

บรรทัดฐานที่ปกติและบรรทัดฐานที่ไม่ปกติที่ส่งผลต่อการรับรู้และพฤติกรรม
สุขภาพของประชาชนไทย: การทบทวนวรรณกรรม

Normalization and De-normalization Concepts Affecting
Thais' Health Perceptions and Behaviors: A Literature Review

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Abstract

The purpose of this study therefore aimed to conduct a literature review on how normalization and de-normalization concepts affect health perceptions and behaviors, following that the author offered recommendations that might be implemented for Thais in form of synthesized model. The author employed the purposive sampling technique from research and scholarly journals that researched the Thai population and were published in widely recognized national, as well as international databases in online format between 2020 and 2024. Ultimately, the 12 articles met the inclusion were selected. A review of relevant research papers revealed that the normalization of antibiotic usage behavior, e-cigarette smoking among Thai youth, alcohol consumption and feminine identity, and cannabis use among Thai youth were reconstructed, such as “Antibiotics can kill viruses,” “Antibiotics are anti-inflammatory drugs,” E-cigarettes vape are less risky than traditional cigarettes smoking,” “Using e-cigarettes can help stop smoking,” “Alcohol women users symbolize the assertion of freedom,” “Cannabis can cure cancer,” “Cannabis makes people forget about their worries,” and

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“Cannabis use for generalized anxiety disorder and alleviate insomnia symptom,” To deconstruct normalized norms and reconstruct proper health perceptions and behaviors, the government, public health professionals, and relevant health agencies should communicate neutrally and comparatively the potential dangers of these products if they consumed excessively or misused, in comparison with existing products.

Keywords: Normalization and De-normalization, Irrational antibiotic usage, E-cigarette smoking, Alcohol drinking and feminine identity, Cannabis use, Health perceptions and behaviors

บทคัดย่อ

งานวิจัยนี้มีวัตถุประสงค์เพื่อทบทวนวรรณกรรมที่เกี่ยวข้องกับบรรทัดฐานที่ปกติและบรรทัดฐานที่ไม่ปกติส่งผลต่อการรับรู้และพฤติกรรมสุขภาพของประชาชนไทย หลังจากนั้นผู้เขียนได้นำเสนอในเชิงข้อเสนอแนะที่สามารถประยุกต์ใช้ได้กับประชาชนไทยในรูปแบบของแบบจำลองที่ได้จากการสังเคราะห์บทความวิจัย ผู้วิจัยใช้การสุ่มตัวอย่างแบบเฉพาะเจาะจงจากบทความวิจัยและบทความวิชาการที่ตีพิมพ์ในฐานข้อมูลระดับชาติและนานาชาติระหว่างปี 2563-2567 ในรูปแบบออนไลน์ ซึ่งได้บทความที่ตรงเกณฑ์ทั้งสิ้น 12 บทความ ผลการวิเคราะห์พบว่า บรรทัดฐานที่ถูกทำให้เป็นปกติของการใช้ยาปฏิชีวนะ การสูบบุหรี่ไฟฟ้าในกลุ่มวัยรุ่น การบริโภคแอลกอฮอล์เพื่อสร้างอัตลักษณ์ความเป็นหญิง และการใช้กัญชาในกลุ่มวัยรุ่น คือ “ยาปฏิชีวนะสามารถฆ่าเชื้อไวรัสได้” “ยาปฏิชีวนะคือยาแก้แสบ” “การสูบบุหรี่ไฟฟ้าช่วยให้หยุดสูบบุหรี่มันได้” “การสูบบุหรี่ไฟฟ้าอันตรายน้อยกว่าบุหรี่มัน” “ผู้หญิงที่ดื่มแอลกอฮอล์คือสัญลักษณ์ของอิสรภาพ” “กัญชารักษามะเร็งได้” “กัญชารักษาอาการวิตกกังวลและบรรเทาอาการนอนไม่หลับได้” เพื่อที่จะทำลายบรรทัดฐานที่ถูกทำให้เป็นปกติและสร้างความเข้าใจที่ถูกต้อง รัฐบาล บุคลากรสาธารณสุข และหน่วยงานด้านสุขภาพควรสื่อสารด้วยความเป็นกลางโดยเปรียบเทียบให้เห็นถึงอันตรายที่แฝงมากับสินค้าเหล่านี้ถ้าบริโภคเกินขนาดหรือใช้ในทางที่ไม่ถูกต้อง โดยเปรียบเทียบกับสินค้าที่มีอยู่เดิม

คำสำคัญ: บรรทัดฐานที่ปกติและบรรทัดฐานที่ไม่ปกติ การใช้ยาปฏิชีวนะที่ไม่สมเหตุสมผล การสูบบุหรี่ไฟฟ้า การบริโภคแอลกอฮอล์เพื่อสร้างอัตลักษณ์ความเป็นหญิง การใช้กัญชา การรับรู้และพฤติกรรมสุขภาพ

1. Introduction

Over the last 4-5 years, the globe has been fighting the spread of the COVID-19 virus. New norms have evolved that challenge existing social perceptions and behaviors related to health. The rise of the “new normal” has affected more than simply everyday routines and social interactions; however, it has had a tremendous impact on social processes and profound perceptions, particularly health-related challenges (World Health Organization, 2023). The new normal has caused unparalleled transformation, it has had a significant impact on both social and cognitive abilities. As a result, it is vital to understand how the ideas of normalization and de-normalization affect health and well-being, as well as to support activities that encourage optimal health behavior (Thai Health Promotion Foundation, 2021; The MATTER, 2020).

Normalization and de-normalization are concepts used to explain how particular behaviors, practices, or situations are accepted and seen as “normal” or “abnormal” within a society or community. These ideas serve to contextualize health-related social and cognitive processes, norms, and attitudes within a specific cultural or social environment (Emerson, 1992; Parker, 2005). It is also helpful to understand how established societal habits or situations may shape individual, communal attitudes, and beliefs supporting optimal health behavior (Asbridge et al., 2016).

Normalization is associated with the social construction of normality, in which social norms, values, and beliefs shape what is deemed “normal” or “abnormal” within a given cultural context. These norms are shaped by cultural traditions, historical practice, social institutions, media visualization,

and coworker influence. It has a profound impact on health behavior by altering beliefs of what is acceptable or expected within a community (Parker, 2005; Stephens, 2019; Wysocki, 2020). This is to say, behavior that follows social norms is more likely to be accepted and maintained. While behavior that deviates from the established norm may be stigmatized or regressed to the point of disappearing from society (Rost, 2021; Thai Health Promotion Foundation, 2021). However, at the moment, various media, whether advertising through social media, personal media, such as friends or celebrities may have impacts on individuals. Children and teenagers are particularly prone to mimicry. Additionally, the idea that activities that should not become the norm may become the standard to be performed (Patanavanich et al., 2021; The MATTER, 2020). The normalization thesis has been refined to account for the impact of structural location, providing a more accurate picture of the dynamics of teenage drug use. Other research papers have supported the concept of differential normalization, in which illicit drugs and their usage are normalized for particular groups of youth over others (Sandberg, 2012; Wilson et al., 2010).

According to the findings of a survey on perceptions and factors related to e-cigarette usage among Thai children and teenagers, Thai students were increasingly using e-cigarettes because their classmates regard such behavior as normal and acceptable in the group. Furthermore, a poll performed in 2022 found that Thai adolescents felt the cannabis pandemic was a significant national concern; nonetheless, the majority (41% of the samples) felt that eliminating cannabis from the medicine had more drawbacks than benefits. The poll also discovered that the proportion of Thai children and youth aged 18-19 smoking cannabis in entertainment venues has surged tenfold from 1%-2% to 9.7% within only three years (Hfocus, 2022). According to data from the Center for Alcohol Research in 2022, the incidence of alcohol consumption among women rose between the ages of 20 and 24, which

corresponded to the life period of university students (Center of Alcohol Studies, 2022). In terms of irrational antibiotic use behavior, Apisarnthanarak and Mundy (2008) proposed that that irrational antibiotic usage behavior has included failing to take antibiotics as prescribed by a doctor or taking more medicine than has been necessary. The World Health Organization has often stated its goal to counteract antibiotic misconceptions or myths, such as “Antibiotics can kill viruses,” or “Antibiotics are anti-inflammatory drugs.”

Nonetheless, there has been little direct research on the effects of normalization and de-normalization on health perceptions and behaviors. Not to mention, there were currently few study publications published in Thai. As a result, the ultimate goal of this academic work was therefore to conduct a literature review on how normalization and de-normalization affected health perceptions and behaviors in case of irrational antibiotic usage behavior, e-cigarette smoking among Thai youth, alcohol consumption and feminine identity, and cannabis use among Thai youth. In this way, the Thai government and relevant organizations dealing with these issues, including Thai Health Promotion Foundation, Department of Disease Control, Center of Alcohol Studies, as well as the World Health Organization have been focusing on these four areas in order to properly and appropriately transform people’s perceptions and behavioral norms. Following that the researcher provided suggestions that could be applied for de-normalizing improper normalization concepts on health perceptions and behaviors.

2. Literature Review

In order to better understand how the normalization and de-normalization concepts affect health beliefs and behaviors. The author thus examined the concept of normalization and de-normalization, as well as the concept of construction and de-construction of meaning. The specifications were as follows.

2.1 The Concept of Normalization and De-normalization

Normalization refers to the idea that certain types of deviances might become a “normal part” of leisure and lifestyle, rather than being treated as unacceptable (Emerson, 1992). On the contrary, de-normalization refers to the process by which behaviors that were formerly considered mainstream, acceptable, and typical are redefined as inappropriate, discredited, and unusual. Through de-normalization transforms the cultural features of how behaviors are produced in public awareness into a vehicle for mobilizing societal forces to discourage hazardous habits (Kelly, 2018). For instance, de-normalization increases in the unacceptability of smoking has an essential influence in lowering tobacco consumption (Alamar & Glantz, 2006).

Parker et al. (1998) created the normalization thesis which for many youth and young adults has become a fixture of daily life and is accepted by mainstream culture. The normalization thesis has been refined to account for the impact of structural location, providing more accurate picture of the dynamics of teenage drug use. Other research findings have found evidence for the concept of differential normalization, in which illicit drugs and their usage are normalized for specific groups of youth over others. (Sandberg, 2012; Shirdrick, 2002; Wilson et al., 2010). According to Williams and Parker (2001), normalization referred to a “reasonable choice” process in which children consider many aspects, such as health risks, legal consequences, and impact on school or work performance while making drug-related decisions. For the most part, this leads to drug use in moderation and integration into their free time. The following six indicators of normalization contribute to increased cannabis use (Parker et al., 2002; Parker, 2005): (1) Increasing access and availability of drugs in the community; (2) increasing prevalence of drug use; (3) increasing tolerance of drug usage among both users and non-users; (4) future expectations about drug use among current abstainers; (5) the “cultural

adaptation’’ of drug cultures in youth-oriented social media platforms, movies, television, and music; and (6) more liberal policy shifts.

2.2 The Concept of Construction and De-construction of Meaning

Construction and De-construction of Meaning is a social process in which someone has the authority to direct/produce/spread/deconstruct /reconstruct interpretations of a symbol. As a result, if a meaning can be built (Construct), it can also be loosely-defined (De-construct) and rebuilt (Reconstruct) as well. When it comes to the meaning construction of alcohol drinking commercial through mass media and social media, consuming alcohol with friends is a sign of celebration for various occasions. It’s a sight that combines pleasure, companionship, and delight. Continuing to the present, the positive connotation of alcohol has been undermined and develop new negative connotations for alcohol (Kaewthep & Hinviman, 2017). Recently, the negative meaning of alcohol consumption was re-generated (Re-constructed) through the Thai Health Promotion Foundation’s advertisings by using commercial content associating alcohol with poverty and religious concepts, such merit and sin, such as the advertisement “Giving alcohol is giving a curse,” “Quit alcohol, end poverty,” and “Stop drinking during the Buddhist Lent Period,” as well as advertisements and outdoor media for the “Rest the Liver, Rest the Lift” campaign, which aimed to convey the key message to males that “Take a break from drinking = Rest the liver = Better liver.” Most recently, in 2023, a campaign titled “Stop drinking and stop the risk of breast cancer” was launched, with the goal of conveying that drinking in women enhanced the action of the hormone estrogen linked to breast cancer (De-construct) (Kachentawa, 2023; Thai Health Promotion Foundation, 2023). And the most recent campaign in 2024 was “Abstaining from alcohol during Buddhist Lent helps women to have a flatter belly, a clearer face, and better health.” Nonetheless, according to Romo-Avilés et al. (2018), recommended

that communication about gender discourse and alcohol intake should not be conveyed in such a way that “What kind of behavior should a nice lady behave?” Because this is a prohibited conduct, The broadcast of such content may lead to an increase in underage drinkers.

Additionally, normalization discourse for utilizing cannabis among youth is reconstructed. According to Dumbili (2020), who investigated illegal drug normalization and discovered that risk denial might be interpreted as evidence of drug normalization. In terms of perceived safety, the study’s participants commonly refer to cannabis as a “natural” and “harmless” drug. Discourses related to cannabis in Thailand are constructed with both positive and negative undertones; for example, science discourse, economic discourse, juridical discourse, recreational discourse, and normalization discourse. Nonetheless, the dominating discourse in the construction of cannabis’s negative effects is the legal one, which defines the drug as an issue associated with arrests and criminal acts. In any cases, the science discourse for alleviating medical conditions and symptoms used as a part of normalization discourse plays a vital role in changing attitudes towards cannabis from an illicit drug to a medicine with useful chemical substances (Levine, 2018; Månsson, 2016).

Nowadays, doctors and pharmaceuticals cannot fix health problems; instead, people themselves must return to change their lifestyle and surroundings. As a consequence, Thai Health Promotion Foundation implements its knowledge, such as advising people to minimize, quit smoking, drinking, having appropriate intake, and increasing their physical activity through “Re-construction” which is the process of transforming deviant characteristics into typical human behavior and “De-construction” things that are misperceptions, such as needing to vape e-cigarette to be fashionable, defining smoking as normal or desirable, e-cigarette is less risky than tobacco, e-cigarettes tend to be perceived as cooler than tobacco products, or drinking to be able to socialize, as well as cannabis is utilize for decreasing stress,

putting users in a better mood and it is not addictive (Caluzzi et al., 2022; Sæbø & Scheffels, 2017; The MATTER, 2020). To address and promote accurate health beliefs and behaviors, it is necessary to de-normalize these misperceptions and use creative means of communication, such as innovative communication channels, in conjunction with personal media, including pharmacists, public health authorities, school- and peer-based interventions, and parent-based interventions.

As a result, in the next section, the author would address the theory of reasoned action and the principles of the health belief model, and whether or not the two aspects were related in order to de-normalize myths about health perceptions and actions.

2.3 The Theory of Reasoned Action (TRA)

The theory of reasoned action (TRA) aims to explain the relationship between attitudes and behaviors within human actions. It is mostly used to forecast how people would act based on their pre-existing views and behavioral intentions. An individual's decision to participate in a specific activity is dependent on the results that the individual anticipates to get as a result of executing the behavior (Ajzen, 2020). The TRA's major objective is to comprehend an individual's voluntary behavior by studying the underlying fundamental reason to execute an activity. (Doswell et al., 2011). According to TRA, a person's intention to do something is the most crucial determinant of whether or not they really accomplish it. Furthermore, before engaging in an action, people prefer to consider their benefits and drawbacks. The aim to exhibit the action arises from two factors: (1) Their attitude toward the behavior that would be expressed. This attitude is predicated on assumptions about practice and the implications of that practice, whether they would be beneficial to oneself or not; and (2) the expectation that other individuals who are significant to them would agree or disagree in that practice (Glanz et al.,

2015). The normative beliefs (i.e., social norms surrounding the act) determines whether or not the person would participate in the action. They focus on whether or not referent groups approved of the activity. There exists a direct correlation between normative beliefs and behavioral performance. Typically, the more likely the referent groups approve of the activity, the more likely the person would carry it out. In contrast, the less likely the referent groups approve of the activity, the less likely the individual would execute it (Montaño & Kasprzyk, 2008). When it comes to narcotic addiction process, youth accept normative views from reference groups, such as schoolmates and respond to beliefs as a stimulus. Motivation to comply is determined by each youth's level of believe in those persons and their willingness to follow them (Asbridge et al., 2016; Kenney et al., 2019).

2.4 The Health Belief Model (HBM)

The health belief model (HBM) is a social psychological health behavior change model designed to explain and predict health-related behaviors, notably the use of health services. The health belief model also encompasses person's ideas about illness prevention, health maintenance, and well-being (Champion & Skinner, 2008; Siddiqui et al., 2016). The following constructs of the HBM are proposed to vary between individuals and predict engagement in health-related behaviors (Carpenter, 2010): (1) Perceived susceptibility is a subjective judgment of the likelihood of having a health condition. The HBM predicts that persons who view themselves as sensitive to a certain health condition would engage in actions to lower their chance of getting the health problem; (2) perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences. The HBM proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviors to prevent the health problem from occurring or reduce its severity; (3) the perceived benefits of taking action influence health-related behaviors as well. Perceived advantages are an

individual's perception of the usefulness or efficacy of engaging in a health-promoting activity to minimize the risk of disease; (4) health-related behaviors are also a function of perceived barriers to taking action. Perceived barriers refer to an individual's assessment of the hurdles to behavioral change; (5) according to the HBM, involvement in health-promoting actions require a cue or trigger. Cues for action might be internal or external impulses. Internal impulses to action include physiological indications, such as pain and discomfort; external impulses are events or information received from people, the media, or healthcare providers encouraging engagement in health-related activity; and (6) self-efficacy was added to the HBM's four components in 1988. The HBM now includes self-efficacy to further explain individual inequalities in health behaviors, in addition to perceived susceptibility, severity, benefits, and obstacles. Self-efficacy is an individual's belief in his or her capacity to successfully perform a behavior. (Rosenstock et al., 1988).

3. Methodology

In terms of article selection methods, the author employed purposive sampling technique from research and academic articles published in widely recognized national and international databases in online format and available through Google scholar between 2020 and 2024 by using the following keywords: (1) "Irrational antibiotics use among Thais," (2) "Normalization and de-normalization," (3) E-cigarette smoking among Thai youth," (4) "Alcohol drinking and Thai female identity," (5) "Cannabis use among Thai youth," and (5) "Cannabis discourse in Thailand."

As illustrated in Figure 1, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was also applied as a guideline to assist the author in identifying literature for reviewing stages, such as screening, eligibility, identification, and inclusion.

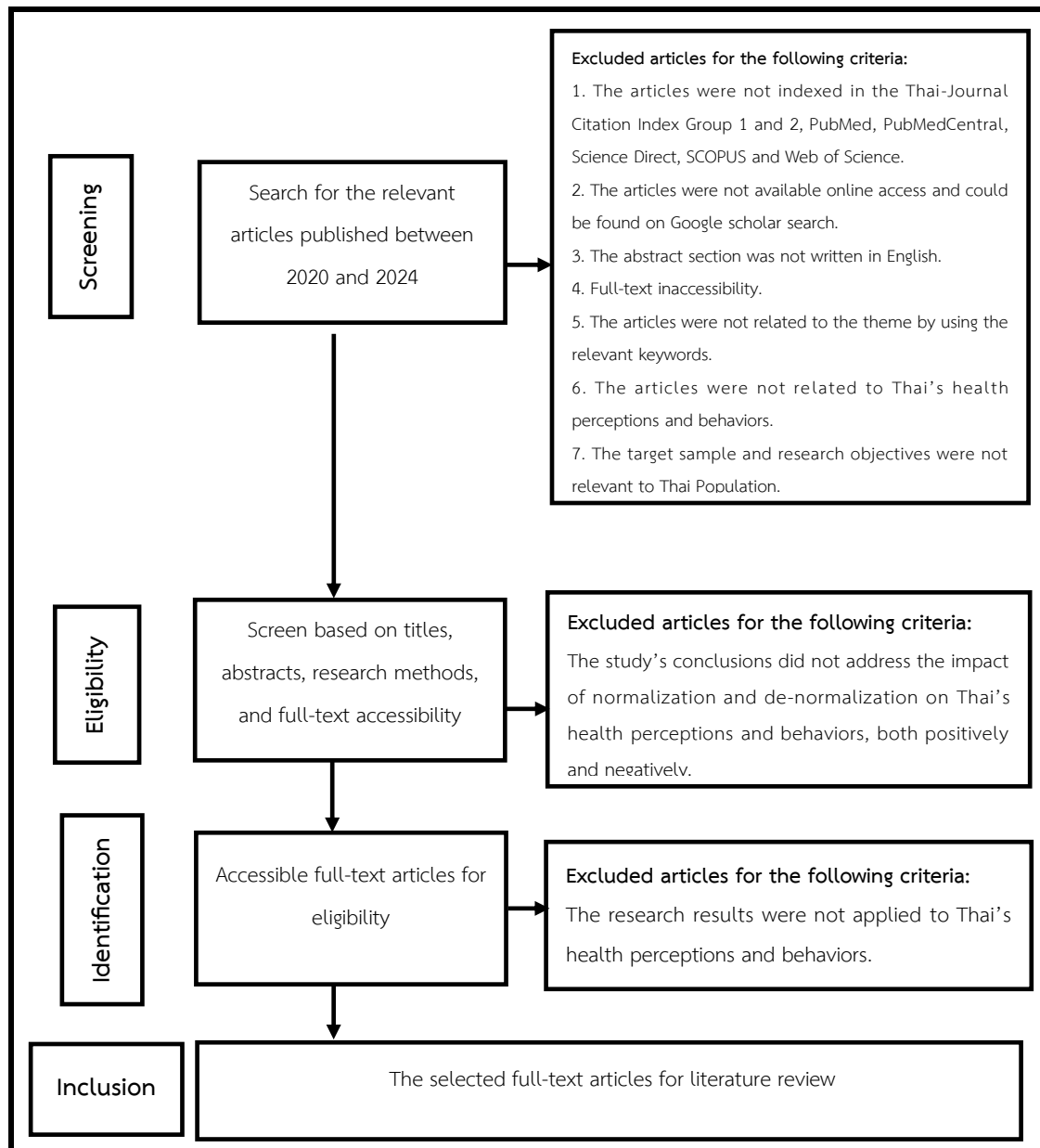


Figure 1 Flow Chart Diagram for Literature Review

Eventually, a total of selected 12 research and academic publications were chosen because they met the inclusion requirements (i.e., Assanangkornchai et al. 2022; Assanangkornchai & Vichitkunakorn, 2020;

Kalayasiri & Boonthae, 2023; Klinsophon et al., 2023; Pangtis et al., 2023; Patanavanich et al., 2021; Pongsavee & Manee-in, 2024; Saengungsumalee et al., 2024; Siltrakool et al., 2021; Sirita, 2022; Sunpuwan et al., 2024; Suwatpinyo et al., 2021).

4. Result

The author divided the analyzed results into four sections which were supported by the selected 12 research publications met the inclusion criteria which were discussed further below.

4.1 The Normalization and De-Normalization of Irrational Antibiotic Usage Behavior

According to Saengungsumalee et al. (2024); Siltrakool et al. (2021); Sunpuwan et al. (2024), who conducted research on factors associated with the normalization of antibiotic use behavior among social media users in Thailand revealed that Thai people had inadequate eHealth literacy regarding antibiotic usage reasonably. The irrational antibiotic usage behavior included not taking antibiotics as recommended by the doctor, not taking the drug as prescribed, using medicine more than required, or even purchasing medicine for oneself. When it came to knowing how to take antibiotics properly, more than half of the Thai respondents were unable to accurately answer questions about the topics “Antibiotics can kill viruses,” “Antibiotics are anti-inflammatory drugs,” “Antibiotics can reduce fever, relieve cough, relieve aches, and pains, as well as “Antibiotics have no side effects.” Moreover, the study reported that the most prevalent reasons for taking antibiotics irrationally were when they had gotten sore throats, colds and coughs, and diarrhea. The need for comprehensive education and communication efforts to de-normalize the myths and reconstructed proper health perceptions and behaviors. Thai individuals would understand the rationale behind the

antibiotic treatment guidelines, especially regarding when they had flu symptoms, sore throat, or diarrhea. There should be a collaborative effort between pharmacists and public health authorities, together with innovative communication methods, such as the use of QR codes, video online, and online poster presented a promising avenue for consideration in addressing and advocating for the appropriate utilization of antibiotics and mitigating the prevalence of anti-microbial resistance (AMR), as well as, health communication message should raise awareness that antibiotics did not treat viruses. However, it was a medicine that killed various types of bacteria based on the symptoms of the diseases. Eventually, pharmacists should not prescribe antibiotics without first diagnosing the condition. However, the pharmacist should first diagnose the patient's condition. Have you deserved antibiotics yet?

4.2 The Normalization and De-Normalization of E-Cigarette Smoking among Thai Youth

Klinsophon et al. (2023); Patanavanich et al. (2021); Suwatpinyo et al. (2021), who studied on factors related to de-normalization and normalization of e-cigarette smoking among Thai youth reported that almost high school students accessed to e-cigarette through online platforms and could purchase them through the aforementioned channel. Students believed that using e-cigarettes vape were less risky than traditional cigarettes, e-cigarettes were not harmful to health, using e-cigarettes could help stop smoking, and improved social skills. Furthermore, e-cigarette was often seen cooler than tobacco products. Teenagers that used e-cigarettes had a favorable opinion about the flavor and their stench. The following factors influenced students' e-cigarette smoking behavior were they ever watched the advertising media of e-cigarette businesses promoted the idea that e-cigarettes could help reduce smoking. Additional factor influencing students' e-cigarette smoking was students who had a close friend who smoked e-cigarettes smoked them more than students

who did not have a close friend who smoked e-cigarettes. Furthermore, it was discovered that many social media users believed that current government advertising, particularly those from the Thai Health Promotion Foundation sought to refute the idea that vaping e-cigarettes was more dangerous than smoking traditional cigarettes. This was due to the government's inability to collect taxes on e-cigarettes. As a result, on-air commercials have condemned e-cigarettes as more hazardous than traditional cigarettes. To de-normalize the misperceptions of e-cigarette use and addiction among youth and reconstructed proper health perceptions and behaviors, the government should strengthen law enforcement, particularly against commercial online marketing and school-based anti-smoking programs to include e-cigarette lessons, as well as the government should develop a mechanism for collecting taxes on e-cigarettes. In this sense, taxing e-cigarettes at a higher or equal level to traditional cigarettes would diminish accusations from social media users that the government is solely targeting e-cigarettes.

4.3 The Normalization and De-Normalization of Alcohol Consumption and Feminine Identity

Assanangkornchai and Vichitkunakorn (2020); Pangtis et al. (2023); Pongsavee and Manee-in (2024), who studied on alcohol consumption normalization and feminine identity discovered that Thai students' perceptions that the majority of their classmates consumed alcohol might contribute to the growth in female drinking prevalence. According to a 2021 poll conducted by the Center of Alcohol Studies among Thais who aged 15 and up found that females clearly outnumber males in terms of new drinkers. Throughout the 2010s and 2020s, the large alcohol industries targeted women in their alcohol commercials. This has been demonstrated by the use of female-attractive beverage containers, moderate alcohol-containing beverages, and a new type of advertising in which drinking was portrayed as women's liberty. Besides, this

might be related to the practice of Korean series, including sequences in which female characters routinely consumed Soju. Indirect strategies have been used to circumvent the ban of alcohol promotion in Thailand's restriction on alcohol advertising, such as exposing brand logos or products in publications, social media, and musical festivals sponsorship assisted to create and maintain brand recognition and loyalty. Even though there have been several social norm marketing campaigns to de-normalize alcohol drinking in Thailand in the past decade, such as "Giving alcohol is giving a curse," "Quit alcohol, end poverty," and "Stop drinking during the Buddhist Lent Period". Subsequently, they might not effectively reach out to adolescents. Higher exposure to alcohol promotion and marketing media might account for the increase incidence of drinking among Thai young girls. In 2016, Thai students' perceptions of peer drinking increased significantly (50% among boys and 80% among girls). Although alcohol consumption was a health-risky habit, it was undeniably connected with gender and psychological characteristics. Gender dimension revealed that female students who consumed alcohol were stigmatized and demonized as "Evil women" as a result of the "Good Women" discourse. Nonetheless, they did not give in to the rhetoric by reconciling their feminine identity and alcohol consumption. In addition to bargaining or resisting, alcohol women user also symbolized the psychological dimensions by asserting of freedom through drinking because everyone had the right to engage in varied activities as long as they were accountable to their duties and society. Besides, women students also utilized the social meaning of alcohol to represent specific identities, such as "Working hard, playing harder." The study's findings led to suggestions for de-normalizing drinking perceptions and habits among female students, namely strict enforcement of the alcohol beverage control laws to reduce the availability and the marketing of alcohol to youths. Accordingly, the main point of campaign or issue measures should not to reiterate the message that "Good

women, men, or LGBTQ+ community should not consume alcohol,” as this might result in bad outcomes or drew more criticism from the target audience. Besides, school-and peer-based interventions by peers of the same age with shared cultural background could communicate drinking prevention messages informally to their friends as part of their normal social interactions. This has been shown to be beneficial in avoiding alcohol usage among adolescents. Parent-based interventions applied in childhood or early adolescence have also been demonstrated to minimize the incidence of early-onset alcohol consumption.

4.4 The Normalization and De-Normalization of Cannabis Use among Thai Youth

Assanangkornchai et al. (2022); Kalayasiri and Boonthae (2023); Sirita (2022), who studied on the normalization of cannabis use and the construction of cannabis discourse in Thailand’s cannabis legalization implied that during the COVID-19 pandemic in Thailand, most narcotics, such as methamphetamine, alcohol, and tobacco were less often used. On the contrary, cannabis grew increasingly popular after legalization, particularly cannabis smoking was becoming more popular among Thai teenagers. Although Thais had greater health knowledge about the benefits and harms of cannabis, up to one-third of samples still believed that it could cure cancer, induced nausea or vomiting during chemotherapy, used for generalized anxiety disorder (GAD) treatment, improved post-traumatic stress disorder (PTSD) symptoms, and alleviated insomnia in people suffering from chronic pain. However, a quarter were remained did not believe cannabis was addictive. Cannabis normalization was also based on the assumption that people’s attitudes and views regarding cannabis have already changed. This statement was typically supported in news reports by statistical data from surveys or polls. They discovered that the vast majority of Thais favored legalizing

cannabis for medical purposes. Although supporting information was gathered from a sample group, it was generalized using the terms “Thais” or “people.” At all events, the science discourse for alleviating medical conditions and symptoms used as a part of normalization discourse played a vital role in changing attitudes towards cannabis from an illicit drug to a medicine with useful chemical substances. However, there was a tendency for new media to continue their agenda-setting roles in pushing the legal barrier from medical to recreational cannabis, such as exaggerated advertising of cannabis-infused snacks or foods, claiming to prevent or treat some mental and physical diseases, or encouraging teenagers to taste cannabis-infused snacks. As a result, cannabis usage was increasing among children and adolescents with the mistaken belief that cannabis would make people forget about their problems, reduce tension, and put them in a better mood. In order to de-normalize these misperceptions to protect the damage of public health and misperception, the more positive implications cannabis received, the more important and acceptable they were to people. In addition, the government should increase social media literacy about the dangers of cannabis by de-normalizing myths related to cannabis in Thailand, such as using cannabis is related to recreational activities and normalizing discourse referring to cannabis as a “natural” and “harmless” substance.

5. Discussion

A review of pertinent research publications demonstrated that the refinement of differentiated normalization thesis were found, namely irrational antibiotic usage behavior, e-cigarette smoking among Thai youth, alcohol consumption and feminine identity, and cannabis use among Thai youth were reconstructed, such as “Antibiotics can kill viruses,” “Antibiotics are anti-inflammatory drugs,” “E-cigarettes vape are less risky than traditional cigarettes smoking,” “Using e-cigarettes can help stop smoking,” “Women use alcohol

as the assertion of freedom,” “A decent women should not intake,” “Cannabis can cure cancer,” and “Cannabis use for generalized anxiety disorder (GAD) treatment, improve post-traumatic stress disorder (PTSD) and alleviate insomnia symptom,” These myths were consistent with Parker et al. (1998); Parker et al. (2002); and Parker (2005) all agreed that many teens and young adults have developed their normalization notions which are now acceptable in mainstream culture. The normalization approach helps to expand drug use and access, availability in the community, and cultural adaptation of drug cultures through social media platforms, movies, television, music festivals, and liberal policies. Moreover, Williams and Parker (2001), proposed that normalization is a “reasonable choice” process in which children weigh a variety of factors, including health hazards, legal implications, and the impact on school or work performance when making drug-related decisions. This may result in moderate drug usage and incorporation into their leisure time. According to Shirdrick (2002); Wilson et al. (2010) and Sandberg (2012), who consistently extended that the concept of differential normalization, in which illicit drugs and their usage are normalized for particular groups of youth over others. The normalization thesis has been refined to account for the impact of structural location, resulting in a more accurate picture of the dynamics of adolescent drug use, particularly among young people who accept drug use as a regular part of their social lives rather than seeing it as alien to their culture.

Most of researchers were consistently discovered that children and teenagers who have peers, family members, and close friends use e-cigarettes, consume alcohol, and use cannabis are more prone to participate in such behaviors due to social needs. This finding could be explained through the theory of reasoned action which indicated that the normative component is determined by whether or not referent groups approved of the action. There

is a direct association between normative beliefs and behavioral performance (Ajzen, 2020; Doswell et al., 2011). Typically, the more likely the referent groups approve of the activity, the more likely the individual would engage in it. According to Montaño and Kasprzyk (2008), who supplemented that when referent groups do not approve of an activity, individuals are less inclined to participate in it. When it comes to the narcotic addiction process, youth embrace normative views from reference groups, such as their classmates and respond to beliefs as a stimulus. The desire to participate is governed by each youth's level of belief in those series content that emerged in media and their willingness to follow them. (Asbridge et al., 2016; Kenney et al., 2019).

Eventually, Most of selected research papers coherently suggested that in order to de-normalize these misperceptions and reconstructed proper health perceptions and behaviors, the government should strengthen law enforcement, particularly against commercial online marketing and increase social media literacy about the dangers of them by de-normalizing these myths, as well as utilizing innovative communication channels and personal media, namely pharmacists, public health authorities, school-and peer-based interventions by peers of the same age with shared cultural background, as well as parent-based interventions applied in childhood or early adolescence should be employed to address and promote accurate health beliefs and behaviors. These propositions supported the health belief model approach predicting that the target group would adjust their health behaviors appropriately. It requires using communications to make the target audience aware of the dangers of illness, as well as the severity that would result if health-related habits are not changed. This could include physical harm or legal ramifications. Furthermore, the perception of one's efficacy to change health behaviors and the use of integrated media, such as those working in the public health section and social media would stimulate participation in health-related activities (Champion & Skinner, 2008; Carpenter, 2010; Siddiqui

et al., 2016). Furthermore, this recommendation was consistent with the concept of normalization and de-normalization proposed that normalization referred to a “reasonable choice” process in which children weigh a variety of factors while making drug-related decisions, including health concerns, legal implications, and the influence on school or employment performance, resulting in moderate drug usage and incorporation into their leisure time (Alamar & Glantz, 2006; Kelly, 2018; Parker, 2005).

In the Thai context, de-normalization increases the unacceptability of smoking, which has a significant impact on reducing tobacco intake or a campaign titled “Stop drinking and stop the risk of breast cancer” was launched in 2023 with the purpose of transmitting that drinking in women amplified the action of the hormone estrogen which was linked to breast cancer (Thai Health Promotion Foundation, 2023; William & Parker, 2001).

In addition the Thai Health Promotion Foundation’s guideline could implement its knowledge for rectifying these myths, such as advising people to minimize, quit smoking, drinking, having appropriate intake, and increasing their physical activity through “Re-construction” which is the process of transforming deviant characteristics into typical human behavior and “De-construction” things that are misperceptions, such as needing to vape e-cigarette to be fashionable, defining smoking as normal or desirable, e-cigarette is less harmful than tobacco, e-cigarettes are viewed as cooler than tobacco products, or drinking to be able to mingle, and cannabis is used to reduce stress, put users in a better mood, and it is not addictive (The MATTER, 2020). Nevertheless, in the case of alcohol intake and gender identity, the content should avoid repeating the message associated with how decent women should behave, notably that good women should not consume alcohol because they were stigmatized and demonized as “Evil women” as a result of the “Good women should behave” discourse. This concern was in line with

the Romo-Avilés et al. (2018)'s suggestion who recommended that young women drink not just for fun, but also to express dissent and protest against female characters who are not as good as men. Because this is a banned behavior, the sharing of such knowledge may result in more new women drinkers. Nonetheless, social media users have argued that this is due to the government's inability to collect taxes on e-cigarettes and Soju, a fermented liquor from the Republic of Korea that is not only less taxed than other types of alcohol, but has also resulted in marketing criticizing the drink as more harmful than traditional products. The government should therefore devise a method for collecting taxes on e-cigarettes and Soju, as well as communicating them in an impartial manner by comparing risks and drawbacks to existing items.

6. Conclusion and Recommendation

The author developed the input-process-output (IPO) model which can be used to de-normalize inappropriate normalization concepts on health perceptions and behaviors, as follows.

Input stage - According to a survey of pertinent research papers, examples of these misconceptions included the statement, "Antibiotics can kill viruses," "Antibiotics are anti-inflammatory drugs," "Vaping with e-cigarettes is less dangerous than smoking regular cigarettes," "Using e-cigarettes can aid in quitting smoking," "Women use alcohol as a symbol of independence," "A decent lady ought not to drink," "Cannabis will make people forget about their problems, reduce tension, and put them in a better mood," "Cannabis can treat generalized anxiety disorder (GAD), enhance post-traumatic stress disorder (PTSD), and reduce insomnia symptoms," as well as "Cannabis can cure cancer,"

Process stage - To prevent improper normalization of Thai health trends and promote healthful normalization of Thai health perceptions and behaviors, the intervention procedure should thus be utilized, including the

government should bolster law enforcement, especially in the face of commercial online marketing, and raise social media awareness of the risks associated with these beliefs by refuting myths; however, the government should develop a mechanism for collecting taxes on e-cigarettes. Additionally, creative means of communication, such as innovative communication channels, in conjunction with public health personnel media to address and advocate for appropriate health beliefs and behaviors. Furthermore, school- and peer-based interventions by peers of the same age with shared cultural backgrounds and parent-based interventions administered in childhood or early adolescence should be applicable to promote practical healthy normalization of Thai's health perceptions and behaviors.

Output stage - Health professionals, such as pharmacists should not prescribe antibiotics unless absolutely necessary and they should advise and explain to patients which conditions they should and should not use them for. Moreover, governments or competent health organizations should present the risks and disadvantages of e-cigarettes, cannabis, and new forms of alcohol in an impartial manner by comparing them to existing products. In the part of anti-alcohol campaign, media should convey that good women, men, or LGBTQ+ can drink alcohol, but they must take care of themselves and take on social responsibility as illustrated in Figure 2.

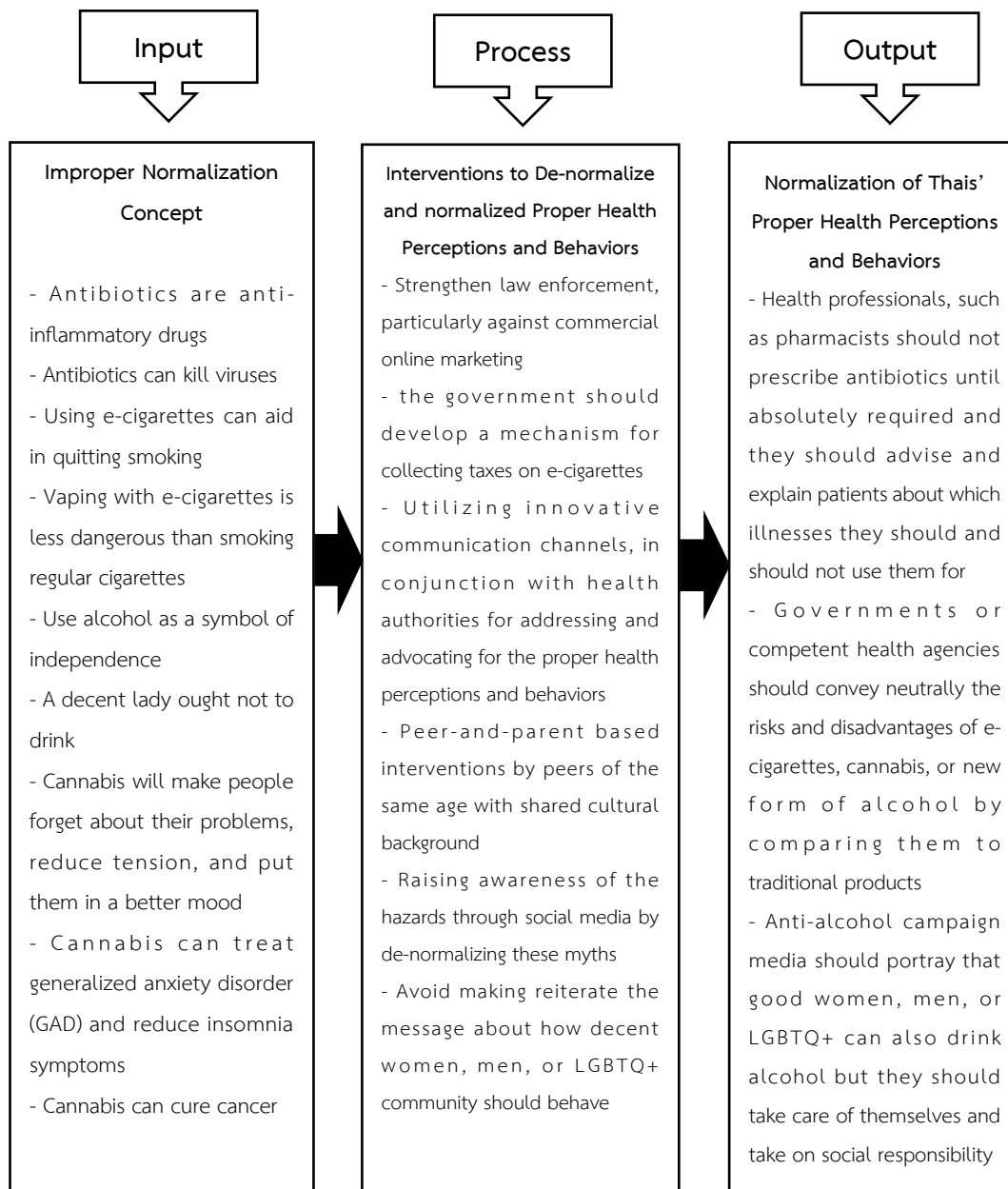


Figure 2 The IPO Model That Might Be Applied for De-Normalizing Improper Normalization Concepts on Health Perceptions and Behaviors

7. Limitation

In this academic study, the author presented conclusions from a synthesis of 12 Thai articles. It was both a documentary investigation and a secondary data collection. In addition, little research has been undertaken directly on the impact of normalization and de-normalization on health perceptions and behaviors. In addition, summarizing articles based on a literature review failed to yield up-to-date conclusions that were immediately applicable and generalizable. As a result, the research findings might be utilized to construct a theoretical framework for designing and implementing recovery-focused initiatives and policies that promote beneficial Thai's health outcomes. This might include devising methods to prevent adverse normalization of Thai's health trends, promoting healthful normalization of Thai's health perceptions and behaviors, and fostering an environment that encourages normality on Thai's health equity.

For future research, people who are interested in studying such issues should pay more attention to health communication variables, as well as marketing communication variables in order to promote Thai people to have correct perceptions, health literacy skills, and conduct healthy behaviors in an appropriate manner (healthful normalization).

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