P15)

"Even after a heavy drink of six cans of beers for a short period of time, I could still walk in a straight line and dance without stumbling as men can do such as maintaining coordination after several drinks. So, heavy drinking in a short period of time means having similar drinking ability as of men" (P20)

2) Managing Drinking Independence Like Men

This subcategory refers to late adolescent females assert their autonomy in drinking space and situations when drinking heavily in a short period of time as of men. The data reveals that these late adolescent females actively manage their own heavy drinking experiences equal to those by men as, making independent choices about when and where to drink, autonomy in choosing what to drink, and creating their own drinking environments.

Participants expressed independence in choosing when and where to drink as men do when drinking heavily in a short period of time as:

"Drinking heavily for a short period of time for me means that I can drink anywhere and make my own choices about when and where to drink as men do. Sometimes I invite friends, sometimes they invite me... Sometimes I go alone... don't need to wait for anyone. I can make my own decisions independently about drinking." (P13)

"I decide for myself where I want to drink heavily in a short period of time, same as men- sometimes high-end places, sometimes casual spots. I make these choices independently" (P1)

They emphasized when drinking heavily as autonomy in choosing what to drink as:

"I drink what I like when drinking heavily for many hours, making independent choices as men, not necessarily what others order... I've felt uncomfortable when drinking styles don't match because I prefer to choose independently what I drink." (P19)

"Even when everyone is ordering beer, if I want whiskey, that's what I'll have. when drinking heavily for two or three hours, I make independent drinking choices as men based on my own preferences, not what others expect." (P3)

They described creating their own drinking environments when drinking heavily as:

"When I don't feel like going to a bar, but I want to have a heavy drink for a couple hours, I buy some to drink at the dorm. Even we are males or female, we can create my own drinking environment. At the dorm, it feels more joyful and free. We don't have to dress nicely or make ourselves look good to go out." (P17)

"Sometimes I prefer creating my own heavy drinking environment all day at home with just a few close friends, most male and female rather than going to crowded bars. I can control the music, the food, and the overall vibe." (P16)

1.2.2 Having Equal Rights in Social Drinking

Having equal rights in social drinking refers to late adolescent females actively claim and exercise their right to participate equally in drinking culture and spaces when consumption of an excessive amount of alcohol in a short period of time through claiming equal access and asserting equal treatment. The meaning extends beyond the act of drinking to encompass broader social equality in traditionally male-dominated drinking environments.

1) Claiming Equal Drinking Access

This subcategory demonstrates how participants assert their right to access drinking spaces and situations when drinking heavily in a short period of time. The data shows that these young women view drinking establishments and drinking opportunities as spaces they have an equal right to access, regardless of traditional gender norms.

Participants articulated their view when drinking heavily in a short period of time on equality in drinking access:

"Having drinking alcohol for a short period of time, for me relates to equality in drinking access as other gender. Women drink; men drink. I think everyone can consume alcohol because when they produce it, they don't specify that this drink is only for men. We have equal access to all drinking spaces. When I go out with friends, I can drink five shots of whisky within an hour—it's not just about the drinking itself but about showing that I can handle it like any guy. " (P15)

"I believe in equal access to bars and clubs when drinking heavily. These aren't 'male spaces' - they're public venues that should welcome everyone regardless of gender." (P12)

They reflected on changing social norms around women's drinking access when drinking heavily for a short period of time:

"Women have turned to drinking alcohol heavily for a short period of time more compared to before because of increased drinking access. I think it's related to social values... nowadays, the issue of equality in drinking access is becoming more open. Men go out, women go out, it doesn't seem to be a problem." (P1)

"Just a generation ago, women couldn't access certain bars or drinking spaces with heavy drinking in a short period of time. Now we have equal drinking access to almost all venues. This change reflects growing gender equality in our society." (P8)

They explicitly connected heavy drinking to gender equality in drinking access:

"Heavy drinking for a short period of time isn't something we judge based on gender. Men can drink; women can drink. We have equal drinking access to alcohol and drinking spaces because people are equal, capable of doing everything equally." (P18)

"I demand equal access to all drinking venues. If men can go there, women should be able to as well. Access to social spaces shouldn't be determined by gender, I join my friends, male and female anywhere they go for a heavy drink like bees or whiskey for a short period of time." (P4)

2) Asserting Equal Social Response of drinking

This subcategory refers to late adolescents' females demand equal respect and consideration in drinking situations regardless of gender, status, or identity—should be treated the same socially when they engage in heavy drinking alcohol in a short period of time. The data indicates that these young women actively assert fair social response based on gender and assert their right to be taken as seriously as male drinkers.

Participants expressed assert fair social response based on gender with heavy drinking when heavy drinking for a short period of time:

"I notice when drinking heavily, for two hours I receive the equal social response immediately - bartenders serve men first, bouncers question women more at the door, and people judge women more harshly for the same heavily drinking behaviors." (P11)

They discussed how older generations judge female drinkers differently when drinking heavily in a short period of time:

"I notice that when I drink heavily, like four or five shots within an hour at a party—I receive the same social response as men. Bartenders serve me without hesitation, bouncers don't question me more than others, and people treat my behavior the same way they do with male drinkers. That feels like real progress toward equality." (P18)

"My grandmother used to criticize me even if I had just one drink, while my brother could come home after drinking several beers and whiskey with no issue. But now, if I come home after having three beers and a couple of shots at a party, she doesn't say anything different to me than she does to him. It feels like I'm finally getting the same social response for drinking heavily." (P2)

They directly challenged the assertion that their right to be taken as seriously as male drinkers when I drink heavily in a short period of time:

"When I drink four shots of whisky followed by beer at a night club, I expect to be treated the same as any guy doing the same thing. I'm not just playing around—I'm fully aware of my drinking and I perceive that people take me seriously, not just see me as being reckless or emotional." (P16)

"I joined a drinking game at a friend's house and had three glasses of whisky in under an hour. The guys clapped for each other but looked surprised when I kept up. I told them straight up: I'm not here for your approval—I drink heavy, and I can handle it. (P19)

"At our college festival, I drank five beers and two whisky shots. Some people joked that I was 'trying to be one of the boys.' I told them no—I'm just being myself. If men get respect for drinking a lot, women should too. We deserve to be seen as serious drinkers as male drinker, not just expectations." (P13)

Summary of Themes

Binge drinking as perceived by adolescent females are both a practical and symbolic demonstration of gender equality, with participants actively matching male drinking patterns and asserting equal rights in social drinking spaces. These young women demonstrate their equal capability by consuming similar types and quantities of alcohol as men while managing their drinking choices independently. They challenge double standards in drinking culture, demanding both equal access to drinking spaces and equal response from others when they drink.

Research Question 2: What are the factors influencing late adolescent females’ binge drinking based on their own perspectives?

2. Factors causing binge drinking among late adolescent females included three main issues:

2.1 Managing Negative Emotions

This theme refers to a significant factor influencing binge drinking among late adolescent females as the desire to handle difficult problem in their lives. Participants identified emotional distress as a key driver that leads them to engage in heavy drinking in a short period of time. Through drinking to reduce stress and drinking to deal with sadness, they employ deliberate strategies to process and escape from overwhelming feelings they struggle to handle through other means. For these young women, binge drinking becomes an accessible coping mechanism when faced with difficult emotions and challenging life situations.

Table 4 A Summary of Managing Negative Emotions Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|--------------------------------|-------------------------------------|--|
| 2.1 Managing Negative Emotions | 2.1.1 Drinking to reduce stress | 1) Easing study stress |
| | | 2) Relieving from Family Force |
| | 2.2.1 Drinking to deal with sadness | 1) Dealing with Romantic Rejection |
| | | 2) Dealing with close friend conflicts |

This managing negative emotions manifests through two main categories: drinking to reduce stress and drinking to deal with sadness.

2.1.1 Drinking to Reduce Stress

This category represents a major factor influencing participants' binge drinking behavior: the need to alleviate intense pressure and stress in their lives through easing study stress and relieving from family force. The data reveals that stress reduction through alcohol consumption becomes a powerful motivator for drinking, particularly during periods of heightened academic or family pressure. Participants consistently identified stress as a primary reason that drives them to engage in heavy drinking episodes in the short period of time.

1) Easing Study Stress

This subcategory reveals how academic pressures drive participants toward binge drinking as a coping mechanism. The data shows that participants use heavy drinking to escape from intense academic pressures, cope with examination stress, deal with overwhelming coursework, and release tension from clinical practice requirements.

Participants described using heavy drinking due to intending to escape academic pressures:

"The reason I drink heavily is stress from studying... We went to study in the library for about 3-4 days, almost a week. We were so stressed about exams and needed to escape academic pressures. We decided to stop studying for a day and go drinking to escape from all the pressure." (P19)

"Sometimes I feel completely overwhelmed by academic pressures - the readings, the papers, the expectations. Heavy drinking for one to two hours gives me a few hours where I can escape all of that." (P3)

They used heavy drinking in a short period of time to cope with examination stress:

"During exam periods, the stress is unbearable. I drink four bottles of beer for one hour specifically to cope with examination stress - it's the only way I can stop thinking about failing." (P4)

"The night after big exams, I'm so anxious I can't sleep. Having three cans of beer helps me cope with examination stress and actually get some rest." (P10)

They drank heavily in a short period of time to deal with overwhelming coursework:

"The factor that makes me drink heavily is studying. Sometimes when we do group work... It feels like the outcome of the work isn't what I wanted. I got stressed because I had expectations. The overwhelming coursework just builds up until I need a release." (P7)

"When I have three major assignments due in the same week, the coursework becomes overwhelming. Drinking two shorts of whisky for a couple hours gives me a temporary break from thinking about all the work I still need to do." (P12)

Some mentioned heavy drinking in a short period of time to release tension from clinical practice:

"Clinical practice is the most stressful part of nursing school. After a day of dealing with real patients and making potentially life-altering decisions, I need to release the tension through four cans of beer before going to bed." (P5)

"The pressure during clinical rotations is intense. I drink two glasses of red wine to release the tension from clinical practice - to forget the things I've seen and the mistakes I'm afraid of making." (P14)

2) Relieving from Family Force

This subcategory demonstrates how family pressures and expectations drive participants to seek relief through heavy drinking in a short period of time. The data indicates participants use binge drinking to escape from family expectations, cope with parental pressure, deal with family conflicts, and find temporary freedom from family obligations.

Participants explained how they used heavy drinking in a short period of time due to intending to escape family expectations:

"Another reason I drink heavily in a short period of time is family issues... When I'm really stressed about this, I invite friends to drink heavily. Heavy drinking to forget all the bad feelings, forget the pressure from home and escape family expectations, at least for a moment." (P9)

"My family expects me to be the perfect daughter - top grades, proper behavior, eventually a good marriage. Drinking seven cans of beer just for two hours gives me space to escape these family expectations and just be myself." (P8)

They described coping with parental pressure as the reason for heavy drinking in a short period of time:

"Sometimes I drink heavily because my family has high expectations of me... just four or five cans of beer. When I feel really bad from parental pressure, I invite friends for heavy drinking to forget about my family's expectations for a while." (P12)

"My parents constantly pressure me about my career choices and future plans. Drinking a bottle of whisky with my close friends for a couple hours helps me cope with this parental pressure and gives me a temporary break from their voices in my head." (P20)

They used heavy drinks in a short period of time due to intending to deal with family conflicts:

"My parents always fight. When I hear them shouting at each other, I feel so stressed... So, I go out drinking all night ...heavy drinking with friends to escape the situation at home and deal with these family conflicts that I can't solve." (P17)

"The conflict between my mother and her new husband makes home life unbearable. Heavy drinking five cans of beers before going to bed helps me deal with these family conflicts when I feel caught in the middle." (P9)

They found temporary freedom from family obligations as a reason for heavy drinking in a short period of time:

"At home, I'm always the responsible one - helping with housework, watching younger siblings, being available whenever needed. When I drank a bottle of whiskey for one to two hours with friends, I got temporary freedom from all these family obligations." (P15)

"My family expects me to be available for family events, religious activities, and helping relatives. Heavy drinking for a couple hours gives me freedom from these family obligations for just a little while." (P6)

2.2.1 Drinking to Deal with Sadness

This category illustrates another crucial factor influencing binge drinking behavior as the need to cope with emotional pain and interpersonal difficulties through dealing with romantic rejection and dealing with close friend conflicts. Participants identified sadness, particularly from social relationships, as a significant trigger for heavy drinking episodes in a short period of time. Drinking becomes a form of emotional self-medication, with participants explicitly stating that they choose to drink heavily in response to feelings of rejection and relationship problems.

1) Dealing with Romantic Rejection

This subcategory shows how participants use binge drinking due to intending to cope with romantic disappointments. The data indicates participants drink heavily in a short period of time to numb the pain of breakups, forget about relationship problems, build confidence after rejection, and process feelings of romantic loss.

Participants described heavy drinking in a short period of time to numb the pain of breakups:

"The heaviest I ever drank was after my boyfriend broke up with me... I invited friends to drink. I wanted to forget the pain, to numb the pain of breakup, to stop thinking about him. I drank two bottles of whisky in two hours until I couldn't remember anything." (P5)

"When my boyfriend of three years left me, the pain was unbearable. I drank four shots of whiskey and two cans of beer which was the only way I could numb this pain enough to function and get through each day." (P13)

They used heavy drinking in a short period of time due to intending to forget about relationship problems:

"I was really stressed when the guy I secretly liked already had a girlfriend... I invited friends to have a heavy drink at a bar... I wanted to forget the disappointment, forget all my relationship problems, forget that I'd lost my chance." (P11)

"My relationship was constantly full of arguments and misunderstandings. Heavy drinking as six cans of beer for one or two hours helped me forget about these relationship problems, at least for a few hours." (P7)

They drank heavily in a short period of time due to intending to build confidence after rejection:

"After being rejected by someone I really cared about, my confidence was completely shattered. Drinking a bottle of whisky helped me build my confidence back, making me feel attractive and worthy again." (P8)

"When he chose someone else over me, I felt worthless. Drinking 4 shots of whisky helped build my confidence after rejection - when I'm drinking, I remember my own value and strength." (P16)

They used a large amount of alcohol in a short period of time due to intending to process feelings of romantic loss:

"When my ex-boyfriend posted pictures with his new girlfriend... I felt so hurt. That night I drank so much...a bottle of whisky for two hours to process these feelings of romantic loss... I just wanted the pain to go away." (P8)

"Losing someone you love creates a special kind of grief. Heavy drinking...eight cans of beer for three hours helped me process these feelings of romantic loss when nothing else seemed to work." (P2)

2) Dealing with Close Friend Conflicts

This subcategory reveals how participants use binge drinking to handle friendship-related emotional distress. The data indicates participants drink heavily to cope with friendship betrayals, process conflicts with close friends, deal with feelings of isolation, and manage social group tensions.

Participants explained coping with friendship betrayal as the reason for drinking heavily in a short period of time as:

"One reason I drink heavily is fighting with my close friend... When I had this problem with my friend, I went drinking heavily... five bottles of mixed drinks with another group. Drinking allowed me to express my feelings and cope with this friendship betrayal." (P17)

"When I discovered my best friend had been talking badly about me behind my back, the betrayal hurt deeply. Heavy drinking...five glasses of whisky on the rocks for two hours helped me cope with this friendship betrayal and process my feelings." (P1)

They used heavy drinking in a short period of time due to intending to process conflicts with close friends:

"Sometimes I drink heavily because I argue with friends in my group... After drinking for two hours, I got courage. I called the friend I was fighting with, and we talked until we resolved things. Heavy drinking gave me enough courage to process this conflict with my close friend." (P16)

"When my friend and I disagreed about something important, the tension between us was unbearable. Heavy drinking for one hour helped me process this conflict and eventually find a way to repair our friendship." (P4)

They drank a large amount of alcohol in a short period of time due to dealing with feelings of isolation:

"When my best friend decided to move to another university... I felt abandoned and completely alone. I invited other friends to drink a bottle of whisky that night to deal with these feelings of isolation." (P6)

"Sometimes I feel like I don't truly connect with anyone, even when I'm surrounded by people. Drinking helps me deal with these feelings of isolation and momentarily feel closer to others. I drank 6 cans of beer within two hours" (P10)

They used heavy drinking in a short period of time to manage social group tensions:

"The dynamics in our friend group have been tense lately, with people taking sides in arguments... I drank five glasses of whisky on the rock for three hours. Drinking helps us manage these social group tensions and remember why we're friends in the first place." (P19)

"When different friends don't get along, I feel caught in the middle. Drinking two shots of whisky helps me manage these social group tensions and navigate complicated politics. I spent all night at the rooftop and drank a bottle of whisky" (P3)

Summary of Themes

Participants perceived the factors influencing binge drinking as coping with overwhelming negative emotions that are difficult to handle through other means. To escape their problems such as academic stress, and family pressure, emotional pain from romantic rejections, and friendship conflicts, momentarily is another reason for binge drinking.

2.2 Maintaining Relationships

This theme identifies a significant social factor influencing binge drinking among late adolescent females: the perceived need to maintain relationships. Participants consistently cited social connections as a primary motivation for engaging in heavy

drinking in a short period of time. Through drinking to keep friendships and drinking to bond with family, these young women view alcohol consumption as an essential tool for building and preserving important social bonds. Their binge drinking is directly influenced by their desire to establish and maintain their place within social networks.

Table 5 A Summary of Maintaining Relationships Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|-------------------------------|------------------------------------|--|
| 2.2 Maintaining Relationships | 2.2.1 Drinking to keep friendships | 1) Socializing with friends |
| | | 2) Not turning down friends' invitations |
| | 2.2.2 Drinking to bond with family | 1) Making family worry-free |
| | | 2) Getting closer to relatives |

Maintaining relationships manifests through two main categories: drinking to keep friendships and drinking to bond with family.

2.2.1 Drinking to Keep Friendships

This category identifies a powerful social factor driving participants' heavy drinking in a short period of time as the perceived necessity of alcohol consumption for maintaining peer relationships through socializing with friends and not turning down friends' invitations. The data shows that participants view binge drinking as essential to their social belonging and actively engage in it to preserve their position within friend groups.

1) Socializing with Friends

This subcategory reveals how the desire for social bonding with friends influences binge drinking. The data shows that participants engage in binge drinking specifically to create shared experiences with friends, participate in group

bonding activities, build deeper connections through uninhibited conversation, and create memorable moments together.

Participants use heavy drinking in a short period of time due to intending to create shared experiences with friends:

"I like to drink heavily when I'm with friends because it feels like a very happy time and creates shared experiences. Drinking together is an activity that connects our relationship... When drinking with friends, it feels like I have a place in society, have my own group, not alone." (P8)

"Some of my favorite memories are from nights out drinking one or two bottles of whisky with friends. These shared experiences of laughing, talking, and sometimes even making mistakes together strengthen our friendship." (P19)

They used heavy drinking in a short period of time due to intending to participate in group bonding activities:

"Heavy drinking for one or two hours is something that allows me to socialize with friends through group bonding activities... If I don't join often, I feel like I'm distancing myself from the group, becoming an outsider." (P4)

"Our drinking sessions include games, dancing, and other group bonding activities that make us feel like a tight-knit community. I love to drink one to two bottles of whisky... These shared rituals are important to our friendship." (P15)

They used heavy drinking in a short period of time due to intending to build deeper connections through uninhibited conversation as the reason for binge drinking:

"When we drink together just a dozen beers, our conversations become deeper and more meaningful. Uninhibited conversation allows us to share things we normally wouldn't, building stronger bonds." (P14)

"I notice that alcohol removes our usual barriers, allowing us to have uninhibited conversations about our fears, dreams, and insecurities. Just drink one or two bottles with friends. These deeper talks create stronger friendships." (P7)

They used heavy drinks in a short period of time due to intending to create memorable moments together:

"Drinking heavily with friends is a way to help us create memorable moments together - talk more, laugh more, and get to know each other better... It makes our friendship deeper and stronger." (P14)

"Some of our most memorable moments as friends have happened while drinking - spontaneous adventures, heartfelt conversations, or just laughing until we cry. These shared memories bind us together." (P1)

2) Not Turning Down Friends' Invitations

This subcategory identifies another significant social factor influencing binge drinking: peer pressure and the fear of social exclusion. The data indicates participants drink heavily because they feel unable to refuse friends' drinking invitations, they fear being labeled as unsupportive or antisocial if they decline, they experience direct pressure to drink more than intended, and they perceive drinking as essential to group acceptance.

Participants described "feeling unable to refuse friends' invitations" as the reason for binge drinking:

"Sometimes I don't actually want to drink heavily, but I can't refuse my friends' invitations... If I don't go often, I start to feel friends becoming distant, not inviting me anywhere anymore." (P13)

"When friends text asking me to join them for heavy drinking, I find it almost impossible to refuse these invitations, even when I have other plans or don't feel like drinking." (P3)

Participants described "feared being labeled negatively if they declined" as another reason for binge drinking:

"Most of the time I drink heavily because friends tell me to... 'Hey, drink up!' 'Cheers!' 'Empty your glass!'... I can't refuse. I'm afraid of being labeled

unsupportive or antisocial, ruining the atmosphere, hurting friends' feelings."
(P2)

"If I say no to heavy drinking invitations too often, friends start calling me boring or uptight. I drink to avoid being labeled as antisocial or someone who doesn't know how to have fun." (P5)

They described “direct pressure to drink more than intended” as another factors for binge drinking:

"When friends keep saying 'just one more' or 'don't waste alcohol,' I end up heavy drinking much more than I intended due to this direct pressure from my friends."
(P13)

"I often plan to have just one or two drinks, but friends pressure me directly - refilling four to five glasses of whisky without asking, ordering many shots for everyone, or challenging me to drink games. This direct pressure makes it hard to stick to my limits." (P18)

They perceived as “essential to group acceptance” as another factors for binge drinking:

"When friends invite me to drink many glasses of whisky, I have to go... If I keep saying no, they'll stop asking me to join other activities too. Drinking is essential for maintaining my acceptance in the group." (P20)

"To be fully accepted in my social circle, participating in heavy drinking is essential. People who don't drink are often left out of plans or treated differently. Group acceptance requires participation in heavy drinking activities." (P9)

2.2.2 Drinking to Bond with Family

This category identifies family relationships as another social factor influencing participants' heavy drinking behavior through making family worry-free and getting closer to relatives. The data shows that family dynamics and expectations regarding alcohol can directly contribute to binge drinking practices among these young women.

1) Making Family Worry-Free

This subcategory reveals how familial attitudes toward heavy drinking can influence heavy drinking behavior. The data indicate participants engage in drinking because family members encourage them to learn drinking skills, parents view controlled drinking as safer than prohibition, family-supervised drinking is seen as preparation for adult social life, and drinking competence is presented as a valuable social skill.

Participants described how families encouraged them to learn drinking skills as another factors for binge drinking:

"My father told me I should learn to drink because when I actually work, there will be social gatherings... So, my father told me to practice drinking with a bottle of whisky for one or two hours since university, so I'll know my limits and develop proper drinking skills." (P1)

"My uncle has been teaching me about different alcohols since I turned 18. He invited me to drink a dozen of beer...so, I believe learning proper drinking skills from him by heavy drinking is important for my future career and social life." (P8)

Participants described "parents viewed controlled drinking as safer than prohibition" as another factors for binge drinking:

"My family doesn't forbid heavy drinking at all. My mother says that in university, you'll encounter this kind of society anyway. Forbidding it would be pointless; it might even make me sneak out and be more dangerous. Controlled drinking is safer in her view." (P10)

"My parents believe that completely prohibiting alcohol would just make me curious and likely to drink secretly in unsafe ways. They think controlled heavy drinking under their guidance is much safer." (P2)

Participants described "family-supervised drinking was seen as preparation for adult social life" as another factors for binge drinking:

"My parents buy alcohol for family gatherings... They say it's better I learn to drink properly at home with them as preparation for adult social life than secretly with friends." (P15)

"At family parties, my parents allow me to drink moderately, viewing this family-supervised heavy drinking as good preparation for the social drinking I'll encounter in professional settings later." (P5)

Participants described "drinking competence was presented as a valuable social skill "as another factors for binge drinking:

"In my family, knowing how to handle heavy drinking with grace is seen as a valuable social skill, especially for business dinners and networking events in my future career." (P1)

"My father believes that heavy drinking competence - knowing what to order, how to pace myself, and maintaining composure - is an important social skill for professional success." (P12)

2) Getting Closer to Relatives

This subcategory demonstrates how family bonding influences drinking behavior. Participants indicated they drink heavily because it creates opportunities to develop deeper connections with relatives, it facilitates more open communication with family members, it serves as a medium for intergenerational connection, and it creates more informal interactions with relatives.

Participants described developing deeper connections with relatives through drinking:

"When she invites me for drinks, I drink more heavily than usual because it's a good opportunity to become closer to her and develop deeper connections with relatives. Drinking together makes our conversations more relaxed." (P3)

"Some of my aunts and uncles seemed distant and formal until we shared drinks at a family celebration. Now we have deeper connections that continue even when we're not drinking." (P16)

Participants described “facilitated more open communication with family members” as another factor for binge drinking:

"Drinking a bottle of whisky with my older sister made our communication more open than ever before. We talked about things we'd never discussed - her marriage problems, my career uncertainties - creating a new level of honesty between us." (P2)

"When my father and I share a dozen beer drinks, our communication becomes more open. We can discuss difficult topics like my future plans or his health concerns that we normally avoid." (P9)

Participants perceived that heavy drinking served as a medium for intergenerational connection as another reason for binge drinking:

"I drink heavily during celebration times with my family... Family drinking serves as a medium for connecting across generations. Everyone laughs, talks, tells jokes... It makes us feel like we're really one family despite the age gaps." (P6)

"Drinking with my grandfather has given me insights into his youth and our family history. Alcohol serves as a medium that bridges the generational gap between us." (P11)

Participants perceived that creating more informal interactions with relatives as another reason for binge drinking:

"Drinking a dozen beers with my older cousins makes me feel more like an adult... The informal interaction that comes with sharing drinks helps us relate as equals rather than as elder and younger relatives." (P11)

"Family gatherings can be stiff and formal, but when a large amount of alcohol is involved, the interactions become more relaxed and genuine. These informal interactions help me see my relatives as real people." (P20)

Summary of Themes

Factors influencing binge drinking as perceived by adolescent females involve socializing with friends and not turning down friends' invitations. With peers, alcohol facilitates shared experiences and deeper conversations, while the fear of social exclusion often prevents them from declining drinking invitations. Some families even encourage drinking skills as preparation for adult social life, and alcohol helps create more relaxed interactions with relatives, bridging generational gaps.

2.3 Fulfilling free time

This theme identifies leisure time as a significant factor influencing binge drinking among late adolescent females. Participants consistently cited the availability of free time and the desire to maximize enjoyment of this time as key motivations for engaging in heavy drinking. Through drinking during leisure time, drinking after work completion, and celebrating Friday nights, these young women view alcohol consumption not merely as a recreational activity but as an essential component of celebrating and marking distinctions between work and leisure periods. Their drinking behavior is directly influenced by the temporal structure of their academic and social lives.

Table 6 A Summary of Fulfilling Free Time Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|--------------------------|--------------------------------------|--|
| 2.3 Fulfilling free time | 2.3.1 Drinking during leisure time | 1) Drinking during semester breaks |
| | | 2) Drinking during long holidays |
| | 2.3.2 Drinking after work completion | 1) Drinking after Submitting Major Assignments |
| | | 2) Drinking after finishing exams |
| | 2.3.3 Celebrating Friday nights | 1) Drinking to start the weekend |
| | | 2) Drinking to Relieve Weekly Fatigue |

This fulfilling free time manifests through three main categories: drinking during leisure time, drinking after work completion, and celebrating Friday nights.

2.3.1 Drinking During Leisure Time

This category identifies specific periods of extended free time as factors that directly influence participants' binge drinking behavior through drinking during semester breaks and drinking during long holidays. The data shows that participants strategically plan binge drinking episodes to coincide with longer breaks from academic responsibilities, deliberately choosing times that minimize interference with their studies.

1) Drinking During Semester Breaks

This subcategory reveals how the availability of extended academic breaks influences binge drinking behavior. The data shows that participants specifically choose semester breaks for heavy drinking because they can drink without worrying about next-day classes, academic pressures are temporarily lifted, they have time to recover properly, and they can plan longer social drinking sessions.

Participants described drinking without worrying about next-day classes as a reason for binge drinking:

"I drink heavily during semester breaks because it's a time when I don't have to worry about studying or next-day classes. No homework, no reports, no exams... During the long semester break, I drink almost every week." (P14)

"During semester breaks, I can drink as much as I want without constantly checking the time or worrying about next-day classes. This freedom makes drinking much more enjoyable." (P5)

They mentioned how academic pressures are temporarily lifted as another reason for binge drinking during a semester break:

"I like drinking heavily during semester breaks the most because academic pressures are temporarily lifted. I don't have to worry about going to class tomorrow, waking up early, or submitting work." (P18)

"The best thing about semester breaks is the absence of academic pressure. I can enjoy drinking without the constant stress of assignments, readings, and exams looming over me." (P9)

They valued having time to recover properly as another reason for binge drinking during a semester break:

"Semester breaks are perfect for drinking because we have time to fully recover from hangovers properly, not having to rush to class with a headache." (P3)

"During the semester, I'm always worried about being functional the next day. During breaks, I can take my time to recover properly from a night of heavy drinking, sometimes spending the whole next day in bed." (P16)

They described planning longer social drinking sessions as another reason for binge drinking during a semester break:

"During semester breaks, my friends and I plan longer social drinking sessions that sometimes last all night or continue for multiple days in a row. We couldn't do this during the school term." (P18)

"The semester break allows us to plan extended drinking trips to beach towns or mountain resorts where we can have longer social drinking sessions without interruption." (P7)

2) Drinking During Long Holidays

This subcategory demonstrates how holiday periods influence drinking behavior. Participants indicated they choose major holiday periods for significant drinking experiences because they offer extended recovery periods, family gatherings provide safe drinking environments, traditional celebrations normalize drinking behavior, and social expectations support group drinking activities.

Participants described having extended recovery periods during holidays:

"I drink heavily during long holidays, like Songkran, New Year's... because they offer extended recovery periods. Especially during festivals like Songkran, there's drinking throughout the day, from morning till night." (P20)

"The beauty of holiday periods is having several consecutive days off, which provides extended recovery time after drinking heavily. I can gradually recuperate without worrying about work." (P12)

Participants described having Family gatherings provided safe drinking environments as another reason for binge drinking during holiday:

"During New Year's, my whole extended family gathers, creating a safe environment for heavy drinking. Adults are present but permissive, giving us freedom while ensuring basic safety." (P9)

" We drink a large amount of alcohol during holiday family gatherings provide a safer drinking environment than going out. We're in a private home with people we trust, and there's usually food and beds available." (P16)

Participants described having “Traditional celebrations normalized drinking behavior” as another reason for binge drinking during holiday:

"Long holidays are the only time I can drink heavily with a peaceful mind. Traditional celebrations like Songkran normalize drinking behavior - everyone's doing it, so it feels completely acceptable." (P12)

"During traditional festivals, drinking is simply part of the celebration. The cultural context normalizes even heavy drinking in a way that doesn't happen during ordinary weekends. We drink a dozen bottles of beer and one or two bottles of red wine" (P3)

Participants described having “social expectations supported group drinking activities” as another reason for binge drinking during holiday:

"During New Year's or Songkran, everyone is drinking. Social expectations fully support group drinking activities - it would be strange NOT just drink a few glasses during these celebrations. Normally we have at least a dozen bottles of wine" (P9)

"Holiday periods come with social expectations that include drinking together. We celebrated holiday with bottles of beer, wine, and whisky. Friends plan group trips specifically centered around drinking activities, and saying no seems almost impossible." (P17)

2.3.2 Drinking After Work Completion

This category identifies academic achievements and task completion as factors directly influencing participants' binge drinking behavior through drinking after submitting major assignments and drinking after finishing exams. The data shows that participants use binge drinking as a reward system and celebration marker specifically timed to follow the completion of challenging academic tasks.

1) Drinking After Submitting Major Assignments

This subcategory shows how academic milestones trigger binge drinking events. Participants described choosing to drink heavily after submitting assignments because it marks the completion of major projects, it rewards themselves for hard work, it releases accumulated stress from deadlines, and it shares celebration moments with peers facing similar challenges.

Participants described marking the completion of major projects as the reason for binge drinking after submitting major assignments:

"I drink heavily every time after submitting important assignments to mark the completion of major projects... As soon as I submit, a feeling of relief rushes in. And there's a feeling that I deserve a reward." (P17)

"Submitting a big project feels like crossing a finish line, and heavy drinking is our way of marking this completion. It creates a clear boundary between the work phase and the relaxation phase." (P11)

They viewed “the reward for hard work” lead to heavy drinking after submitting major assignments:

"I drink heavily regularly after submitting big reports as a reward for all the hard work... After submitting it, it's like a new life. Like being reborn. It's very relieving." (P5)

"After weeks of sacrificing sleep and social life to complete a major assignment, drinking feels like a well-deserved reward for all this hard work and discipline." (P8)

"Drinking helped release accumulated stress from deadlines” is another reason for binge drinking after submitting major assignments as perceived by participants.

"The day we submit our group project is always a drinking day. We go straight from submitting to the bar with two bottles of whisky to release all the accumulated stress from meeting the deadline." (P10)

"The pressure of deadlines creates intense stress that builds up over weeks. Drinking after submission with a dozen beers helps release this accumulated stress all at once." (P6)

They perceived that “shared celebration moments with peers” is another factor for binge drinking after submitting major assignments:

"After submitting major assignments, we celebrate together with classmates who've been through the same struggle. These shared celebration moments with two bottles of whisky strengthen our bonds." (P5)

"There's something special about celebrating with the exact people who understand what you've just been through. These shared moments of relief and joy after submission with six cans of beer are irreplaceable." (P19)

2) Drinking After Finishing Exams

This subcategory reveals the role of examination completion in triggering binge drinking behavior. Participants indicated they drink heavily after exams because it provides a necessary release of academic pressure, it offers a shared celebration with fellow students, it creates a clear marker between study and rest periods, and it rewards intensive preparation efforts.

Participants described the “necessary release of academic pressure” as another reason for heavy drinking after finishing exam:

"I drink heaviest after finishing final exams for a necessary release of all academic pressure. After studying intensely for a week, hardly sleeping, very stressed... as soon as the professor collects the exam, I'll arrange with friends to go drinking." (P16)

"The end of exams brings an almost physical need to release all the academic pressure that's been building. Drinking provides that immediate release valve." (P3)

They valued the shared celebration with fellow students as another reason for heavy drinking after finishing exam:

"After final exams, we have a tradition of going drinking heavily with dozen beers together every semester for a shared celebration with fellow students... It's a celebration that we've gotten through this semester together." (P19)

"There's nothing quite like the collective relief and joy of celebrating with the exact people who've been through the same exam stress. This shared celebration creates powerful bonds with one or two bottles of whisky." (P4)

Participants valued drinking as a clear marker between study and rest periods as another reason for heavy drinking after finishing exam:

"The moment the last exam is over, we all head to the bar ordering two or three shots of whisky as a clear marker that separates the study period from the rest period. It's like a ritual that helps us transition to vacation mode." (P2)

"Drinking after exams...two or three large glasses of wine serves as a ceremonial marker between academic stress and freedom. It helps me mentally close one chapter and begin another." (P7)

They perceived that drinking as “reward intensive preparation efforts” as another reason for heavy drinking after finishing exam:

"After weeks of intensive preparation efforts for exams, drinking is our way of saying 'we did it' - a reward for all the hard work regardless of the actual results." (P16)

"The intensity of exam preparation - the all-nighters, the practice questions, the group study sessions - deserves a significant reward. Drinking provides immediate gratification." (P20)

2.3.3 Celebrating Friday Nights

This category identifies the weekly transition from weekday to weekend as a factor directly influencing participants' binge drinking behavior through drinking to start the weekend and drinking to relieve weekly fatigue. The data shows that Friday nights hold special significance as a ritualistic time for binge drinking that marks the boundary between work and leisure.

1) Drinking to Start the Weekend

This subcategory demonstrates how the weekly cycle influences binge drinking behavior. Participants chose Friday nights for drinking because it serves as a ritual transition into weekend mode, it creates a shared celebration of completed weekday obligations, it provides an opportunity for extended social interaction, and it serves as a regular reward for weekly achievements.

Participants described the “ritual transition into weekend mode” as the reason for binge drinking to start the weekend

"Every Friday I arrange with friends to go drinking in the evening after classes as a ritual transition into weekend mode. It's like an initiation ceremony for the weekend... If it's Friday, we'll drink heavier than usual." (P7)

"Friday drinking is our ritual way of switching from study mode to relaxation mode. It helps separate the two parts of our lives clearly." (P3)

They created a shared celebration of completed weekday obligations is another reason for binge drinking to start the weekend

*"Friday is a day of celebration for me and my group of friends to mark the **completion of weekday obligations**. We have a tradition that every Friday evening we must go drinking together to celebrate the end of the week." (P11)*

*"Making it through another week of classes, assignments, and responsibilities deserves a **shared celebration**. Friday drinking acknowledges our collective accomplishment." (P15)*

Another reason for binge drinking to start the weekend is “Fridays provided **opportunity for extended social interaction**”:

*"Friday night drinking gives us the **opportunity for extended social interaction** since we can stay out later and sleep in the next day. We can spend hours talking without watching the clock." (P1)*

"Unlike weeknights when everyone has to leave early, Friday nights allow for extended time together. Conversations can develop naturally without the pressure of early morning obligations." (P9)

Friday drinking served as a **regular reward for weekly achievements** is also another reason for binge drinking to start the weekend

*"Friday night is drinking night. It's when we **reward ourselves for making it through another week** of classes and meeting all our obligations." (P1)*

*"Each week brings its own challenges and small accomplishments. Friday drinking is our **regular reward system** to acknowledge these weekly achievements." (P13)*

2) Drinking to Relieve Weekly Fatigue

This subcategory reveals how accumulated weekly fatigue directly influences drinking behavior. Participants indicated they drink on Fridays specifically to alleviate accumulated physical and mental exhaustion, process stress built up throughout the week, release tension from academic demands, and restore energy for the coming week.

Participants described alleviating accumulated physical and mental exhaustion as another reason for binge drinking to relieve weekly fatigue:

"By Friday, my body and mind are very tired from the cumulative effect of the week. I'll invite friends to go drinking to release the tiredness accumulated all week. Drinking makes all the physical and mental exhaustion disappear." (P4)

"The exhaustion by Friday isn't just from that day - it's from five consecutive days of early mornings, long classes, and constant mental effort. Drinking helps alleviate this accumulated tiredness." (P12)

Another reason for binge drinking to relieve weekly fatigue is to "process stress built up throughout the week":

"The time I drink heavily regularly is every Friday because it's when I need to process all the stress that's built up throughout the week. Accumulated stress from all 5 days... I drink to release all stress, all tiredness." (P8)

"Each day of the week brings its own stressors that accumulate gradually. Friday drinking helps me process and release this built-up stress before it becomes overwhelming." (P2)

Drinking helped release tension from academic demands is also another reason for binge drinking to relieve weekly fatigue

"After a whole week of classes, assignments, and practice, Friday is when we go out to drink and release all the tension from these constant academic demands." (P13)

"The continuous pressure to perform academically creates physical tension that seems to settle in my shoulders and neck. Friday drinking helps release this tension from academic demands." (P6)

"Drinking to restore energy for the coming week" is factor for binge drinking to relieve weekly fatigue

"Friday drinking helps me reset and restore my energy for the coming week. Without this release, fatigue would just carry over into the weekend and then the next week." (P4)

"I see Friday drinking as necessary maintenance - by releasing the week's accumulated stress, I can actually restore my energy and start the next week fresh." (P10)

Summary of Themes

Late adolescent females strategically plan their binge drinking due to coincide with periods free from academic responsibilities, viewing alcohol as essential for marking the boundary between work and leisure. Semester breaks and holidays offer extended recovery time without worrying about next-day classes, while completing major assignments or exams triggers celebratory drinking. Friday nights hold special significance as a ritualistic transition into weekend mode, helping to relieve accumulated weekly fatigue.

Research Question 3: What are the consequences of late adolescent females' binge drinking based on their lived experience?

3. The impacts of binge drinking on late adolescent females included two main issues:

3.1 Negative Health Impact

This theme captures the profound physical and psychological consequences that late adolescent females experience as a result of their binge drinking behaviors. Through their lived experiences, these late adolescent females reveal how binge drinking creates cascading health effects that impact their daily functioning and quality of life. The meaning of "negative health impact" encompasses a comprehensive range of adverse effects through physical effects, emotional impacts, and memory problems that extend beyond the immediate drinking episode, affecting their overall wellbeing across multiple dimensions.

Table 7 A Summary of Negative Health Impact Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|----------------------------|-------------------------|-----------------------|
| 3.1 Negative health impact | 3.1.1 Physical effects | 1) Immediate effects |
| | | 2) Day-aftereffects |
| | 3.1.2 Emotional impacts | 1) Increased anger |
| | | 2) Feeling down |
| | 3.1.3 Memory problems | 1) Forgetting events |
| | | 2) Forgetting details |

This negative health impact manifests through three main categories: physical effects, emotional impacts, and memory problems.

3.1.1 Physical Effects

This category represents the bodily manifestations of binge drinking that participants experience through immediate effects and day-after effects. The physical impact presents itself in two distinct temporal phases - immediate effects during drinking

episodes and prolonged aftereffects that extend into subsequent days. These experiences often serve as stark reminders of their bodies' limitations with alcohol consumption.

1) Immediate Effects

This subcategory demonstrates the immediate physical consequences participants experience during their drinking episodes. The data reveals that participants suffer from a range of acute physical symptoms that significantly impair their functioning.

Participants described physical dysfunction while drinking:

"When drinking heavily, I don't feel good physically at all. I get very dizzy, nauseous like I'm going to vomit, and have episodes of feeling faint. I experience complete physical dysfunction - I walk unsteadily, staggering back and forth." (P5)

"My body feels heavy and uncontrollable during drinking episodes. Sometimes I can't even get to the bathroom on my own due to physical dysfunction." (P12)

Participants described the progression of physical symptoms as a negative physical health impact:

"The effects start with a hot flush in my face as the first physical symptom, then I notice myself talking louder... as symptoms progress, my legs feel weak, my hands shake, and I can't hold my glass firmly." (P17)

"I can track the progression of symptoms as I drink more - first warmth and relaxation, then difficulty focusing my eyes, then trouble forming words, and finally difficulty walking straight." (P8)

They also mentioned cardiovascular symptoms as the physical negative health impact from binge drinking:

"When I stand up, my head spins and I walk unsteadily. I have to hold onto friends or walls for support... I've even felt cardiovascular symptoms like my heart was beating abnormally fast." (P9)

"After several drinks, I can feel my heart racing and my pulse pounding in my temples - these cardiovascular symptoms can be scary, making me wonder if I'm doing permanent damage." (P3)

Another physical negative health impact from binge drinking is nausea and vomiting:

"The worst immediate effect is the extreme nausea and vomiting that comes when I've had too much. Once the room starts spinning, I know I'll be rushing to the bathroom soon." (P17)

"Sometimes the nausea and vomiting happen suddenly - one minute I'm fine, the next I'm desperately looking for somewhere to be sick. It's embarrassing and physically painful." (P6)

2) Day-After Effects

This subcategory shows how participants struggle with lingering physical symptoms after drinking episodes. The data indicates that participants experience prolonged and debilitating physical aftereffects that can last for days.

Participants described severe headaches as day-aftereffects from binge drinking:

"The day after heavy drinking is hell on earth. I wake up with a severe headache, like someone is hammering at my temples... My body feels extremely weak. I can barely get out of bed." (P12)

"The headache the next day isn't just any headache - it's a severe, throbbing pain that makes even lifting my head from the pillow agonizing." (P5)

They mentioned extreme sensitivity to stimuli:

"It's like someone is drilling into my head when I wake up... my eyes can't handle light with extreme sensitivity, so sunlight makes my eyes burn. Even the slightest noise seems extremely loud." (P3)

"The day after heavy drinking, everyday sensations become painful. Normal daylight feels like staring at the sun, and ordinary conversations sound like shouting due to my extreme sensitivity." (P9)

They also described dehydration symptoms as day-aftereffects from binge drinking:

"The next day I'm like a zombie. I can't get out of bed. My head hurts terribly... The next day my body feels dehydrated too with severe symptoms. I'm extremely thirsty and no amount of water seems to be enough." (P14)

"Dehydration symptoms the next day are terrible - dry mouth, cracked lips, headache, and a desperate thirst that drinking water doesn't seem to fix completely." (P7)

They mentioned extended recovery periods as day-aftereffects from binge drinking:

"I need a whole day to recover from a hangover... Sometimes it takes two days before I feel normal again, requiring an extended recovery period." (P6)

"The aftereffects don't always go away after just one day. Sometimes I need an extended recovery period of 2-3 days before I feel completely normal again." (P15)

3.1.2 Emotional Impacts

This category represents the significant emotional and mood-related consequences that participants experience due to binge drinking through increased anger and feeling down. These emotional effects often emerge as unexpected and unwanted side effects of their drinking behavior.

1) Increased Anger

This subcategory reveals how alcohol consumption leads to heightened aggression and irritability. The data shows participants experience dramatic changes in their emotional regulation and impulse control, particularly related to anger.

Participants described increased irritability as emotional impacts from binge drinking:

"When drinking heavily, my emotions change very quickly with increased irritability—I could laugh for one minute, then suddenly feel angry for no reason. Little things make me irritated that wouldn't bother me sober." (P6)

"I become extremely irritable when drinking - comments or behaviors that I would normally ignore suddenly seem incredibly annoying or even deliberately provocative." (P15)

They also mention that dramatic personality changes as emotional impacts from binge drinking:

"Normally I'm quiet and calm, but once I get drunk, I undergo a dramatic personality change. I become hot-tempered, loud, and confrontational in ways that don't reflect my true personality." (P18)

"My friends say I become a completely different person when I drink heavily - much more aggressive and argumentative. This dramatic personality change is concerning even to me." (P1)

Another emotional impact from binge drinking is reduced emotional control:

"When I drink a lot, it's like another person takes over my body with reduced emotional control... most importantly, I get angry very easily and can't seem to stop myself from expressing it." (P2)

"The scariest part of drinking is how quickly I lose emotional control. Small annoyances become major issues, and I can't seem to maintain perspective or calm myself down." (P13)

Another emotional impact from binge drinking is increased confrontational behavior:

"I argue with everyone when I'm drunk with increased confrontational behavior... I say things I would never say when sober and pick fights over minor issues." (P10)

"When drinking, I become much more confrontational - challenging people's statements, questioning their motives, and sometimes even starting arguments intentionally." (P4)

2) Feeling Down

This subcategory demonstrates how binge drinking often leads to negative emotional states. Participants report experiencing unexpected sadness, emotional vulnerability, and depressive thoughts while drinking or afterward.

Participants described experiencing unexpected sadness:

"Sometimes I'm having fun, but then suddenly unexpected sadness overcomes me. My thoughts spiral to sad things in my life, things I'm worried about or upset about." (P7)

"The shift can happen in an instant - from laughing and having fun to feeling unexpected, overwhelming sadness that seems to come from nowhere." (P4)

Participants described increased emotional vulnerability as emotional impacts from binge drinking:

"When drinking heavily, sometimes I experience what's called 'drunk depression' with increased emotional vulnerability. At first I'm having fun, but as I keep drinking, I suddenly become sad and start crying for no reason." (P4)

"Alcohol seems to strip away my emotional defenses, leaving me vulnerable in ways I wouldn't be while sober. Small disappointments can trigger overwhelming emotional responses." (P16)

Participants described depressive thoughts as emotional impacts from binge drinking:

"Drinking makes me suddenly think about sad things in my life, triggering depressive thoughts... It makes the world seem completely dark, with nothing beautiful, and the future seems bleak." (P10)

*"After several drinks, my mind often turns to depressive thoughts about my failures, my shortcomings, and all the ways I've disappointed myself or others."
(P5)*

Another emotional impact from binge drinking is post-drinking emotional fragility:

*"I often end up crying when I drink too much due to emotional fragility... All my insecurities and problems seem bigger and more overwhelming than they are."
(P19)*

"The day after heavy drinking, I experienced emotional fragility that can last for days. Small setbacks seem catastrophic, and I'm much more likely to cry or feel overwhelmed." (P8)

3.1.3 Memory Problems

This category illustrates how binge drinking significantly impairs participants' memory function through forgetting events and forgetting details, affecting their ability to recall events and details from their drinking episodes. This memory impairment creates gaps in their experience and often leads to anxiety about their behavior during these periods.

1) Forgetting Events

This subcategory reveals complete memory gaps participants experience after binge drinking. The data shows participants experience significant blackouts that leave them unable to recall substantial portions of their drinking episodes.

Participants described complete memory loss as a health impact from binge drinking:

"I've experienced drinking to the point where my memory completely vanishes with total memory loss. I remember sitting drinking at a bar, then the next thing I know, I'm waking up in my dorm. I don't know how I got back." (P15)

"The scariest part is the complete gap in my memory - hours of my life simply gone, with no trace or fragment remaining. This complete memory loss is frightening." (P12)

They shared experiences with blackouts as health impact from binge drinking:

"There have been many times I've drunk so heavily that I can't remember anything—experiencing a total blackout. I only remember the beginning when I started drinking, but after that, nothing." (P8)

"The blackouts are terrifying because I'm told I continued functioning - talking, walking, making decisions - but I have absolutely no memory of any of it." (P3)

They expressed concerns about unknown behaviors as health impact from binge drinking:

"When drinking heavily, I often experience memory lapses... It becomes completely blank, which is concerning because we don't know what we did during these unknown periods." (P20)

"The worst part of these memory gaps is not knowing what I said or did - did I embarrass myself? Offend someone? Make promises I can't keep.? These unknown behaviors cause anxiety." (P11)

They described waking up disoriented as the health impact from binge drinking:

"Sometimes I wake up the next day with no memory of how I got home or what happened after a certain point. This disorientation upon waking is very disturbing." (P1)

"Waking up in my bed with no memory of how I got there creates intense disorientation and anxiety. I have to piece together the previous night from clues or by asking friends." (P5)

2) Forgetting Details

This subcategory demonstrates how participants experience partial memory loss of specific details from their drinking episodes. The data indicates that

participants struggle to recall conversations, interactions, and sequences of events, even when they remember the overall drinking experience.

Participants described fragmented memories as health impact from binge drinking:

"I don't forget the entire night—just certain parts or moments with fragmented memories... It's like my brain isn't fully functioning—my memories are interrupted in patches. Like a movie with some scenes cut out." (P1)

"My memory of drinking nights is like a damaged film - I have clear sequences interrupted by complete blanks, creating a fragmented, disjointed recollection." (P17)

They mentioned inability to recall conversations as health impact from binge drinking:

"I already have a fairly bad memory, and when I drink heavily, it gets even worse. I can't recall conversations or what was discussed... I might have met strangers, talked to them, but don't remember what was said." (P19)

"Friends will reference conversations we had while drinking, but I have no recollection of these discussions. This inability to recall conversations is embarrassing and sometimes concerning." (P10)

They described confusion about event sequences as health impact from binge drinking:

"Sometimes I only remember certain parts or moments, like I remember how it was when we started drinking, and then I remember again near the end of the night, but the middle part with the sequence of events is completely gone." (P13)

"I often get the order of events wrong, misremembering what happened first or last. This confusion about sequences makes it hard to piece together the night accurately." (P6)

They mentioned forgetting important information as health impact from binge drinking:

"I forget conversations or promises I made while drinking... Sometimes this causes problems with friends when I don't remember important information they shared or commitments I made." (P16)

"I've missed appointments, forgotten important news friends shared, and failed to follow through on plans - all because I couldn't retain important information while drinking." (P4)

Summary of Themes

Binge drinking creates significant physical and psychological consequences that extend beyond the immediate drinking episode, affecting participants' overall wellbeing. Physically, they experience immediate symptoms like dizziness and nausea, followed by severe hangovers, while emotionally they report increased anger and unexpected sadness during or after drinking. Memory problems, ranging from complete blackouts to fragmented recollections, create anxiety about their behavior during these periods of impaired recall.

3.2 Sexual Harassment

This theme illuminates the troubling reality of how late adolescent females become vulnerable to sexual harassment during and after binge drinking episodes. Through their lived experiences, participants reveal how their compromised condition during binge drinking makes them target for various forms of harassment through physical conduct and verbal conduct, creating situations where their personal boundaries and dignity are violated. The meaning of "sexual harassment" in this context represents unwanted sexual attention and behaviors that these late adolescent females experience specifically due to their intoxicated state.

Table 8 A Summary of Sexual Harassment Theme, Categories, and Subcategories

| Theme | Categories | Subcategories |
|-----------------------|------------------------|------------------------------|
| 3.2 Sexual Harassment | 3.2.1 Physical Conduct | 1) Unwanted touching |
| | | 2) Blocking movement |
| | 3.2.2 Verbal Conduct | 1) Comments about appearance |
| | | 2) Inappropriate jokes |

This sexual harassment manifests through two main categories: physical conduct and verbal conduct.

3.2.1 Physical Conduct

This category represents the unwanted physical interactions that participants experience during their drinking episodes through unwanted touching and blocking movement. The experience of physical harassment emerges as particularly threatening because their intoxicated state often impairs their ability to defend themselves or remove themselves from dangerous situations. The physical nature of these encounters creates lasting emotional trauma and fear.

1) Unwanted Touching

This subcategory demonstrates how participants become targets of uninvited physical contact when intoxicated. The data reveals that participants face various forms of unwanted touching ranging from seemingly casual contact to more invasive violations.

Participants described experiencing uninvited touching as consequences from binge drinking:

"When drinking heavily, I often encounter problems with physical harassment... strange men approach and touch me through uninvited physical contact—holding my hand, grabbing my arm... Because I'm drunk, my responses are slow." (P11)

"The uninvited touch usually starts subtly - a hand on my shoulder or arm that seems friendly but quickly becomes more persistent and invasive." (P5)

They reported inappropriate physical contact:

"When I'm drunk, I often encounter inappropriate physical contact... sometimes there's inappropriate teasing like grabbing my breasts or slapping my bottom, claiming it's just play." (P16)

"The inappropriate physical contact ranges from unwelcome hugs to 'accidental' touching of private areas - all things that would never be tolerated in sober situations." (P8)

They described being targeted due to vulnerability as consequences from binge drinking:

"Heavy drinking has terrifying consequences—becoming a victim of sexual harassment... Most often it's being touched physically without my consent because perpetrators target me when I'm vulnerable due to intoxication." (P7)

"Men specifically watch for women who appear intoxicated, targeting us when we're vulnerable and less able to refuse or resist their advances." (P18)

They mentioned predatory behavior as consequences from binge drinking:

"Men see drunk women as easy targets for predatory behavior... They start with light touches on the arm or shoulder, and if you don't object, they get more aggressive with their touching." (P4)

"There's a calculated predatory behavior to how some men approach drunk women - testing boundaries with small touches, then escalating if they don't meet resistance." (P10)

2) Blocking Movement

This subcategory reveals how participants experience restrictions to their physical freedom of movement. The data shows that participants encounter situations where their mobility is deliberately impeded, creating feelings of entrapment and fear.

Participants described being physically confined as consequences from binge drinking:

"What's scary when drunk is having people try to block your movement... a group of men blocked my path and wouldn't let me pass... It made me feel very confined and uncomfortable, like being physically trapped." (P5)

"Being physically confined by someone larger and stronger while intoxicated creates a special kind of fear - you're aware of your vulnerability and limited options for escape." (P12)

They reported deliberate movement obstruction as consequences from binge drinking:

"I was drunk and wanted to go home, but a man I had just met at the bar deliberately obstructed my movement. He wouldn't let me leave. He stood blocking the exit, preventing me from leaving." (P13)

"When I tried to walk away from an uncomfortable conversation, he deliberately moved to obstruct my path, smiling as though it were a game while I felt increasingly trapped." (P1)

They described experiences of being cornered as consequences from binge drinking:

"Once at a pub when I was drunk, two men came and cornered me—one in front, one behind... At that point, I was very scared. My heart was racing fast, feeling completely cornered." (P18)

"They strategically cornered me in a part of the venue with limited escape routes, positioning themselves to block any easy exit." (P7)

They mentioned experiencing entrapment as consequences from binge drinking:

"I couldn't get to the bathroom because some guys kept blocking my way... I felt trapped and didn't know how to get away from this situation of entrapment." (P17)

"The feeling of entrapment grows gradually - what starts as someone standing too close becomes a deliberate effort to restrict your movement and isolate you from friends or safety." (P20)

3.2.2 Verbal Conduct

This category illustrates how participants face verbal forms of sexual harassment during their drinking episodes through comments about appearance and inappropriate jokes. These verbal intrusions often escalate when perpetrators perceive their intoxicated state as an opportunity for inappropriate commentary or "jokes."

1) Comments About Appearance

This subcategory demonstrates how participants become targets of unwanted commentary about their physical appearance. The data indicates participants' experience verbal harassment that objectifies and sexualizes them.

Participants described sexually charged comments as consequences from binge drinking:

"Men have approached me and spoken to me inappropriately, making sexually charged comments like 'Your breasts are so big, can I touch them?' that would be unacceptable in any other context." (P2)

"The sexually charged comments are explicit and uncomfortable - specific references to my body parts and what they'd like to do to me." (P7)

They reported objectifying remarks:

"Men approach me in ways that make me uncomfortable, making objectifying remarks like 'You're pretty, but if your breasts were bigger, it would be better,' reducing me to body parts." (P9)

"These objectifying remarks make it clear they see me as a thing rather than a person - commenting on my physical attributes as if evaluating merchandise." (P15)

They described feeling devalued:

"These comments make me feel uncomfortable and uneasy, like I'm being devalued and seen as just a sexual object, not a person with feelings, thoughts, or dignity." (P12)

"When men make these comments, I feel instantly devalued - like all my accomplishments, personality, and humanity have disappeared and I'm just a body for their entertainment." (P3)

They mentioned unwanted sexual propositions as consequences from binge drinking:

"They look at my body and make unwanted sexual propositions disguised as comments about my appearance... Things they would never say to a sober woman or in a professional setting." (P3)

"What begins as a 'compliment' about my appearance quickly turns into explicit unwanted sexual propositions about what they want to do with me later." (P19)

2) Inappropriate Jokes

This subcategory shows how participants face unwanted sexual humor and innuendo. The data reveals participants encounter jokes with sexual content that create discomfort and feelings of harassment.

Participants described encountering sexual innuendo:

"Men might approach me and use sexual innuendo disguised as humor, saying, 'Do you know why women drink alcohol? Because they want men to take them to bed.'" (P8)

"The sexual innuendo is thinly veiled as humor, but the message is clear - they're suggesting sexual availability or interest simply because I'm drinking." (P16)

They reported receiving suggestive jokes as consequences from binge drinking:

"They typically approach me, then make suggestive jokes with sexual innuendos, like 'When you're this drunk, you'll end up in someone's room,' implying intoxication equals consent." (P3)

"These suggestive jokes carry threatening undertones - 'jokes' about taking advantage of drunk women or the inevitability of sexual activity after drinking." (P9)

They described humor that trivializes sexual assault:

"When I order multiple rounds of drinks, the bartender will tease, 'Drinking this much, do you realize you might end up going home with someone you don't know?' This humor trivializes sexual assault as something funny." (P20)

"Some men make jokes that effectively trivialize sexual assault - laughing about decreased resistance while intoxicated or 'taking advantage' of drunk women as though it's amusing." (P1)

They mentioned feeling threatened under the guise of humor as consequences from binge drinking:

"Sometimes people joke about taking advantage of you when you're drunk... They think it's funny, but it's threatening to hear someone 'joke' about exploiting your vulnerable state." (P14)

"These 'jokes' feel threatening because they often contain real intentions barely disguised as humor - they're testing boundaries while maintaining the ability to say, 'I was just joking' if confronted." (P5)

Summary of Themes

The compromised state during binge drinking makes these young women vulnerable to sexual harassment, both physical and verbal. Their intoxicated condition often impairs their ability to defend themselves against unwanted touching or deliberate restrictions on their movement. They also become targets for sexually charged comments and inappropriate jokes that objectify them, with perpetrators specifically exploiting their vulnerable state.

Summary of Findings

This thematic analysis revealed the complex nature of binge drinking among late adolescent females in Thailand, addressing all three research questions through seven interconnected themes.

Research Question 1: What is the meaning of binge drinking as perceived by Thai late adolescent females? Binge drinking represents finding freedom from gender constraints and claiming equal standing with men in Thai society. Participants perceive binge drinking as a means of liberating themselves from traditional gender stereotypes, expressing themselves freely, challenging social stigma, and asserting gender equality in both capability and rights.

Research Question 2: What are the factors influencing late adolescent females' binge drinking based on their own perspectives? Identify three major factors influencing binge drinking: managing negative emotions, strengthening social bonds, and celebrating freedom from obligations. Participants drink to cope with stress and sadness, to maintain friendships and family relationships, and to mark transitions between academic work and leisure time.

Research Question 3: What are the consequences of late adolescent females' binge drinking based on their lived experience? The significant negative consequences of binge drinking, including negative health impacts and sexual harassment. Participants experience physical effects, emotional disturbances, memory problems, and increased vulnerability to both physical and verbal forms of sexual harassment.

These findings demonstrate how binge drinking among late adolescent females in Thailand exists at the intersection of changing gender norms, emotional coping mechanisms, social bonding practices, and harmful outcomes, reflecting the complex sociocultural context in which these experiences occur.

Part III: Discussion

This section presents the findings of this phenomenological study, specifically addressing the three primary research questions that guided the investigation. The discussion examines how the seven identified themes address the meaning, influencing factors, and consequences of binge drinking for late adolescent females in Thailand while situating these findings within existing literature and the Thai sociocultural context.

Research Question 1: What is the meaning of binge drinking as perceived by Thai late adolescent females?

The first two themes—Emancipating from Female Stereotypes and Demonstrating Gender Equality—directly address how participants perceived the meaning of their binge drinking experiences. These themes reveal that for Thai late adolescent females, binge drinking represents far more than recreational substance use; it embodies a form of gender expression and resistance against traditional norms.

Emancipation from Traditional Gender Constraints

The finding that participants experienced binge drinking as liberation from traditional gender constraints aligns with feminist alcohol research. Ettorre (1997) established that women's drinking practices can constitute acts of resistance against patriarchal control systems, particularly in societies with pronounced gender restrictions. The participants' experiences of "freedom of self-expression" through drinking parallel findings from Western studies by Day et al. (2004) that identified alcohol's role in creating "time out" spaces where women can escape restrictive gender norms.

This study extends this understanding by situating it within the specific cultural context of Thailand, where traditional femininity emphasizes restraint, modesty, and moral propriety (Thaweessit, 2004). As noted in the literature review, Thai culture defines a woman (Kulasatrii) as "virtuous, graceful, conservative in her sexuality and morality, and responsible for household duties" (Klunklin & Greenwood, 2005). The participants' explicit rejections of being labeled as "bad women" for drinking demonstrate conscious resistance to traditional Thai female archetypes that link women's moral worth to their adherence to strict behavioral codes, particularly regarding substance use and sexuality. As Lyons and Willott (2008) have observed in other contexts, these women actively construct alternative meanings for their drinking that separate it from negative moral implications.

What emerges as distinctive in this Thai context is the intergenerational tension apparent in participants' narratives. Their perception that female drinking is becoming "the new normal" reflects the social changes occurring in contemporary Thai society,

creating a gap between traditional views held by older generations and the more egalitarian perspectives of educated urban youth. This finding aligns with Rungreangkulkij et al. (2012), who noted that "demonstrating the ability to act as men has been used as an explanation for the changed drinking habits of young Thai women, who use alcohol to feel confident, reduce stress, and keep themselves energetic at work." This suggests that binge drinking should be understood not merely as individual risk behavior but as a social practice embedded in changing gender relations in Thailand, similar to what Measham (2002) has described as the "new culture of intoxication" among young women.

Assertion of Gender Equality

Participants' use of binge drinking to assert gender equality aligns with research on "drinking like a guy" described by Lyons and Willott (2008) and what Griffin et al. (2013) termed the "equality agenda" in young women's drinking narratives. However, this study reveals how this gender performance takes on distinctive significance in the Thai context, where alcohol consumption has historically been a male domain and remains associated with masculinity (Thaweessit, 2004).

The finding that participants deliberately matched male drinking patterns while asserting their right to equal treatment in drinking contexts demonstrates the complex interplay between global trends of gender convergence in drinking behaviors and local Thai gender politics. This mirrors the findings from the literature review where de Visser & McDonnell (2012) identified a "gender-related double standard" that appears at every stage of social and economic change. As the literature review highlighted, "specific feminist groups urge young women to violate norms of femininity and to act inappropriately for their cultures. In addition, this type of deviant behavior has been used to understand the new drinking habits found among women" (Griffin et al., 2012). Unlike in Western contexts where female drinking has been normalized for decades, these Thai participants are actively participating in challenging deeply entrenched gender norms, positioning themselves at the forefront of social change.

The subcategory "asserting equal treatment" reveals participants' sophisticated critique of gender double standards in Thai society. Their explicit statements comparing

the social acceptance of male versus female drinking demonstrate a developed gender consciousness that challenges traditional Thai values. This finding aligns with what Brown (1999) described as women using alcohol consumption as a symbolic statement about gender equality. The literature review supports this interpretation, noting that "women drinkers might be condemned and told that they are neglecting their role as wives and mothers" (Liddell & Martinovic, 2013; Raine, 2001), highlighting the gendered nature of social sanctions related to alcohol use.

These findings regarding the meaning of binge drinking highlight how, for Thai late adolescent females, alcohol consumption serves as both a practical and symbolic means of challenging traditional gender norms and establishing a sense of equality with male peers. This understanding is essential for developing approaches to alcohol education and intervention that acknowledge the complex social and cultural meanings attached to drinking behavior rather than viewing it solely as a health risk behavior.

Research Question 2: What are the factors influencing late adolescent females' binge drinking based on their own perspectives?

Themes 3 through 5—Managing Negative Emotions, Maintaining Relationships, and Fulfilling Free Time—directly address the factors that participants identified as influencing their binge drinking behavior. These themes reveal a complex interplay of emotional, social, and temporal factors that drive drinking decisions.

Emotional Coping Motivations

The use of alcohol as an emotional coping mechanism aligns with research on drinking motivations, particularly the stress-reduction model described by Kuntsche et al. (2005). However, this study provides important cultural specificity by identifying the particular stressors that Thai late adolescent females face.

The finding that academic pressure drives drinking behavior reflects the competitive nature of Thai higher education, where academic success is closely tied to family honor and future financial security (Pinyuchon & Gray, 1997). Similarly, the family pressures described by participants—such as being forced into career paths against their wishes—reveal the tension between Thai collectivist family structures and young

women's growing desire for autonomy. This finding is consistent with the literature review, which identified that adolescent females "experience significantly higher rates of depression than boys, due both to biological changes and discrimination" (Blum et al., 2018), suggesting that mental health factors may contribute to binge drinking behaviors.

These findings differ somewhat from Western research by Cooper et al. (1995), which often emphasizes peer relationship problems and individual psychological distress as primary emotional drivers of female binge drinking. As noted in the literature review, "women are more susceptible to internalizing behaviors such as stress and depression, which contribute to their risk for binge drinking" (Dir et al., 2017). The strong influence of family dynamics and academic pressure in this Thai sample highlights how emotional coping through alcohol must be understood within specific cultural contexts, as Kuntsche et al. (2006) have argued that coping motives for drinking are particularly strong predictors of problematic alcohol use.

Social Relationship Factors

The finding that social relationships strongly influence binge drinking behavior aligns with the social reinforcement model of alcohol use described by Kuntsche et al. (2005). However, this study extends existing knowledge by identifying the particular significance of both peer and family influences in the Thai context.

The strong peer pressure described in the subcategory "not turning down friends' invitations" reflects elements of conformity pressure as described by Crawford and Novak (2006), where young people drink to avoid negative social sanctions. This corresponds with findings from the literature review, which noted that "adolescents are highly influenced by their peers, and perceived peer drinking norms substantially contribute to binge drinking tendencies" (Arata et al., 2003; Kelly et al., 2023). However, these findings must be understood within the heightened importance of group harmony and conflict avoidance in Thai culture (Pinyuchon & Gray, 1997). Unlike in more individualistic Western societies, Thai participants faced stronger cultural imperatives to maintain group cohesion through participating in shared activities.

The notable finding that family relationships influenced drinking behavior, particularly through the subcategory "making family worry-free," provides an important contrast to Western research by Borsari and Carey (2001), which typically emphasizes peer influence over family influence in late adolescent drinking. The literature review supports this cultural distinction, noting that "exposure to alcohol use within the family context, particularly by parents or siblings, increases binge drinking likelihood by normalizing drinking behaviors and reducing perceived risks" (Kim & Kim, 2023; Vargas-Martínez et al., 2020). The finding that some parents actively encouraged drinking skill development as preparation for adult social life challenges simplistic understandings of family as a universally protective factor against substance use.

Temporal and Contextual Factors

The strategic timing of drinking episodes around specific leisure periods aligns with what Measham (2004) described as "calculated hedonism," where young people deliberately contain their heavy drinking within temporal boundaries that minimize interference with responsibilities. However, this study provides an important cultural context by identifying the particular significance of academic achievements in triggering celebratory drinking among Thai students.

The intense drinking that followed completing assignments and examinations reflects the academic pressure faced by Thai university students and the need for pronounced release following periods of intensive work. This finding supports what Szmigin et al. (2008) described as the "ritualization" of drinking in young people's leisure practices, where specific drinking patterns become embedded in the weekly and seasonal rhythms of academic life. As the literature review highlighted, "participation in social activities such as parties or gatherings often facilitates binge drinking behaviors" (Barker et al., 2023), suggesting that social contexts play a significant role in shaping drinking patterns.

The ritualistic nature of Friday night drinking, as described in the subcategory "celebrating Friday nights," demonstrates how binge drinking becomes embedded in the temporal structure of university life, creating predictable patterns that merge individual stress release with collective celebration. This finding shows how binge drinking serves

not merely as a recreational activity but as a temporal marker that distinguishes between periods of work and leisure. The literature review noted that "adolescents in the late adolescence/young adulthood phase typically experience fewer physical developments and more cognitive developments" and engage in "frequent change and exploration" across many aspects of life (State Adolescent Health Resources Center, 2018), suggesting that binge drinking may be part of this exploratory behavior during a transitional life stage.

These findings regarding the factors influencing binge drinking highlight the need for interventions that address the complex emotional, social, and temporal drivers of alcohol consumption rather than focusing solely on individual decision-making or health knowledge. Understanding these contextual factors is essential for developing culturally appropriate approaches to prevention and harm reduction.

Research Question 3: What are the consequences of late adolescent females' binge drinking based on their lived experience?

The final two themes—Negative Health Impact and Sexual Harassment—directly address the consequences that participants experienced as a result of their binge drinking. These themes reveal both the immediate physical and psychological effects of alcohol consumption and the gendered social vulnerabilities that emerge in drinking contexts.

Physical and Psychological Health Consequences

The multidimensional health consequences described by participants align with the well-documented physiological effects of binge drinking described in medical literature by White and Hingson (2013). However, this study provides valuable phenomenological depth to understanding how these effects are subjectively experienced. Participants' vivid descriptions of physical suffering, such as characterizing the day after heavy drinking as "hell on earth," provide important narrative material that could enhance health education messages beyond clinical descriptions of alcohol's effects.

The emotional impacts described by participants, particularly increased anger and unexpected sadness, extend beyond the physical focus of most medical research on alcohol effects. These findings align with research on alcohol's effects on emotional

regulation by Dvorak et al. (2014) but provide richer phenomenological detail about how these changes are experienced in real-world contexts rather than laboratory settings. The literature review supports this, noting that "female adolescents who engage in binge drinking exhibit increased anxiety-like behaviors and depressive-like phenotypes shortly after alcohol exposure" (Hees et al., 2021; Queiroz et al., 2022).

The memory problems reported by participants align with neurological research on alcohol-induced memory impairment (White & Hingson, 2013). The literature review confirms that "female adolescents who binge drink often show deficits in spatial working memory and impulse control" (Amrani et al., 2013; Squeglia et al., 2011). However, this study highlights the social and psychological consequences of these blackouts beyond the neurological effects themselves. Participants' anxiety about forgotten behavior and vulnerability during memory gaps illustrates how cognitive impairment creates cascading social and emotional impacts that extend beyond the immediate drinking episode.

Gender-Specific Vulnerabilities

The finding that participants experienced sexual harassment during drinking episodes aligns with research on alcohol-related sexual victimization by Abbey (2002), who identified intoxication as a significant risk factor for sexual assault. However, this study situates these experiences within the specific cultural context of Thailand, where traditional gender norms regarding female propriety create a particular vulnerability for women who drink.

The physical harassment described by participants, including unwanted touching and restricted movement, reflects the global pattern of predatory behavior targeting intoxicated women. However, the verbal harassment described, particularly comments about appearance and inappropriate jokes, takes on additional significance in the Thai context, where traditional femininity emphasizes modesty and sexual restraint (Thaweessit, 2004). This aligns with findings from the literature review, which noted that "there are gendered ideas regarding drinking and sex, according to which women are viewed as available for sex if they deviate from the women's norm of abstaining from alcohol" (Bogren, 2011).

These findings highlight the paradoxical nature of binge drinking for these young women. While their drinking represents liberation from gender constraints and assertion of equality, as described in earlier themes, it simultaneously exposes them to gender-specific vulnerabilities that reinforce their inequality. This paradox aligns with what Griffin et al. (2013) described as the "dilemmas of femininity" in contemporary drinking culture, where increased participation in drinking brings both empowerment and new forms of vulnerability. The literature review supports this interpretation, noting that "women face distinct health risks despite potentially lower consumption, experiencing higher rates of comorbid conditions like depression and anxiety, which correlate with increased suicidality compared to men" (Jeong, 2024).

These findings regarding the consequences of binge drinking underscore the need for interventions that address both the health risks of alcohol consumption and the gendered social contexts that create particular vulnerabilities for young women who drink. As identified in the literature review, effective prevention approaches should acknowledge these dual aspects of risk rather than focusing exclusively on either individual health behaviors or broader social factors, incorporating "individual-level interventions, family-focused strategies, and community-wide policies" to create comprehensive prevention programs (Guillou-Landreat et al., 2021; Edalati & Conrod, 2019).

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CHAPTER 5

Conclusions and Recommendations

This chapter presents the conclusions drawn from the Heideggerian phenomenological study exploring the lived experience of late adolescent females with binge drinking in Thailand. The chapter synthesizes the key findings, discusses their implications, acknowledges the study's limitations, and offers recommendations for future research. This chapter is organized into four sections. The first section provides a summary of the study, including its purpose, methodology, and key findings. The second section discusses the implications of the findings, specifically addressing contributions to nursing science and implications for nursing practice. The third section acknowledges the limitations of the study. The fourth section presents recommendations for further research based on the study's findings and limitations.

Summary of the Study

This phenomenological study explores the lived experiences of late adolescent females engaging in binge drinking in Thailand, employing two theoretical frameworks: Heideggerian phenomenology and feminist perspective. These frameworks guided the investigation into how these young women perceive, interpret, and construct meaning from their drinking experiences within Thai sociocultural contexts. Heideggerian phenomenology provided the interpretive foundation, acknowledging that researchers cannot bracket their pre-understandings but rather incorporate them as part of the interpretive process, while the feminist perspective recognized that women's lived experiences offer unique and valuable knowledge about social reality. Together, these theoretical approaches enabled examination of how gender-based power relations and societal expectations shape young women's drinking experiences, particularly when examining behaviors traditionally associated with masculinity. The research aimed to answer three primary questions regarding the meaning, influencing factors, and consequences of binge drinking as experienced by these participants. Data were collected

through in-depth, semi-structured interviews with 20 Thai females aged 18-21 who self-reported consuming four or more alcoholic drinks on single occasions. These interviews, lasting 60-90 minutes, explored participants' motivations, drinking contexts, and perceived consequences. Transcribed verbatim, the data were analyzed using Braun & Clarke's six-phase thematic analysis process, with trustworthiness established through credibility, dependability, confirmability, and transferability measures.

Seven major themes emerged characterizing participants' experiences: 1) Emancipating from Female Stereotypes, where drinking functioned as liberation from traditional gender expectations, enabling freer self-expression and challenging social stigma; 2) Demonstrating Gender Equality, manifested through displaying equal drinking capability and asserting equal rights in social drinking contexts; 3) Managing Negative Emotions, utilizing drinking as a coping mechanism for stress and sadness; 4) Maintaining Relationships, with drinking serving as a tool for preserving friendships and creating novel family interactions; 5) Fulfilling Free Time, strategically using drinking during academic breaks, after completing coursework, and on weekend transitions; 6) Negative Health Impact, encompassing adverse physical effects, emotional disturbances, and memory impairment; and 7) Sexual Harassment, reflecting increased vulnerability to unwanted physical and verbal sexual attention during and after drinking episodes.

These findings illuminate the complex, sometimes contradictory nature of female binge drinking experiences in Thailand, simultaneously representing sites of resistance against traditional gender norms and contexts where gender inequalities may be reinforced. Understanding this multifaceted meaning—extending beyond problematic behavior to encompass expressions of agency, resistance, and social participation—is essential for developing appropriate nursing interventions and policies that address both the risks and the sociocultural significance of female binge drinking within a gendered cultural framework.

Implications of Findings

Implications for Nursing Practice

This study reveals that binge drinking serves multiple important functions for late-adolescent Thai females. Nurses need to understand that these young women view drinking as a way to challenge gender stereotypes, assert equality, cope with emotions, connect socially, and enjoy leisure time. When assessing patients, nurses should explore these meanings rather than simply measuring alcohol consumption. The social context matters greatly - Thai gender norms, peer pressure, and family dynamics all influence drinking behaviors. Nurses should also specifically assess harassment experiences, as this emerged as a significant risk in drinking situations.

For interventions, nurses should recognize that young women find positive meaning in drinking and develop approaches that respect this reality. Harm reduction strategies may work better than abstinence-focused programs because they acknowledge women's decision-making authority. Effective interventions should address both individual choices and the social environments where drinking occurs. Group approaches can leverage the importance of peer relationships, while also helping women develop healthier ways to cope with stress and negative emotions that don't involve alcohol.

Implications for Nursing Education

Nursing education should incorporate feminist perspectives to help nurses understand how gender shapes drinking behaviors. Educational programs need to move beyond simple risk warnings to address the complex reasons Thai young women drink. Future nurses should learn how to empower women with practical harm-reduction strategies while respecting their social needs. Education should also challenge the double standards applied to male versus female drinking in Thai society. Both young women and men need education about consent and preventing harassment in drinking settings.

Implications for Nursing Research

This study advances nursing knowledge by examining binge drinking through feminist standpoint theory, revealing insights that might be missed by traditional

approaches. By focusing on Thai late adolescent females, the research addresses a population often overlooked in drinking studies. Future research should continue exploring how Thai cultural contexts influence young women's drinking decisions. The finding that drinking serves multiple functions suggests researchers should develop more sophisticated models of substance use behavior. Research on the connection between drinking and gender-based harassment could lead to more effective prevention strategies. Future studies should continue to center the perspectives of young Thai women to ensure their voices guide intervention development.

Limitations of the Study

This study has limitations that should be considered when interpreting the findings. The research included a relatively homogeneous sample of 20 participants who were university students from rural areas in Thailand, which may not capture the diversity of experiences among Thai late adolescent females, particularly those from urban areas, different socioeconomic backgrounds, or those not enrolled in higher education. Additionally, the findings are specific to the Thai cultural context and may not be directly transferable to understanding female binge drinking in other cultural settings where gender norms and alcohol use patterns differ significantly.

Recommendations for Further Research

Future research should consider implementing longitudinal studies that follow young Thai women over time to provide deeper insights into how binge drinking patterns and their associated meanings evolve across the transition from late adolescence to early adulthood. This approach could reveal valuable information about how early drinking experiences influence later alcohol use and health outcomes, creating opportunities for targeted interventions at critical developmental stages. Additionally, developing and testing culturally appropriate interventions based on the findings of this study would advance evidence-based nursing practice in Thailand. These interventions should specifically address the social meanings and functions of drinking rather than focusing solely on risk reduction, acknowledging the complex cultural and gender dimensions that influence alcohol consumption among young Thai women.

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APPENDICES

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
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APPENDIX A

Demographic Data Sheet



ฉบับปรับปรุง โดย คณะกรรมการจัดสรรทรัพยากรวิจัย
คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

แบบสอบถามข้อมูลส่วนบุคคล

คำชี้แจง โปรดทำเครื่องหมาย ✓ ลงหน้าข้อความที่ตรงกับท่าน หรือเติมข้อมูลของท่านลงใน
ช่องว่างให้ตรงกับความเป็นจริง

1. ปัจจุบันท่านอายุ _____ ปี
2. ท่านมีภูมิลำเนาอยู่ในจังหวัด _____
3. สถานะภาพสมรสของท่าน
 - โสด
 - แต่งงาน
 - คู่สมรสเสียชีวิต
 - หย่าร้าง/ แยกกันอยู่ _____ ปี
4. ระดับการศึกษาในปัจจุบันของท่าน
 - ไม่ได้เรียน
 - ประถมศึกษา
 - มัธยมศึกษา
 - อนุปริญญา
 - บริญญาตรี
 - บริญญาโท
 - อื่นๆ (โปรดระบุ) _____
5. ท่านประกอบอาชีพ
 - นักเรียน / นักศึกษา
 - ข้าราชการ/พนักงานรัฐวิสาหกิจ
 - ประกอบธุรกิจส่วนตัว
 - พนักงานบริษัท
 - ประกอบอาชีพอิสระ
 - อื่นๆ (โปรดระบุ) _____
6. ประสบการณ์ในการดื่มแอลกอฮอล์
 - 6.1 ท่านมีประสบการณ์ในการดื่มแอลกอฮอล์ครั้งแรก เมื่ออายุ _____ ปี
 - 6.2 ประเภทเครื่องดื่มแอลกอฮอล์ที่ท่านดื่ม
 - เบียร์
 - ไวน์
 - เหล้าแดง
 - บรันดี
 - น้ำผลไม้ผสมแอลกอฮอล์
 - อื่นๆ (โปรดระบุ) _____
 - 6.3 ปริมาณการดื่มเครื่องดื่มแอลกอฮอล์ใน 1 ครั้ง จำนวน _____ แก้ว

APPENDIX B

Interview Guide



ฉบับปรับปรุง โดย คณะกรรมการวิจัย
คณะวิทยาศาสตร์ มหาวิทยาลัยเชียงใหม่

แนวคำถามสัมภาษณ์ในการศึกษาวิจัย

เรื่อง มุมมองของวัยรุ่นหญิงคอนปลายต่อการดื่มสุรา

| ประเด็นคำถามหลัก | ประเด็นคำถามรอง |
|---|--|
| 1. "การดื่มสุรา" ของคุณ เป็นอย่างไร | <ul style="list-style-type: none">• คุณเริ่มดื่มสุราตั้งแต่เมื่อใด• การดื่มสุราแต่ละครั้งของคุณเป็นอย่างไร (ชนิด ปริมาณ ความถี่) |
| 2. มีปัจจัยใดบ้างที่ทำให้คุณดื่มสุรา (ปัจจัยด้านตนเอง ครอบครัว เพื่อน สังคม) | <ul style="list-style-type: none">• อะไรคือสาเหตุที่อาจทำให้คุณดื่มสุรา• เมื่อใดที่คุณรู้สึกจำเป็นต้องดื่มสุรา |
| 3. การดื่มสุราส่งผลต่อคุณอย่างไรบ้าง | <ul style="list-style-type: none">• คุณรู้สึกอย่างไรหลังจากการดื่มสุราครั้งละมากๆ ในคราวเดียว (ปริมาณมากกว่าหรือเท่ากับ 4 แก้วในระยะเวลา 2 ชั่วโมง)• ตั้งแต่คุณตัดสินใจเริ่มดื่มสุราชีวิตของคุณเปลี่ยนไปอย่างไรบ้าง• มีอะไรขึ้นบ้างหลังจากที่คุณดื่มสุรา (ด้านสุขภาพกาย ด้านสุขภาพจิต ด้านสังคม ทั้งผลกระทบระยะสั้นและระยะยาว) |
| 4. "การดื่มสุรา" มีความหมายต่อคุณ อย่างไร | <ul style="list-style-type: none">• คุณมีความคิดเห็นอย่างไรกับการดื่มสุราในเพศหญิง• "การดื่มสุรา" มีความหมายต่อคุณ ในฐานะวัยรุ่นหญิง อย่างไร• "การดื่มสุรา" มีความหมายต่อคุณ ในฐานะคนในสังคมไทย อย่างไร |

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
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APPENDIX C

Informed Consent



Approval by Research Ethics Committee
Faculty of Nursing, Chiang Mai University

เอกสารข้อมูลประกอบการขอความยินยอมโดยการบอกกล่าว

สำหรับอาสาสมัครอายุ 18 ปีบริบูรณ์ขึ้นไป

เอกสารข้อมูลประกอบการขอความยินยอม ประกอบด้วย 2 ส่วน

ส่วนที่ 1 คือ เอกสารข้อมูลสำหรับอาสาสมัครโครงการวิจัย

ส่วนที่ 2 คือ หนังสือแสดงความยินยอมเข้าร่วมโครงการวิจัย

ส่วนที่ 1

เอกสารข้อมูลสำหรับอาสาสมัครโครงการวิจัย

ชื่อโครงการวิจัย: มุมมองของวัยรุ่นหญิงตอนปลายต่อการตีตรา

ทีมผู้วิจัย: นางสาวเนชกุล ชันบุตรศรี

สถาบัน: คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

แหล่งทุนวิจัย: ไม่มี

ท่านได้รับเชิญให้เข้าร่วมโครงการวิจัยนี้ เนื่องจากท่านมีคุณสมบัติตามเกณฑ์ที่กำหนด โดยโครงการวิจัยนี้จะคัดเลือกผู้ที่เข้าร่วมการศึกษาเป็นจำนวนประมาณ 12-20 คน ก่อนที่ท่านจะตัดสินใจเข้าร่วมโครงการวิจัยนี้หรือไม่ โปรดใช้เวลาในการอ่านเอกสารฉบับนี้ ซึ่งจะช่วยให้ท่านเข้าใจสิ่งต่างๆ ที่ท่านจะมีส่วนร่วมในโครงการวิจัย ท่านอาจนำไปปรึกษาผู้ใกล้ชิด หากท่านมีข้อสงสัย โปรดถามผู้วิจัย ซึ่งจะตอบและอธิบายให้ท่านจนกระจ่าง

ผู้วิจัยขอเน้นว่าการตัดสินใจเข้าร่วมโครงการวิจัยนี้ขึ้นอยู่กับความสมัครใจของท่าน ท่านสามารถปฏิเสธการเข้าร่วมโครงการวิจัยนี้ได้ หรือสามารถถอนตัว (ถอนความยินยอม) จากโครงการวิจัยนี้เมื่อใดก็ได้ โดยไม่ต้องแจ้งเหตุผล หากท่านไม่สมัครใจเข้าร่วมโครงการนี้จะไม่ส่งผลกระทบต่อสิทธิใดๆที่ท่านพึงได้รับ

[โครงการวิจัยเรื่อง มุมมองของวัยรุ่นหญิงตอนปลายต่อการตีตรา]
ฉบับที่ 2 วันที่ 31 พฤษภาคม 2565

หน้า 1 ของ 7 หน้า



โครงการวิจัยนี้เกี่ยวกับเรื่องอะไร

โครงการวิจัยนี้เป็นการศึกษาเรื่อง มุมมองของวัยรุ่นหญิงตอนปลายต่อการดื่มสุรา โดยมีวัตถุประสงค์ เพื่อทำความเข้าใจประสบการณ์ชีวิตของวัยรุ่นหญิงตอนปลายเกี่ยวกับการดื่มสุรา โดยการสัมภาษณ์เชิงลึกเกี่ยวกับประสบการณ์ การรับรู้และการให้ความหมาย ปัจจัยและผลของการดื่มสุรา ซึ่งจะช่วยให้เข้าใจมุมมองที่เฉพาะเจาะจงของวัยรุ่นหญิงตอนปลายที่มีประสบการณ์ดื่มสุรา ผลการศึกษาที่ได้อาจจะเป็นประโยชน์ในการนำไปพัฒนาแนวทางการป้องกันการดื่มสุราในวัยรุ่นหญิงตอนปลายได้

รูปแบบการวิจัย

โครงการวิจัยนี้มีรูปแบบการวิจัยเป็นการวิจัยเป็นแบบการวิจัยเชิงคุณภาพ
ท่านจะต้องปฏิบัติอย่างไร หรือ ได้รับการปฏิบัติอย่างไร

เมื่อท่านตัดสินใจเข้าร่วมโครงการวิจัยนี้ ท่านจะได้รับการนัดหมายเพื่อสัมภาษณ์เกี่ยวกับประสบการณ์ของท่านตามแนวคำถามที่แนบ โดยมีระยะเวลาการสัมภาษณ์ ประมาณ 45-60 นาที ผู้วิจัยได้เตรียมการสัมภาษณ์ตามวิธีการที่ท่านสะดวก ท่านสามารถเลือกการสัมภาษณ์แบบเผชิญหน้า การสัมภาษณ์แบบออนไลน์ หรือเลือกการสัมภาษณ์ทางโทรศัพท์ได้ โดยในการสัมภาษณ์ ท่านจะปฏิบัติตามรายละเอียดนี้

หากท่านเลือกการสัมภาษณ์แบบเผชิญหน้า ท่านจะได้รับการนัดหมายเวลาและสถานที่ที่ท่านสะดวกในการให้สัมภาษณ์จากผู้วิจัย เมื่อถึงวันนัดหมายก่อนเริ่มการสัมภาษณ์ ท่านจะได้ตอบแบบสอบถามข้อมูลส่วนบุคคลด้วยตนเอง จำนวน 1 ชุด ประกอบด้วยอายุ สถานภาพสมรส สถานศึกษา อาชีพ รายได้ต่อเดือน และประสบการณ์ในการดื่มสุรา ใช้เวลาประมาณ 5 นาที จากนั้นท่านจะได้รับการสัมภาษณ์เชิงลึกในหัวข้อเกี่ยวกับประสบการณ์การดื่มสุราตามแนวคำถามที่แนบมาด้วยนี้ ซึ่งจะใช้เวลาประมาณ 45 - 60 นาที



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Faculty of Nursing, Chiang Mai University

หากท่านเลือกการสัมภาษณ์แบบออนไลน์ หรือเลือกการสัมภาษณ์ทางโทรศัพท์ ท่านจะได้รับ การนัดหมายเวลาและรหัสการเข้าถึงช่องทางที่ท่านสะดวกให้สัมภาษณ์ตามที่ใดแจ้งให้ผู้วิจัยทราบ เช่น หมายเลขโทรศัพท์ รหัสการโทรแบบวิดีโอ หรือ รหัสการประชุมออนไลน์ เป็นต้น ก่อนเริ่มการ สัมภาษณ์ ท่านจะตอบแบบสอบถามข้อมูลส่วนบุคคลด้วยตนเองผ่านแบบฟอร์มออนไลน์ จำนวน 1 ชุด ประกอบด้วยอายุ สถานะภาพสมรส ศาสนา การศึกษา อาชีพ รายได้ต่อเดือน และประสบการณ์ใน การดื่มสุรา ใช้เวลาประมาณ 5 นาที จากนั้นท่านจะได้รับการสัมภาษณ์เชิงลึกผ่านช่องทางที่ท่านเลือก ในหัวข้อเกี่ยวกับประสบการณ์การดื่มสุราตามแนวคำถามที่แนบมาด้วยนี้ ซึ่งจะใช้เวลาประมาณ 45 - 60 นาที

ทั้งนี้ ท่านอาจได้รับการติดต่อสัมภาษณ์เพิ่มเติมอีกหนึ่งครั้งตามการนัดหมาย หากมีประเด็น หรือข้อมูลจะขอขยายเพิ่มเติม เป็นเวลา 45-60 นาที และท่านอาจได้รับการติดต่อทางโทรศัพท์ เพื่อใช้ในการยืนยันความถูกต้องของข้อมูล เป็นเวลาประมาณ 10-15 นาที ท่านจะอยู่ร่วมโครงการวิจัยนานเท่าใด

นับตั้งแต่ท่านลงชื่อยินยอมเข้าร่วมโครงการวิจัยจนสิ้นสุด เป็นเวลาประมาณ 2 ชั่วโมง

ท่านอาจจะได้รับความเสี่ยงหรือความไม่สะดวกสบายจากการเข้าร่วมโครงการวิจัยและ ผู้วิจัยมีวิธีการลดหรือหลีกเลี่ยงความเสี่ยงดังกล่าว

ความเสี่ยงที่อาจเกิดขึ้น

ความเสี่ยงด้านอารมณ์ คือ ท่านอาจจะมีอารมณ์ตึงเครียดจากการสัมภาษณ์ที่ต้องนึกย้อนถึง

ประสบการณ์ลบด้านอารมณ์ได้ ผู้วิจัยจะให้การประเมินสภาพอารมณ์และให้การดูแลเบื้องต้น หาก ท่านมีอาการตึงเครียดรุนแรงจนไม่สามารถควบคุมตนเองได้ จะส่งต่อให้ได้รับการดูแลจากบุคลากร ทางสุขภาพในพื้นที่โดยเร็วที่สุด



Approval by Research Ethics Committee

ความเสี่ยงด้านสังคม คือ ท่านอาจจะถูกสังคมตราว่าเป็นผู้มีพฤติกรรมเสี่ยง

ได้ ผู้วิจัยได้ป้องกันท่านจากความเสี่ยง โดยไม่ใช้คำที่สื่อถึงพฤติกรรมเสี่ยง เช่น เม้าหัวรำน้า เม้ามาย หรือ คี๊หมัก ในเอกสารประชาสัมพันธ์และเอกสารเผยแพร่ใดๆ และจะปกป้องรักษาข้อมูลที่สามารถระบุถึงท่านไว้เป็นความลับ หากอาสาสมัครเข้าร่วมการสัมภาษณ์แบบเผชิญหน้า สถานที่ทำการสัมภาษณ์จะเป็นสถานที่ที่มีความเป็นส่วนตัว มิติดึงเก็บรักษาความลับได้

ความเสี่ยงต่อการรุกรานความเป็นส่วนตัวและการเปิดเผยความลับ ท่านอาจจะเกิดความวิตกกังวลเกี่ยวกับการถูกรุกรานความเป็นส่วนตัวในระหว่างการถูกสัมภาษณ์ ผู้วิจัยได้ป้องกันท่านจากความเสี่ยง โดยจะขออนุญาตท่านก่อนทำการบันทึกข้อมูลการสัมภาษณ์ด้วยวิธีการบันทึกเสียงหรือจดบันทึก ผู้วิจัยจะไม่บันทึกข้อมูลใดๆ ที่ไม่ได้รับอนุญาตจากท่านและไม่บันทึกพฤติกรรมใดๆที่ท่านไม่ต้องการเปิดเผย ผู้วิจัยจะไม่ถามคำถามส่วนตัวที่ไม่เกี่ยวข้องกับวัตถุประสงค์การวิจัย และจะระมัดระวังในการถามคำถามที่อาจรุกรานความเป็นส่วนตัวของท่าน นอกจากนี้ข้อมูลที่ได้ จะถูกปกป้องรักษาข้อมูลไว้เป็นความลับ ดังจะได้อธิบายเพิ่มเติมไว้ในส่วนของการปกป้องรักษาข้อมูลไว้เป็นความลับต่อไป

ความเสี่ยงต่อการจะได้รับเชื้อไวรัสโคโรนาจากการหุบปะพูดคุยกันระหว่างการเข้าร่วมสัมภาษณ์ หากอาสาสมัครเข้าร่วมการสัมภาษณ์แบบเผชิญหน้า ผู้วิจัยและอาสาสมัครจะสวมหน้ากากอนามัยหรือหน้ากากผ้าตลอดเวลาในระหว่างการสัมภาษณ์ และจัดให้มีการเว้นระยะห่างอย่างน้อย 1 เมตรขณะสัมภาษณ์ ในกรณีที่อาสาสมัครไม่สะดวกในการเข้าร่วมการสัมภาษณ์แบบเผชิญหน้า เพื่อเป็นการป้องกันการได้รับเชื้อไวรัสเข้าสู่ร่างกายเนื่องจากสถานการณ์การแพร่ระบาดของไวรัสโคโรนา ท่านจะได้รับประโยชน์อะไรจากการเข้าร่วมโครงการวิจัยครั้งนี้

ท่านจะไม่ได้รับประโยชน์โดยตรงจากโครงการวิจัยครั้งนี้ แต่ท่านจะได้รับประโยชน์ทางอ้อม คือ ข้อมูลจากท่านจะช่วยทำให้เข้าใจมุมมองที่เฉพาะเจาะจงของวัยรุ่นหญิงตอนปลายที่มีประสบการณ์ดื่มสุราและอาจเป็นประโยชน์ในการนำไปพัฒนามาตรการป้องกันการดื่มสุราในวัยรุ่นหญิงตอนปลายได้



การปกป้องรักษาข้อมูลไว้เป็นความลับ

ข้อมูลที่ได้จากโครงการวิจัยและข้อมูลส่วนตัวรวมถึงข้อมูลสุขภาพที่ระบุตัวตนจะระบุเป็นรหัสอ้างอิง เพื่อป้องกันการเชื่อมโยงข้อมูลไปยังตัวตน และข้อมูลที่ได้จากการศึกษาวิจัยจะถูกเก็บรวบรวมไว้ในรูปเอกสารและอิเล็กทรอนิกส์ ข้อมูลดังกล่าวจะเก็บไว้เป็นความลับจากผู้ไม่มีสิทธิทราบข้อมูลของท่าน มิเพียงผู้วิจัยที่จะเข้าถึงข้อมูลของท่าน อย่างไรก็ตาม คณะกรรมการจริยธรรมการวิจัย ผู้มีอำนาจในการกำกับดูแลการวิจัย จะสามารถเข้าถึงข้อมูลของท่านได้ เพื่อตรวจสอบข้อมูลและขั้นตอนการวิจัย ท่านมีสิทธิตามกฎหมายที่จะขอข้อมูลส่วนตัวของท่าน หากท่านต้องการใช้สิทธิดังกล่าว กรุณาแจ้งให้ชัดเจนได้ทราบ และสิทธิประโยชน์อันเกิดจากผลการศึกษาให้เป็นไปตามระเบียบข้อบังคับของมหาวิทยาลัยเชียงใหม่

การเก็บข้อมูลจะแยกเป็นสองส่วน คือ ข้อมูลเอกสารและอิเล็กทรอนิกส์ ข้อมูลที่เป็นเอกสารจะถูกเก็บไว้ในตู้เก็บเอกสารที่มีกุญแจล็อกแน่นหนา ตั้งอยู่ ณ ห้อง 6304 ชั้น 3 อาคาร 6 คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น ส่วนข้อมูลอิเล็กทรอนิกส์จะถูกจัดเก็บไว้ในคลังเก็บข้อมูลออนไลน์มีรหัสผ่านซึ่งจะมีเพียงผู้มีอำนาจในการดูแลการวิจัยเท่านั้นที่สามารถเข้าถึงข้อมูลเหล่านี้ได้ ข้อมูลจะถูกทำลายภายหลังการศึกษาวิจัยเสร็จสิ้นและผลงานวิจัยได้รับการตีพิมพ์ในวารสารแล้ว 3 ปี เนื่องจากการเก็บรักษาไว้ในระยะเวลาดังกล่าว อาจมีความจำเป็นในการยืนยันความถูกต้องของข้อมูลภายหลังการศึกษาหรือต้องการวิเคราะห์ซ้ำเพื่อยืนยันความถูกต้องของการศึกษาวิจัย ข้อมูลของท่านจะนำไปใช้อย่างไรและแบ่งปันให้ใครบ้าง

ข้อมูลที่ได้จากการศึกษาวิจัยจะนำไปสรุปผลและรายงานทางวิชาการ โดยไม่มีการอ้างอิงถึงชื่อของท่าน หรือสิ่งใดๆ ที่จะบ่งชี้ถึงตัวตน อย่างไรก็ตามวารสารบางฉบับอาจมีข้อกำหนดให้นำข้อมูลรายบุคคลบันทึกในฐานข้อมูลสาธารณะให้นักวิจัยอื่นเข้าถึงได้ ขอให้ท่านมั่นใจว่าข้อมูลที่นำไปแบ่งปันจะไม่ปรากฏถึงบ่งชี้รายบุคคลที่จะระบุหรือเชื่อมโยงถึงท่าน



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ท่านจะได้รับค่าใช้จ่าย หรือค่าตอบแทนจากการเข้าร่วมโครงการวิจัย

หากท่านเลือกการสัมภาษณ์แบบเผชิญหน้า ท่านจะได้รับของที่ระลึกสำหรับการมาเข้าร่วมการสัมภาษณ์ เป็นหน้ากากอนามัย 1 กล่องและเจลแอลกอฮอล์สำหรับล้างมือ มูลค่า 200 บาท

หากท่านเลือกการสัมภาษณ์แบบออนไลน์ หรือเลือกการสัมภาษณ์ทางโทรศัพท์ ท่านจะได้รับของที่ระลึกสำหรับการมาเข้าร่วมการสัมภาษณ์ เป็นหน้ากากอนามัย 1 กล่องและเจลแอลกอฮอล์สำหรับล้างมือ มูลค่า 200 บาท โดยการจัดส่งทางไปรษณีย์ซึ่งจะไม่ระบุถึงชื่อโครงการ หรือรายละเอียดใดๆที่จะแสดงถึงการเป็นอาสาสมัครในการให้ข้อมูลเกี่ยวกับประสบการณ์การดื่มสุราของท่าน

กรณีที่ท่านได้รับอันตรายหรือเจ็บป่วยที่เป็นสาเหตุจากการวิจัย ผู้วิจัยจะประเมินอาการและดูแลเบื้องต้นก่อนส่งต่อการดูแลรักษาต่อบุคลากรทางการแพทย์ในพื้นที่ของท่านต่อไป

หากท่านมีคำถามเกี่ยวกับการศึกษาวิจัยนี้ สามารถติดต่อใครได้บ้าง

บุคคลที่ท่านสามารถติดต่อเพื่อสอบถามรายละเอียดเกี่ยวกับการศึกษาวิจัยเพิ่มเติม

1. นางสาวณิชากุล ชันบุตรศรี ที่อยู่ ห้อง 6304 ชั้น 3 อาคาร 6 คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น หมายเลขโทรศัพท์ 086-8782695
2. อาจารย์ ดร. พรรษา เศรษฐบุปผา ที่อยู่ กลุ่มวิชาการพยาบาลจิตเวช คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ หมายเลขโทรศัพท์ 089-851-7208

หากท่านมีข้อสงสัยเกี่ยวกับสิทธิของท่านก่อนหรือระหว่างเข้าร่วมโครงการวิจัยท่านสามารถ

ติดต่อได้ที่ คณะกรรมการจริยธรรมการวิจัย คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่

โทรศัพท์ 0 5393 6080 (เวลาราชการ) หรือ โทรสาร 0 5389 4170

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การมีส่วนร่วมได้ส่วนเสียของนักวิจัย [] มี [✓] ไม่มี

[โครงการวิจัยเรื่อง มุมมองของวิบุณหิงตองนปลายคัยการดื่มสุรา]
ฉบับที่ 2 วันที่ 31 พฤษภาคม 2565

หน้า 6 ของ 7 หน้า



ส่วนที่ 2

หนังสือแสดงความยินยอมเข้าร่วมโครงการวิจัย

ข้าพเจ้า นาง/นางสาว ตักสินใจเข้าร่วมโครงการวิจัยเรื่อง มุมมองของวัยรุ่นหญิงตอนปลายต่อการดื่มสุรา

ข้าพเจ้าได้รับข้อมูลและคำอธิบายเกี่ยวกับโครงการศึกษาวิจัยนี้แล้ว ข้าพเจ้าได้มีโอกาสซักถามและได้รับคำตอบเป็นที่พอใจแล้ว

ข้าพเจ้ามีเวลาเพียงพอในการอ่านและทำความเข้าใจกับข้อมูลในเอกสารข้อมูลสำหรับผู้เข้าร่วมการศึกษาวิจัยอย่างถี่ถ้วน และได้รับเวลาเพียงพอในการตัดสินใจว่าจะเข้าร่วมโครงการวิจัยนี้ ข้าพเจ้ารับทราบว่าข้าพเจ้าสามารถปฏิเสธการเข้าร่วมโครงการวิจัยโดยอิสระ ระหว่างการเข้าร่วมโครงการวิจัย

ข้าพเจ้ายังสามารถถอนความยินยอมได้ทุกเมื่อ โดยไม่ส่งผลกระทบต่อผลประโยชน์การปฏิบัติงาน หรือ ไม่ส่งผลกระทบต่อคะแนนในการเรียนการสอนวิชาใด ๆ

ข้าพเจ้ารับทราบว่าผู้วิจัยจะเก็บข้อมูลเฉพาะที่เกี่ยวกับตัวข้าพเจ้าเป็นความลับและจะเปิดเผยได้เฉพาะในรูปแบบที่เป็นสรุปผลการวิจัย และผู้วิจัยจะปฏิบัติในสิ่งที่ไม่ก่อให้เกิดอันตรายต่อร่างกาย หรือจิตใจของข้าพเจ้าตลอดการวิจัยนี้

โดยการลงนามนี้ ข้าพเจ้าไม่ได้สละสิทธิ์ใดๆ ที่ข้าพเจ้าพึงมีตามกฎหมาย และหลังจากลงนามแล้วข้าพเจ้าจะได้รับการสำเนาเอกสารชี้แจงข้อมูลและหนังสือแสดงความยินยอมไว้จำนวน 1 ชุด



ลายมือชื่อผู้ยินยอม วัน-เดือน-ปี

ลายมือชื่อผู้ให้ข้อมูลการวิจัย
และขอความยินยอม วัน-เดือน-ปี

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APPENDIX D

Ethical Permission Certificate

| | | |
|--|--|-------------|
|  | Research Ethics Office Faculty of Nursing, Chiang Mai University | AF 06-020 |
|  | | No.046/2022 |
| Certificate of Approval | | |
| Name of Committee : Research Ethics Committee, Faculty of Nursing, Chiang Mai University | | |
| Address of Committee : 110/406 Intavaroros Rd., Suthep, Muang, Chiang Mai, Thailand 50200 | | |
| Principal Investigator: Miss Nitchakool Khumbutsri Doctoral Program (International Program), Faculty of Nursing Chiang Mai University. | | |
| Protocol title : Lived Experience of Late Adolescent Females with Binge Drinking Study code : 2022-FULL004 Sponsor : - | | |
| Documents filed | Document reference | |
| Research protocol | Version 2 Date May 31, 2022 | |
| Informed consent documents | Version 2 Date May 31, 2022 | |
| Patient information sheet | Version 2 Date May 31, 2022 | |
| Instrument | Version 2 Date May 31, 2022 | |
| Principal Investigator Curriculum Vitae | Version 1 Date March 10, 2022 | |
| Advertisements Poster | Version 2 Date May 31, 2022 | |
| Other | - | |
| Opinion of the Ethics Committee/Institutional Review Board : <input checked="" type="checkbox"/> Full Board Review No 2/2022 Date: March 24, 2022 <input type="checkbox"/> Expedited Review on | | |
| The Ethics Committee has reviewed the protocol and documents above and give the favorable opinion. | | |
| Date of Approval: June 14, 2022 Expiration Date: June 13, 2023 | | |

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Progress report is required to be submitted to the Ethics Committee for continuing review

at 3 month interval

at 6 month interval

annually (in this case please submit within 30 days prior to expiration date)

This Ethics Committee is organized and operates according to GCPs and relevant international ethical guidelines, the applicable laws and regulations.

Signed : _____

Associate Professor. Dr.Linchong Pothiban

Chairperson, Faculty of Nursing, Chiang Mai University

GENERAL CONDITION OF APPROVAL:

1. Prior Research Ethics Committee approval is required before implementing any changes in the consent documents or protocol unless those changes are required urgently for the safety of subjects.
2. Any event or new information that may affect the benefit/risk ratio of the study must be reported to the REC promptly.
3. Any protocol deviation/violation must be reported to the REC.
4. Review of close study report is required to be submitted to the REC.
5. Review of progress report to the REC within 30 days before expiration date.

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APPENDIX E

A Summary of Themes

| Theme | Categories | Subcategories |
|---|-------------------------------------|---|
| 1. Emancipating from female stereotypes | 1.1 Freedom of Self-Expression | 1.1.1 Speaking freely |
| | | 1.1.2 Acting freely |
| | 1.2 Releasing from social stigma | 1.2.1 Being not a bad person |
| | | 1.2.2 Being the new normal |
| 2. Demonstrating Gender Equality | 2.1 Equal Capability in Drinking | 2.1.1 Matching Male Drinking Patterns |
| | | 2.1.2 Managing Drinking Independence |
| | 2.2 Equal Rights in Social Drinking | 2.2.1 Claiming Equal Access |
| | | 2.2.2 Asserting Equal Treatment |
| 3. Managing Negative Emotions | 3.1 Drinking to reduce stress | 3.1.1 Easing study stress |
| | | 3.1.2 Relieving from Family Force |
| | 3.2 Drinking to deal with sadness | 3.2.1 Dealing with Romantic Rejection |
| | | 3.2.2 Dealing with close friend conflicts |
| 4. Maintaining Relationships | 4.1 Drinking to keep friendships | 4.1.1 Socializing with friends |
| | | 4.1.2 Not turning down friends' invitations |
| | 4.2 Drinking to bond with family | 4.2.1 Making family worry-free |

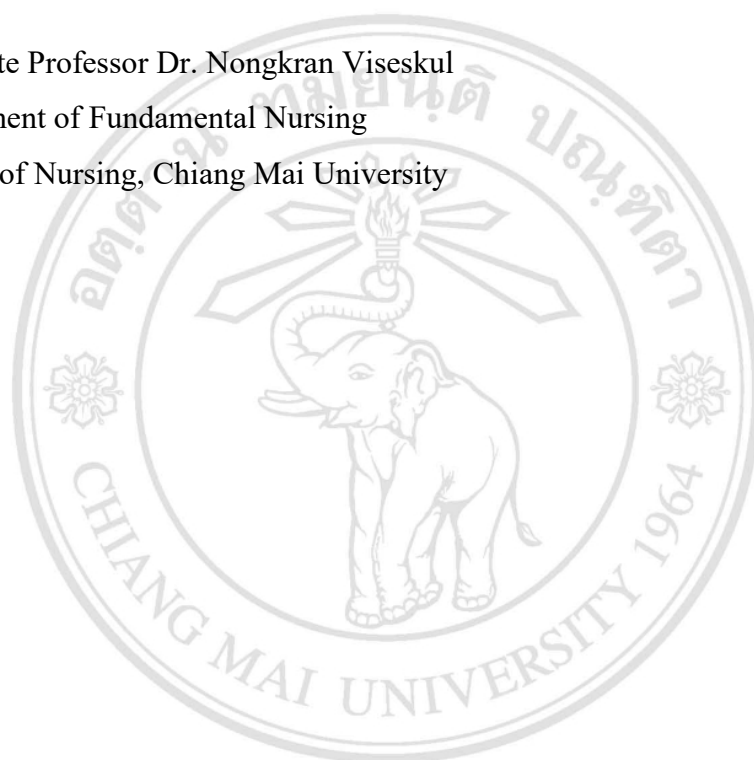
| Theme | Categories | Subcategories |
|---------------------------|------------------------------------|---|
| | | 4.2.2 Getting closer to relatives |
| 5. Fulfilling free time | 5.1 Drinking during leisure time | 5.1.1 Drinking during semester breaks |
| | | 5.1.2 Drinking during long holidays |
| | 5.2 Drinking after work completion | 5.2.1 Drinking after Submitting Major Assignments |
| | | 5.2.2 Drinking after finishing exams |
| | 5.3 Celebrating Friday nights | 5.3.1 Drinking to start the weekend |
| | | 5.3.2 Drinking to Relieve Weekly Fatigue |
| 6. Negative health impact | 6.1 Physical effects | 6.1.1 Immediate effects |
| | | 6.1.2 Day-aftereffects |
| | 6.2 Emotional impacts | 6.2.1 Increased anger |
| | | 6.2.2 Feeling down |
| | 6.3 Memory problems | 6.3.1 Forgetting events |
| | | 6.3.2 Forgetting details |
| 7. Sexual Harassment | 7.1 Physical Conduct | 7.1.1 Unwanted touching |
| | | 7.1.2 Blocking movement |
| | 7.2 Verbal Conduct | 7.2.1 comments about appearance |
| | | 7.2.2 Inappropriate jokes |

APPENDIX F

List of Experts

There is one expert who contributed as a peer reviewer during the peer debriefing process.

1. Associate Professor Dr. Nongkran Viseskul
Department of Fundamental Nursing
Faculty of Nursing, Chiang Mai University



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CURRICULUM VITAE

Name Ms. Nitchakool Khunbutstri

Educational Background

2017 Master of Nursing Science, Chulalongkorn University

2011 Bachelor of Nursing Science, Khon Kaen University

Scholarship 2019-2022 Faculty of Nursing, Khon Kaen University

2023-2024 Alcohol Research Center, Thailand

Professional Experiences

2013-present Nurse Instructor, Department of Mental Health and
Psychiatric Nursing, Faculty of Nursing,
Khon Kaen University

2011-2012 Registered Nurse, Maha Vajiralongkorn's 50th
Anniversary Hospital, Ubon Ratchathani Province

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