

# The effects of a positive role-modeling and empowerment program on social and emotional skills of early adolescents in the Southern Border Context, Thailand

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## Abstract

**Background:** Early adolescence is a crucial developmental stage marked by rapid physical, emotional, and social changes. During this time, adolescents are particularly susceptible to emotional issues and risky behaviours. Social and Emotional Learning (SEL) skills are vital for helping adolescents manage their emotions, develop positive relationships, and make responsible decisions. In Thailand's southern border provinces, multicultural contexts and social stressors can impact adolescents' psychosocial development. Therefore, it is essential to implement culturally responsive interventions to promote SEL among these young people.

**Purpose:** This study aimed to examine the effects of a positive role-modeling and empowerment program on the social and emotional skills of early adolescents in the southern border context.

**Methods:** A quasi-experimental study was conducted using a one-group pretest–posttest design with 30 early adolescents aged 12 to 14 years who were attending an Islamic secondary school in Yala Province, Thailand. Participants were selected through purposive sampling. The intervention involved a three-week program focused on positive role modelling and empowerment, targeting five social and emotional learning (SEL) competencies. Social and emotional skills were assessed using a modified version of the Social Emotional Competence Questionnaire (SECQ). The data were analysed using descriptive statistics and a paired-sample t-test.

**Results:** The mean social and emotional skills score increased from 69.06 (SD = 11.23) at pre-test to 76.73 (SD = 10.54) at post-test. The paired-sample t-test showed a statistically significant improvement ( $t = 3.04$ ,  $p = 0.02$ ). The effect size was moderate (Cohen's  $d = 0.56$ ), indicating a meaningful practical impact of the intervention.

**Conclusion and recommendation:** The empowerment program can significantly improve social and emotional skills in early adolescents. It should be implemented in school settings to enhance mental health promotion and positive youth development, particularly in multicultural communities.

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## Introduction

Early adolescence (approximately 12–14 years old) is a critical developmental period characterized by rapid physical, cognitive, emotional, and social changes that influence adolescents' behavior, decision-making, and psychosocial adjustment ([Steinberg, 2017](#)). During this stage, the prefrontal cortex, which is responsible for executive control and rational decision-making, is still developing, making adolescents more likely to respond to situations emotionally rather than rationally ([Pfeifer & Allen, 2021](#); [Casey et al., 2024](#)). As a result, adolescents are particularly vulnerable to emotional difficulties, including stress, anxiety, depression, and risk-taking behaviors ([World Health Organization, 2021](#)).

Social and Emotional Skills (SEL) are important competencies that enable individuals to recognize and manage emotions, understand others' perspectives, build positive relationships, and make responsible decisions (Collaborative for Academic, Social, and Emotional Learning [[CASEL](#)], 2020). Previous studies have shown that SEL development is associated with improved academic outcomes ([Gupta, 2025](#)), better emotional regulation, and reduced behavioral problems ([Cipriano et al., 2023](#); [Reifman, 2020](#)). School-based SEL interventions have therefore been widely implemented to promote adolescents' psychological well-being and positive youth development ([Van Pham, 2024](#); [Chen, 2025](#); [Taylor et al., 2017](#)).

The development of socioemotional skills is influenced by multiple contextual factors, including family, school, and sociocultural environments ([Steinberg, 2017](#); [Taylor et al., 2017](#)). Bandura's social learning theory suggests that adolescents acquire behaviors through observation, modeling, and social interaction within their environment ([Bandura, 1986](#)). Interventions incorporating positive role modeling and empowerment strategies may therefore support adolescents in developing adaptive emotional and social competencies.

In addition, the selection of the positive role-modeling and empowerment program was grounded in the sociocultural context of the southern border provinces, where community values, religious teachings, and social interactions strongly influence adolescents. Role modeling aligns with Islamic teachings emphasizing moral behavior, respect, and social responsibility ([Hidayatur Rohman et al., 2024](#); [Ismet et al., 2025](#)). At the same time, empowerment strategies support adolescents in developing self-efficacy and decision-making skills within culturally appropriate boundaries ([Bandura, 1986](#)).

In the southern border provinces of Thailand, Pattani, Yala, and Narathiwat, communities are predominantly Muslim and characterized by unique cultural and social contexts. Adolescents in this region may experience additional stressors related to social instability and limited resources, which may influence their socioemotional development ([Abdullah et al., 2021](#)). Although studies on SEL have been conducted among Thai adolescents, most research has focused on urban populations and may not reflect the sociocultural realities of adolescents in the southern border region. Therefore, empirical evidence on culturally appropriate SEL interventions in this context remains limited.

Therefore, this study aimed to examine the effects of a positive role-modeling and empowerment program on the social and emotional skills of early adolescents in the southern border context of Thailand.

### *Research hypotheses*

Early adolescents who participate in the positive role-modeling and empowerment program will demonstrate significantly higher social and emotional skills after the intervention compared to before participation.

## Methods

### Research design

This study utilised a quasi-experimental research design, specifically a one-group pretest-posttest approach ([Polit & Beck, 2021](#)), to investigate the impact of a positive role-modelling and empowerment program on the social and emotional skills of early adolescents. In this design, participants' socioemotional skills were assessed before the intervention (pretest) and again after completing the program (posttest) to evaluate changes resulting from the intervention. The program was implemented over a specified period within a natural school setting. A quasi-experimental design was chosen for this study because it was not feasible to randomly assign participants to experimental and control groups in the school context. This approach enabled the researchers to assess the intervention's effectiveness while preserving the natural educational environment.

Including a control group was not possible due to administrative and ethical constraints within the school. The school administration preferred that all students be given equal access to the intervention, as withholding a potentially beneficial psychosocial program could raise ethical concerns. Furthermore, the limited number of eligible students made it impractical to separate participants into different groups without disrupting the regular educational process.

### Setting and samples

The study was conducted in a secondary school located in the southern border region of Thailand during the 2025 academic year. The participants were early adolescents aged 12–14 years enrolled in lower secondary education.

A purposive sampling technique was used to recruit participants who met the eligibility criteria. The inclusion criteria were: (1) students aged between 12 and 14 years, (2) currently enrolled in lower secondary education in the selected school, (3) able to communicate in Thai, and (4) having access to a communication device such as a smartphone, tablet, or computer for participation in program-related activities. The exclusion criteria included: (1) inability to participate in the program activities throughout the intervention period, (2) presence of physical or mental health conditions requiring specialized treatment during the study period, and (3) transfer to another school during the intervention.

All participants in this study were female Muslim adolescents, reflecting the demographic characteristics of the selected Islamic school. This was primarily due to the school's gender-segregated system, in which male and female students are educated separately, making it impractical to conduct joint research activities across genders. While this homogeneity enhances cultural and contextual specificity, it may limit the generalizability of the findings to male adolescents and more diverse populations.

Participants were recruited through coordination with school administrators and teachers. Information about the study was explained to the students and their parents or guardians, and informed consent was obtained before participation.

The required sample size was calculated using G\*Power version 3.1.9.4 with an effect size of 0.50, a significance level ( $\alpha$ ) of 0.05, and a statistical power of 0.80. The minimum required sample size was 27 participants ([Kang, 2021](#)). To account for potential attrition, the sample size was increased, and 30 early adolescents participated in the study.

### Intervention

The intervention used in this study was a positive role-modeling and empowerment program designed to enhance the social and emotional skills of early adolescents. The program

was developed based on the Social and Emotional Learning (SEL) framework proposed by the Collaborative for Academic, Social, and Emotional Learning (CASEL), which emphasizes five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (CASEL, 2020).

The program was implemented in a classroom setting over a period of three weeks, with one session conducted each week. Each session lasted approximately 60 minutes and consisted of interactive learning activities such as video-based learning, group discussions, reflective exercises, role-playing activities, and collaborative problem-solving tasks. These activities were designed to encourage self-reflection, emotional awareness, empathy, and positive interpersonal communication among participants.

Although the intervention duration was relatively short (three sessions over three weeks), previous studies have shown that brief SEL interventions can produce meaningful short-term improvements in emotional awareness and self-regulation (Gkatsa & Dimitra, 2026). Short-term programs are particularly useful in school settings where time constraints exist and may serve as an initial step toward longer-term interventions.

The intervention was delivered by the research team, who facilitated the sessions and guided participants through the structured activities. The program aimed to promote positive behavioral modeling and empower adolescents to develop adaptive emotional and social competencies within their daily school environment.

### **Measurement and data collection**

Social and emotional skills were measured using a modified version of the Social Emotional Competence Questionnaire (SECQ) originally developed by Zhou and Ee (2012), which is based on the Social and Emotional Learning framework proposed by the Collaborative for Academic, Social, and Emotional Learning (CASEL). For this study, the instrument was carefully adapted by the researchers to ensure cultural relevance and contextual appropriateness for early adolescents residing in the southern border provinces of Thailand.

The instrument consisted of 25 items covering five domains: self-awareness, social awareness, self-management, relationship skills, and responsible decision-making, with five items in each domain. All items were positively worded. Responses were measured using a four-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree), with higher scores indicating higher levels of social and emotional competence. The interpretation of mean scores was categorized into four levels: 3.25–4.00 (very high), 2.50–3.24 (high), 1.75–2.49 (moderate), and 1.00–1.74 (low).

Content validity was evaluated by three experts in adolescent mental health, pediatric nursing, and community health nursing. The Item-Objective Congruence (IOC) index was calculated, yielding an overall value of 0.96, indicating good content validity. Reliability of the instrument was tested through a pilot study with 20 adolescents with characteristics similar to the study participants. Internal consistency reliability was assessed using Cronbach's alpha coefficient, which was 0.93.

Data collection was conducted after obtaining ethical approval from the institutional research ethics committee. Participants and their parents or guardians were informed about the purpose of the study, and informed consent was obtained prior to participation. The questionnaire was administered before the intervention (pretest) and after completing the intervention program (posttest). Data were collected by the research team in the classroom setting.

## Data analysis

Data were analyzed using descriptive statistics were used to summarize participants' demographic characteristics and the levels of social and emotional skills, including frequency, percentage, mean, and standard deviation. To examine the effectiveness of the intervention, a paired-sample t-test was conducted to compare the mean scores of social and emotional skills before and after the implementation of the program. The normality of the data was assessed using the Shapiro–Wilk test. The results indicated that both pre-intervention ( $p = .109$ ) and post-intervention ( $p = .439$ ) scores were normally distributed. Therefore, parametric tests were deemed appropriate for further analysis.

## Ethical considerations

This study was conducted in accordance with ethical principles for research involving human participants. Ethical approval was obtained from the Institutional Research Ethics Committee of Boromarajonani College of Nursing, Yala (Reference No.: SBCNYL 005/2568).

Prior to data collection, permission to conduct the study was obtained from the school administrators. Participants and their parents were informed about the purpose, procedures, and voluntary nature of the study. Written informed consent was obtained from both the participants and their parents before participation.

Participants were assured that their participation was voluntary and that they had the right to withdraw from the study at any time without any negative consequences. All data collected in this study were kept confidential and were reported in aggregate form to ensure participants' anonymity.

## Results

### Participant Characteristics

The demographic characteristics of the participants are presented in Table 1. A total of 30 early adolescents participated in the study. All participants were female (100%). The majority of participants were 13 years old (76.67%), followed by 14 years old (23.33%). All participants identified as Muslim (100%). Regarding educational level, most participants were studying in Lower secondary year 2 (76.67%), while 23.33% were in Lower secondary year 3. In terms of place of residence, the majority of participants were from Yala Province (96.67%), with a small proportion from Pattani Province (3.33%). Most participants reported no underlying health conditions (96.67%), while 3.33% reported having a chronic health condition.

**Table 1.** Demographic characteristics of participants (n = 30)

Variable	n	%
Gender		
Male	0	0
Female	30	100
Age (years)		
12 years	0	0
13 years	23	76.67
14 years	7	23.33
Religion		
Islam	30	100
Buddhism	0	0
Christianity	0	0

Variable	n	%
Education level		
Lower secondary year 1	0	0
Lower secondary year 2	23	76.67
Lower secondary year 3	7	23.33
Province of residence		
Yala	29	96.67
Narathiwat	0	0
Pattani	1	3.33
Underlying disease		
No	29	96.67
Yes	1	3.33

### Comparison of Social and Emotional Skills Before and After the Intervention

The comparison of social and emotional skills before and after participation in the positive role-modeling and empowerment program is shown in Table 2. The results indicated that the mean score of social and emotional skills increased from 69.06 (SD = 11.23) before the intervention to 76.73 (SD = 10.54) after the intervention. The paired-sample t-test showed that the post-intervention scores were significantly higher than the pre-intervention scores ( $t = 3.04$ ,  $p = 0.02$ ). The effect size calculated for the paired-sample comparison was moderate (Cohen's  $d = 0.56$ ), indicating a meaningful practical effect of the intervention. These findings suggest that the positive role-modeling and empowerment program was effective in improving the social and emotional skills of early adolescents in the southern border context, Thailand.

**Table 2.** Comparison of social and emotional skills before and after the intervention (n = 30)

Social and emotional skills	Mean	SD	t	p
Pre-intervention	69.06	11.23		
Post-intervention	76.73	10.54	3.04	0.02

**Note:** SD = Standard deviation; t = Paired-sample t-test; Cohen's  $d = 0.56$

### Discussion

This study examined the effects of a positive role-modeling and empowerment program on the social and emotional skills of early adolescents in the southern border context of Thailand. The findings demonstrated that adolescents who participated in the program showed a significant improvement in their social and emotional skills after the intervention compared with their baseline scores. This result indicates that the program was effective in enhancing adolescents' socioemotional competencies within a school-based setting.

The improvement in social and emotional skills observed in this study can be explained through the theoretical lens of Bandura's social learning theory (Bandura, 1986), which suggests that individuals acquire behaviors through observation, imitation, and reinforcement within social environments. The intervention incorporated positive role modeling, group interaction, and reflective learning activities, which allowed adolescents to observe constructive behaviors and practice socioemotional responses in supportive peer contexts. Through these processes, participants were able to develop greater self-awareness, emotional regulation, and interpersonal communication skills. The inclusion of reflective discussions and goal-setting activities also encouraged adolescents to examine their emotional experiences and develop adaptive coping strategies.

The findings of this study are consistent with previous research demonstrating the effectiveness of Social and Emotional Learning (SEL) interventions in promoting adolescents' emotional regulation and social competence. For example, [Cipriano et al. \(2023\)](#) reported that school-based SEL programs significantly improve students' emotional understanding, interpersonal relationships, and behavioral outcomes. Similarly, [Van Pham \(2024\)](#) found that SEL interventions contribute to improved emotional well-being and social adjustment among adolescents. The results of the present study further support the CASEL framework (CASEL, 2020), which emphasizes that the development of self-awareness, self-management, social awareness, relationship skills, and responsible decision-making can strengthen adolescents' psychological resilience and promote positive youth development.

In particular, the increase in scores related to self-awareness and emotional regulation may be attributed to the early sessions of the program, which focused on helping adolescents recognize and reflect on their emotions. These foundational competencies are critical for adolescents' ability to manage stress and interact effectively with others. Improvements in relationship skills and responsible decision-making were also observed, although such competencies often require longer periods of practice and real-life application to achieve substantial behavioral changes ([Salokivi et al., 2023](#)). This finding is consistent with previous studies suggesting that social behavior development typically evolves gradually through repeated social experiences and interactions ([Meijerink-Bosman et al., 2023](#)).

Another important contribution of this study lies in its culturally responsive approach to socioemotional skill development. The intervention was designed to be culturally appropriate for adolescents living in the southern border provinces of Thailand, where communities are predominantly Muslim and characterized by multicultural social contexts ([Department of Community Development, Ministry of Interior, 2022](#)). By incorporating culturally sensitive communication, familiar social scenarios, and respectful learning environments, the program facilitated participants' engagement and acceptance of the activities. This finding aligns with recommendations from the World Health Organization ([WHO, 2021](#)), which emphasize that mental health promotion and socioemotional development programs should be adapted to local cultural contexts to ensure sustainability and effectiveness.

Role-playing activities were designed to reflect real-life situations relevant to Muslim adolescents in Thailand's southern border provinces, where cultural norms, religious practices, and family expectations play a central role in daily life. These activities incorporated Islamic values such as demonstrating respect toward parents, practicing patience, and making decisions aligned with moral and religious principles ([Hidayatur Rohman et al., 2024](#); [Ismet et al., 2025](#)). For example, in one role-play scenario, students were asked to respond respectfully to parental disagreement regarding their academic choices, reflecting the importance of family obedience and respect within the local Muslim context. These culturally grounded activities enhanced the intervention's relevance and acceptability among adolescents in this context. However, the relatively short duration of the intervention (three weeks) may limit the depth of development of more complex socioemotional competencies, such as relationship-building and responsible decision-making. Although brief SEL interventions have been associated with improvements in self-perceptions and socioemotional skills ([Gkatsa & Dimitra, 2026](#)), sustained and repeated exposure may be required to support the consolidation and long-term application of these competencies ([Calhoun et al., 2020](#)).

Overall, the findings suggest that integrating positive role modeling and empowerment strategies within school-based programs can effectively enhance the social and emotional skills of adolescents. Such interventions may contribute to strengthening adolescents' psychological well-being, improving interpersonal relationships, and supporting their ability to adapt within

complex social environments, particularly in culturally diverse and socially vulnerable communities.

### **Implication and limitations**

The findings of this study have several important implications for nursing practice, education, and policy. For nursing practice, particularly in community and school health nursing, the results highlight the potential role of nurses in implementing school-based programs that promote adolescents' social and emotional development. Nurses and school health professionals can integrate socioemotional learning activities into health promotion programs to strengthen adolescents' emotional regulation, interpersonal communication, and adaptive coping skills. Such interventions may contribute to the early prevention of mental health problems and support adolescents' psychological well-being.

For nursing education, the results suggest that social and emotional learning components may be incorporated into school-based health promotion activities and youth development programs. Collaboration among teachers, school nurses, and community health professionals can create supportive environments that foster adolescents' socioemotional competencies and resilience.

From a policy perspective, the study highlights the importance of culturally responsive interventions for adolescents living in multicultural and socially vulnerable contexts, such as the southern border provinces of Thailand. Policymakers and educational authorities may consider integrating structured socioemotional learning programs into school health policies and adolescent mental health promotion initiatives to strengthen youth resilience and psychosocial well-being.

Despite these contributions, several limitations should be acknowledged. First, the use of a one-group pretest–posttest design without a control group limits the ability to attribute observed changes solely to the intervention. Second, the sample consisted entirely of female Muslim adolescents, which may introduce gender bias and limit the generalizability of the findings to broader adolescent populations. Given that emotional regulation and social behaviors may differ by gender, future studies should include more diverse samples. Third, the short duration of the intervention may not be sufficient to produce long-term changes in complex socioemotional competencies. Finally, the study assessed outcomes immediately after the intervention, and long-term effects were not examined.

### **Conclusion**

This study demonstrated that the positive role-modeling and empowerment program significantly improved the social and emotional skills of early adolescents in the southern border context of Thailand. The findings highlight the potential of culturally responsive, school-based interventions to enhance adolescents' self-awareness, emotional regulation, interpersonal skills, and responsible decision-making. The results contribute to the growing evidence supporting Social and Emotional Learning (SEL) programs as an effective approach for promoting adolescents' psychological well-being and positive development. Integrating such programs into school health promotion initiatives may strengthen adolescents' socioemotional competencies, particularly in culturally diverse and socially vulnerable communities. Future research should examine the long-term effects of these interventions and involve larger and more diverse samples to further validate their effectiveness and applicability in different educational contexts.

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## Author contribution

A.C., N.S., and N.A. contributed to the study conception and research design. B.S., S.L., and A.N. were responsible for data collection and implementation of the intervention program. A.C. and N.S. conducted the data analysis. N.A. and B.S. prepared the initial draft of the manuscript. U.L. contributed to the research design, data analysis, and critical revision of the manuscript. All authors reviewed and approved the final version of the manuscript.

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## Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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