

A development of a conceptual model of occupational patterns promoting alcohol abstinence among northeastern Thais with alcohol use disorder

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ABSTRACT

Background: The difficulty of alcohol abstinence and recovery from unhealthy living patterns is influenced by individual context. There is still limited evidence to reveal concepts and processes of sustained alcohol abstinence in people with experienced alcohol use disorder, including Northeastern Thais.

Objectives: This study aimed to develop a conceptual model explaining how Thais with alcohol use disorder in the northeastern region sustain their alcohol abstinence.

Materials and methods: Charmaz's constructivist grounded theory guided the development of a conceptual model. Data collection was done in Khon Kaen, Thailand. Fourteen participants who had sustained alcohol abstinence for at least one year voluntarily participated in semi-structured, in-depth interviews between December 2024 and December 2025. Constant comparative analysis was used on 27 transcripts, 23 observation notes, and memos. Co-researchers rechecked and agreed on the substantive model, and two participants confirmed their data in the model to strengthen trustworthiness.

Results: The conceptual model of a healthy pattern promoting alcohol abstinence was developed with four themes interlinking sequentially: acceptance of alcohol addiction, anchoring a better life's goal, shifting identity formation, and self-determination on a health pattern. The first two concepts indicated initial awareness of the negative impacts of alcohol addiction, then the others emphasized maintaining the determination of a healthy routine without alcohol.

Conclusion: All concepts emerged from the first-hand experiences of alcohol abstinence, guided the development of a health pattern promoting sustained abstinence related to the context, and provided ideas for the healthcare providers in further development of a supportive clinical program to prevent addictive relapse.

Introduction

In Thailand, national statistics indicated that approximately 10.9% of the population, or five million Thai people, have had risk behaviors related to high alcohol consumption, including alcohol dependence, particularly in the Northeastern region.^{1,2} This statistic aligns with data from Thanyarak Khon Kaen Hospital, which served nearly 500 clients annually from 2021 to 2024.³ The healthcare service cost of alcohol addiction was estimated at around 72,736 baht per person in the first year. More than 31 million Baht per year for alcohol addiction treatment among those Thais, causing a significant economic burden,⁴ is an urgent national issue requiring immediate action.¹⁰ The use of alcohol among people with AUD in Northeastern Thailand is related to socialization towards participation in traditional events and rituals.^{5,6} Heet Sib Song and Khlong Sib Si (12 monthly traditions and 14 codes of conduct) are cherished, year-round, communal, and sub-district-level traditions of Northeastern Thailand.⁷ They combine religious rituals with traditional beliefs to foster prosperity, fortune, and community unity, such as the rain-making Rocket Festival (Bun Bang Fai) and the Rice Offering Festival (Bun Khao Sak).⁵ Recreational activities that people of all ages in this area have known and enjoyed from traditional times to the present are Mor Lam or the local folk singing or performance and Rod Hae, a sound truck with high-volume music.^{5,6,8} As aforementioned, in these activities, alcohol is considered an important substance, used both as part of rituals and to stimulate enjoyment. It is also used to relieve stress and reward oneself after work hours.⁵

Thus, it was seen as a positive reason for the use

of alcohol and general patterns of social living from a young age,⁹ resulting in less concern about progressing to AUD. Hence, using alcohol amidst these cultural activities is deeply embedded in occupational patterns of Northeastern Thai communities, where alcohol consumption is considered a normative and expected part of cultural engagement, making abstinence particularly challenging.⁵ However, problems of alcohol use, such as brawls, family violence,⁹ and workplace absenteeism,¹⁰ may lead to family and community burden,¹¹ dismissal and unemployment,¹² and complex interventions for those with chronic AUD or inducing psychotic symptoms.¹³ Despite these efforts, stopping drinking alcohol is difficult given the monthly social functions prevalent within the community.

Occupational therapy practice emphasizes rehabilitation at the level of occupational function. Self-care, work, and relationships with others¹⁴ shape a healthy habit of engagement.¹⁵ Literature¹⁶⁻¹⁹ explained the experience of abstinence^{17,18} and few models for understanding services for this client group.^{16,19} However, these are models of explaining the process of addiction;¹⁶ very few models explain the mechanisms leading to alcohol cessation.¹⁹ Hence, Thai occupational therapists still lack sufficient evidence and professional guidelines to support providing occupational therapy services in the Thai context, particularly in relation to sustainable alcohol abstinence.

Therefore, individuals living within the Northeastern Thai context find it particularly challenging to achieve permanent abstinence. Also, the conceptual frameworks that can explain and guide this population remain unclear.

Accordingly, this study aimed to develop the conceptual model of promoting alcohol abstinence among northeastern Thais with AUD by using Charmaz's grounded theory methodology.²⁰ This methodology provides a systematic approach that enables researchers to understand behaviors expressed under the influence of surrounding sociocultural contexts and to develop concepts and processes within the substantive theory.²⁰

Materials and methods

Study design

This study used constructivist grounded theory (CGT),²⁰ pragmatism, and a symbolic interactionist base to develop a conceptual model of promoting alcohol abstinence among Northeastern Thais with AUDs.

Participants

Research participants were recruited via posting publicity posters for research volunteers on the outpatient building boards at the Thanyarak Khon Kaen Hospital from December 2024 to December 2025. The initial sampling of the first two participants recruitment with the inclusion criteria were 1) having diagnosed AUD (DSM-5) or alcohol dependence or alcohol abuse (DSM-4), 2) aged between 20 and 59 years old, 3) having alcohol abstinence for at least a year, 4) not having a history of other psychiatric diagnoses, 5) living in Northeastern Thailand, 6) being able to communicate fluently in Thai, and 7) voluntarily participating in the research. The withdrawal criteria were a relapse during data collection. The initial sampling collected demographic data on living in the Northeastern sociocultural environment that influenced alcohol consumption. When the data indicated that monthly social gatherings were environmental stimulators, the participants who actively engaged in leisure activities during local festivals and socialized with peers were intentionally recruited using theoretical sampling. Theoretical sampling was employed through an iterative, constant-comparison process till theoretical saturation. For example, initial codes from the first two participants included accessing free alcohol at religious events in the Songkran festival and enhancing enjoyment through drinking during Mor Lam. Then, the third participant who engaged in the Songkran festival was recruited.

Data collection

The research data were collected using semi-structured interviews, non-participatory observations, field notes, and memo writing. Each participant provided at least one in-depth interview and one non-participatory observation. Data collection and analysis were conducted concurrently till data saturation. Data saturation occurred when the participants did not provide new information to generate a new code.

The primary researcher repeatedly practiced interviewing and observational skills with the advisor

before entering the research field. To become familiar with the local Northeastern Thai dialect, the primary researcher had two years of experience in clinical services in Khon Kaen province. The central Thai dialect was clarified on specific words and meanings before moving on to the next topic and double-checked with local people.

Semi-structured in-depth interviews were conducted to explore the participants' daily routine and activities that significantly contribute to being sober and abstaining from alcohol. General information was gathered before probing into sobering concepts and how they were applied in real life. An example of the interview guide was as follows: Please explain your perspective on being Northeastern Thai and living in northeastern Thailand, and whether it relates to facilitating drinking alcohol in daily life. What is the support for stopping alcohol and sustainability? And how? How is the concept you raise important? And what situations have been used by this concept? How do you adapt the concept into your daily activities? The interviews were conducted face-to-face and lasted 45 to 60 minutes each. At least one interview was conducted per participant. Second, third, or fourth interviews were conducted to expand on participants' experiences and obtain sufficient data on their conceptualization. In this study, four participants were interviewed twice, while three participants were interviewed three times. Only one participant was interviewed four times.

Non-participatory observation was used to capture detailed information on what participants did and how they performed daily activities that replaced alcohol-related activities. The researcher observed the physical environment, such as the workplace, work characteristics, leisure spaces, home life, and social interactions and communication between participants and co-workers, friends, or family members during their activities. Field notes recorded key actions, interactions, and necessary context that relate to strategic abstinence from alcohol. Observations began when the researchers entered the participant's place and ended upon exit; observations varied from 15 to 60 minutes. At least one observation per participant was noted. The main researcher conducted two- or three-time observations to deepen understanding of specific events, add detail, or confirm behaviors related to how participants maintained abstinence during culturally significant occasions, such as the Songkran festival. In this study, five participants were observed twice, while two participants were observed three times.

Data analysis

Twenty-seven interview transcripts, twenty-three observational notes, and memos were analyzed iteratively. The constant comparative method was used through initial, focused, and theoretical coding. Two researchers (the first author and supervisor) separately read and reread each transcript using line-by-line,

paragraph-by-paragraph analysis to closely examine the words and phrases of participants' experiences to achieve abstinence while remaining in context. The researchers assigned codes to the selected data, which provided ideas for answering the research question and for further analysis in developing the concept. In focused coding, the researchers compared and selected codes from the initial coding to identify patterns that stood out and represent key patterns in the data. The researchers considered ongoing interviews and coding; they reviewed, interpreted, and reflected on previous interviews, adjusting emerging code patterns and categories for further analysis and recruiting theoretical sampling. For theoretical coding, the researchers integrated sub-themes and developed the relationships between them to construct the substantive model. Once all concepts were insightful and no new concept emerged, the co-supervisor was involved to ensure analytical coherence. Then, all three researchers discussed and concluded the themes, concepts, and their relationships.

Trustworthiness

The rigor of the research process was ensured by maintaining trustworthiness throughout the data analysis.²⁰ The researcher enhanced credibility by using various data collection methods to ensure data accuracy, such as audio recording (during interview sessions), field notes, and relevant data (e.g., images provided by participants). Additionally, member checking was used to discuss and verify codes, sub-themes, and themes. Once the pre-final model was developed, it was shared with two participants, who were willing to confirm that their data were represented in the model. Additionally, these two participants had 5-10 years of abstinence experience and provided feedback on the model related to this research objective. Originality was supported by constructing the model with Northeastern Thais with a history of AUD and within the Northeastern context, to the extent of the existing literature. Resonance was ensured by asking

participants to verify the researcher's conclusion or by connecting the data (e.g., during interview sessions and pre-final drafting of the model). Usefulness was supported by the study results, which provide concepts and processes for understanding and generalizing them to individuals who need alcohol abstinence in the context of the study.

Results

Fourteen participants participated in this study. Thirteen participants were male; one participant was female. The mean age was 42 years. The average year of abstinence was two years 9 months; the participant with the longest duration of abstinence had mostly 15 years. Only two participants had not experienced relapse. Most participants were employed as general laborers, had secondary-level education, and lived alone.

The conceptual model for sustained alcohol abstinence comprised four core concepts that interact sequentially (Figure 1). The understanding process begins with the first concept, acceptance of alcohol addiction, which reflects a consciousness of living as an "alcohol-dependent person" and recognizing oneself as a burden to others. The second concept, anchoring a better life's goal, represents discovering valued sources of inspiration perceived as meaningful and essential for maintaining abstinence. The third concept, shifting identity formation, describes the integration of strategies for stopping alcohol use with everyday life practices. The fourth concept, self-determination of health patterns, illustrates the capacity for long-term adaptation consistent with a renewed identity. The conceptual model demonstrates a transition from cognitive transformation (the first two concepts) to behavioral reconfiguration (the latter two concepts). Each concept comprises interconnected themes presented circularly, symbolizing experiential learning through the accumulation of lived experiences that participants must continuously navigate and manage in daily life.

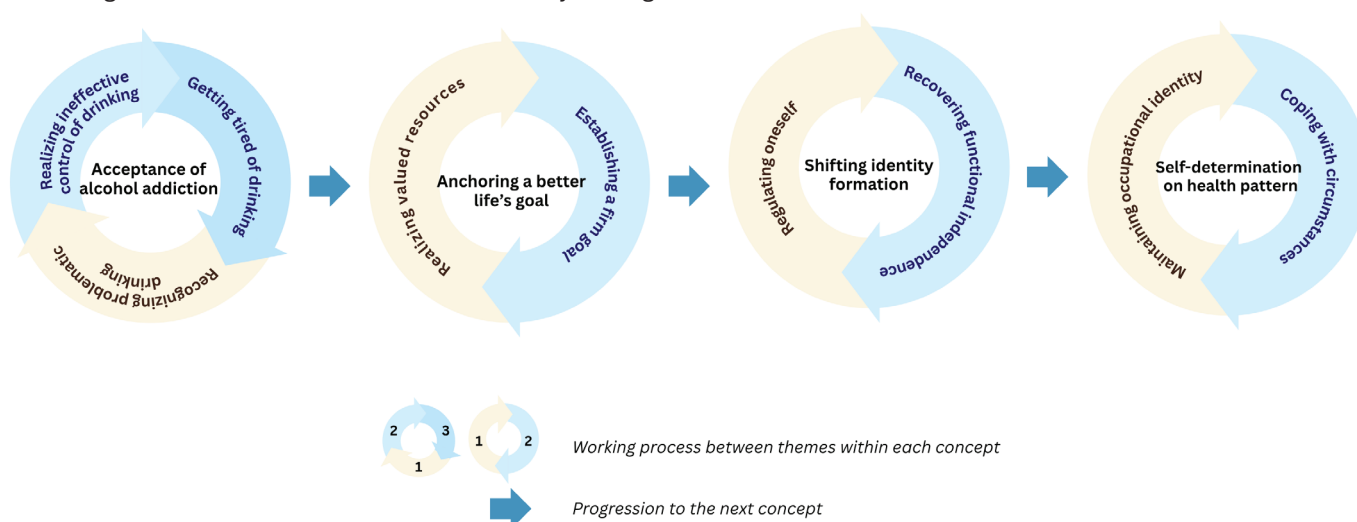


Figure 1. Conceptual model of self-determination in health patterns promoting alcohol abstinence.

Concept 1: Acceptance of alcohol addiction

This concept signifies an awareness of the inability to perform daily routines, maintain personal hygiene, work to one's full potential, and have frequent work absences. This lifestyle caused ongoing distress for the family and community, leading those around them to lose trust and avoid providing feedback. The participants gradually became aware of and accepted these realities through three themes.

Theme 1.1

Recognizing problematic drinking. Most of the participants generally agreed on the same negative effects at the beginning of consequences, and perceived being an alcoholic as a burden for family, neighbors, and colleagues, leading close friends and family to distance themselves and avoid conversation. Neighbors feeling unsafe due to loud noises at night, drunk driving leading to accidents, frequent work absences, and arguing with family over unsuccessful requests for money to buy alcohol were examples. Moreover, the problematic drinking reflected their having the last chance of being alive, in a severe health condition. This situation strongly pulled their consciousness of being addicted.

Theme 1.2

Realizing ineffective control of drinking. While increasingly aware of the gradually clarifying impacts, some participants were uncertain about their goal of stopping drinking, such as perfunctory attempts to stop drinking while with family, making vows, distracting themselves by joining the military, and undergoing treatment through conventional medicine and psychotherapy. However, they had not changed their habit of quitting alcohol permanently until they realized the ineffective control of drinking.

Theme 1.3

Getting tired of drinking. The participants described their lives as escaping the "vicious cycle of an alcoholic's life". They continued to use alcohol, knowing the potential ramifications. Drinking made them unhappy. Over months and years, they became bored with this circumstance. This led them to revisit and consider their tired experiences of drinking to try to end this pattern.

Concept 2: Anchoring a better life's goal

This concept conveys the desire to change by reinforcing a shift in thinking, leading to greater confidence and a clearer understanding of how to keep living. The concept helps divert attention from the obsessive thoughts associated with alcohol to a better goal. It must be valued or interesting to the participants to achieve at their current state. This concept consists of two themes.

Theme 2.1

Realizing valued resources. Most participants

experienced both positive and negative memorable events that triggered ambivalence about whether to stop drinking or continue. Having grandchildren, the presence of family, and being poor prompted them to re-evaluate their life values and cherish their existence, further bolstering their resolve to achieve long-term sobriety.

Theme 2.2

Establishing a firm goal. Most participants supported quitting alcohol more than abstaining from drinking on a regular basis. This theme highlights establishing a firm goal, such as regaining a worker's role to reduce the family's financial burdens.

Concept 3: Shifting identity formation

This concept operates at a pragmatic level, representing the endeavor following the decision to abstain from alcohol. The participant acknowledgment was an extremely intense phase in encountering the actual surroundings and triggers that perpetuated their cycle of drinking, to form their identity as a non-alcoholic. Consequently, those participants must incorporate their strategies against alcohol in an ongoing process within six months to help familiarize themselves with other people's use of alcohol and a life devoid of dependence on it. Therefore, this concept consists of two themes.

Theme 3.1

Regulating oneself. This theme represents keeping the willingness to act and face a variety of real-life triggers, such as cravings, peer pressure, stress, boredom, loneliness, and festivities. Participants emphasized their active engagement in craving management, such as switching to food or another drink. Likewise, they focused on assertive expression to reduce alcohol consumption amid traditional events in the Northeastern context. Practicing refusal phrases, gestures, and diverse coping strategies when confronted with drinking opportunities was crucial.

Theme 3.2

Recovering functional independence. This theme highlighted role enactment, which involves actualizing individual potential in alignment with role-specific tasks, whether in a worker or family role. Also, meaningful activities, such as parenting, working, and home cooking, based on their personal goals, could be embedded into the structure of their daily routine. Participants also emphasized obtaining employment, which signifies financial independence and stable jobs, as well as inner confidence and gaining others' trust. Moreover, receiving income serves as a reminder of entering a better stage of life. A friendly environment, such as flexible time and regulations, enabled conversation with colleagues and reduced stress, a known risk factor for relapse.

Concept 4: Self-determination on health pattern

This concept indicated the participants' strong determination to adopt a health pattern referred to as a non-alcoholic lifestyle. Ultimately, the consistent self-determination on health pattern led individuals to discover a sense of self that did not lose to alcohol, to slightly disclose the difference between living as an alcoholic and non-alcoholic, and to instill confidence in their abilities. Consequently, problem-solving and coping skills were needed to face stress and risk situations that might trigger them into the cycle of alcoholism. This concept consists of two themes.

Theme 4.1

Maintaining occupational identity. The participants consistently perform new daily

routines that help them shed the image of being alcoholics. Having an identity of being non-alcoholic, with grooming, jobs, exercise, social activities, and leisure time, provided them with stability, allowed them to choose and set their own schedules, and led to fulfillment and independence.

Theme 4.2

Coping with circumstances. Examples included reflecting on stress, relaxing through outdoor activities, and consulting close people or healthcare professionals, whether directly or indirectly. These were effective methods rather than remaining alone in their stress. Example quotes were shown in Table 1.

Table 1. Concepts, themes, and example quotes.

Concepts	Themes	Example quotes
1. Acceptance of alcohol addiction	1.1 Recognizing problematic drinking	"I started to realize the reality of what was happening. When I drank, I could not control myself - I became frustrated, broke things at home, argued with neighbors, and drove recklessly, causing problems for my family. But I was not even aware of it at the time. My family always had to step in and fix everything" (<i>Dan, male</i>). "I would drink while working; my boss kept checking on me all the time. When I was not good at work, other coworkers had to step in and redo the work for me. I feel I need to stop" (<i>Ball, male</i>). "I was scared of dying. I was in and out of the hospital so many times-fluid in my lungs, my stomach swollen, my legs swollen. It was painful. Back then, the person in the bed next to me was just like me, and not long after that, he died. That really made me think. I knew that if I kept drinking, it would not be treatable anymore" (<i>Jackey, male</i>).
	1.2 Realizing ineffective control of drinking	"I have tried every strategy, but I always end up drinking" (<i>Nut, male</i>). "Some days I had no desire to drink, yet I still did because it had become routine. I wanted to stop, but I was never able to sustain it. That was when I realized I had to make a change" (<i>Ball, male</i>).
	1.3 Getting tired of drinking	"I feel tired. Nothing will be different, because alcohol does not solve anything at all. The problems were still there. I really have to stop it" (<i>Pop, male</i>). "Nothing will change. It is what it is (open-palm gesture)" (<i>Jacky, male</i>).

Table 1. Concepts, themes, and example quotes. (continue)

Concepts	Themes	Example quotes
2. Anchoring a better life's goal	2.1 Realizing valued resources	"When my grandchild came along, I realized I had to do something. I had to quit drinking" (<i>Dean, male</i>). "I used to quit for other people, but it only lasted a short time. This time, I am doing for myself" (<i>King, male</i>).
	2.2 Establishing a firm goal	"For me, having a job and money - that's life" (<i>Park, male</i>). "I just want to earn money, have a steady job, and take care of my family" (<i>Pop, male</i>).
3. Identity shift formation	3.1 Regulating oneself	"After quitting drinking, cravings were regular. I rarely go to weddings, funerals, or ordinations, I let my daughter, or my wife, go instead because they will do anything to force me to drink or make fun that I am not interested in drinking. I keep saying no, and finally people would stop" (<i>Nick, male</i>).
	3.2 Recovering functional independence	"I do so many things every day. I go to the rice fields, approximately 4-5 Rai (about 6,400-8,000 square meters). When I get home from work, I pick up my grandkids and play with them. Sometimes I take them to harvest watermelons. I feed the cows and make food in the evening. The routine is nice" (<i>Dean, male</i>). "I never really acted like a father before. But now I try to have meals together, help with homework, and ask my child about school" (<i>Nut, male</i>).
4. Self-determination on health pattern	4.1 Maintaining occupational identity	"I have started living more simply now. Lately, I just get absorbed in work and do not really think about anything else. I can get by without drinking. In the evenings, I play sports, play games, sleep, and then wake up to work again" (<i>Jacky, male</i>).
	4.2 Coping with circumstances	"When I am stressed, or something happens that makes me want to drink, I must find some support. I call my partner or my friends and tell them what's going on" (<i>Nut, male</i>).

Discussion

The conceptual model of self-determination in the health pattern promoting alcohol abstinence represented achieving psychological readiness with awareness-driven cognitive, motivational, and self-regulatory processes by aligning with having experience of psychosocial interventions.²¹ Thus, the first concept is the prerequisite for a basic understanding of the next and the whole process, and the second concept is raised as essential to an occupation-focused approach, which particularly determines work and productivity. The third and fourth concepts foster consistency in health habits throughout the fulfillment of occupational goals. The results assisted in keeping routines busy and productive every day, with various types of activities, because addiction was ingrained in the participant's lifestyle.¹⁶ Meaningful leisure, social activities, or volunteering activities play an important role in maintaining recovery.¹⁹

Problematic patterns of alcohol use interfere with both habits and routines, often seen as an alcoholic's identity.¹⁶ These research results indicated the attempt to overcome the stereotype of alcoholics by creating a new perceived self-image. Forming and transforming a non-alcoholic identity was a step forward in reducing the characteristic of vulnerability to relapse.¹⁹ The identity relied on craving management and restructuring daily routines under occupational roles,¹⁸ by replacing them with meaningful alcohol-free activities and high satisfaction,³ especially productive and leisure activities.^{16,19} The income reflected independence and the ability to care for themselves and others without being a burden. However, having a job helped them access social spaces and reduced the negative stereotypes associated with their previous alcohol use.²²

Participation in significant roles provides a sense of role identity, reinforces role-related characteristics,

and promotes greater focus and responsibility toward others.²³ Additionally, the research results focused on social functions with concern for a sociocultural context, such as reconnecting with family, peers, and partners or finding a new quality of friendship.²⁴ A mental health occupational therapy service in Thailand, when developing a referral or home program, should highlight these desirable, continuous, occupation-focused, and necessary skills to enhance self-confidence, which could be beneficial for individuals with AUD.

This finding demonstrates sociocultural differences. This study emphasizes active engagement in personal goals, particularly through family and work roles, while maintaining a structured routine against craving-related thoughts. In contrast, Kitzinger *et al.*²⁵ reported that rest was the most common activity on both the busiest and least busy days, with daily living tasks ranked second. This study suggests that alcohol abstinence may depend on contextual expectations and needs. For instance, in other parts of Thailand, the Southern region has lower alcohol consumption due to religious factors, specifically among Muslims,²⁶ whereas in the Northeastern region, alcohol consumption aligns with the traditional way of life, where the community accepts drinking during relaxation, social celebrations, and traditional rites like Heet Sib Song Klong Sib Si.⁵ As a result, abstinence in these contexts is challenged by village attitudes and social activities. Moreover, although the 3-month abstinence campaign is rooted in Buddhist tradition, it was widely recognized and demonstrated the effectiveness of quitting drinking.²⁷ However, problematic drinking is viewed as an individual responsibility,⁵ and these findings illustrate the impact of family burden and engagement in valued activities that serve to distract from cravings and promote long-term abstinence. Therefore, this model exemplifies a combination of sociocultural adaptation and personal determination.

During the transition process, participants had to reconstruct their identity from being an alcoholic to a non-alcoholic person. This transition was facilitated by being familiar with re-establishing habits and routines without alcohol-related activity, by being involved in supportive social networking, and by sharing their insecurities. This process took a lot of time until they felt confident and comfortable with repatterning their daily routine. Doing consistently along with intention formed their healthy pattern, leading them to maintain alcohol abstinence even in risk situations, as occupational adaptation of the model of human occupation.²⁸

Regarding Thailand's strategic plan for drug addiction treatment and rehabilitation 2023-2027,²⁹ Thai occupational therapists must emphasize occupational therapy service programs associated with community-based treatment and rehabilitation centers to support holistic recovery. Collaborating with and developing a network with these community

workforces, including training lay health workers, could be key to culturally relevant and effective generalization of fundamental skills in the Thai context.

Limitations

A limitation of generalizing study results should be a concern in chronic cases with an AUD diagnosis because the conceptual model was developed by participants with high performance in doing occupational living in the community independently. Likewise, another limitation is generalizing a qualitative study to other diagnoses or contexts. Few women typically consume alcohol. Noticeably, the number of participants in this study was male. Although most participants were male, the conceptual model would guide both males and females because we used theoretical sampling to examine whether there were sex differences. However, emotions and various strategies from a woman's perspective may remain a concern in the implications of research results.

The study results contribute to understanding the health patterns underlying individuals' experiences of AUD. These results suggest future research focusing on designing intervention protocols and therapeutic techniques based on individuals' desired roles, skills, and identities. Additionally, the study recommends developing an assessment tool based on the conceptual model to measure individuals' status.

Conclusion

This study proposes a conceptual model for promoting alcohol abstinence among Northeastern Thais with AUD. The model encompasses four sequentially interconnected concepts: acceptance of alcohol addiction, anchoring a goal for a better life, identity shift formation, and self-determination of health patterns. Conceptualizing these components as interrelated processes provides an understanding of awareness of living with/ without alcohol as a fundamental step in being a non-alcoholic person. The results extend the existing recovery process by contextualizing it within the sociocultural context of Northeastern Thailand. Clinically, the model could guide the journey of alcohol abstinence to inform rehabilitation interventions.

Ethical approval

This research was approved by the Research Committee, Faculty of Associated Medical Sciences, Chiang Mai University (No. 557/2567). Written informed consent was obtained from all participants before they participated in the study, and all data were anonymized to protect participant privacy.

Declaration of generative AI and AI-assisted technologies

There was no AI or AI-assisted technologies used in this research or manuscript preparation.

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Conflict of interest

No potential conflict of interest was reported by the authors.

CRedit authorship contribution statement

Rapeepat Boonphirom: conceptualization, methodology, data collection, data curation, and writing-original draft; **Supaluck Phadsri:** conceptualization, methodology, writing-original draft, writing-review & editing, and supervision; **Atsuko Tanimura:** conceptualization, methodology, writing-review and editing, and supervision. All authors read and approved the final draft.

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