

Development of the SAFE Model for Survival Swimming Lessons Among Elementary Students with Aquaphobia

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Abstract

Drowning remains a significant cause of preventable mortality among children, highlighting the importance of survival swimming education. However, children with aquaphobia may experience fear and anxiety that limit their participation in conventional swimming instruction. This study aimed to develop and validate the SAFE Model for survival swimming instruction among elementary students with aquaphobia. The model was developed through a review of relevant literature, an investigation of factors associated with aquaphobia, and interviews with seven professionals in swimming instruction. The preliminary model was subsequently reviewed by five experts in physical education to establish content validity using the Index of Item-Objective Congruence (IOC). The SAFE Model was designed to integrate survival swimming and water-safety knowledge with developmentally appropriate learning experiences addressing the cognitive, affective, and psychomotor domains. The accompanying evaluation instruments comprised the SAFE Model assessment checklist, focused observations, and a post-training questionnaire on students' learning experiences. Expert evaluation indicated strong congruence between the proposed instructional components and their intended objectives, supporting the content validity of the model and its evaluation instruments.

The resulting SAFE Model provides a structured instructional framework for promoting water-safety knowledge, positive engagement with aquatic activities, and progressive development of fundamental survival swimming skills among elementary students with aquaphobia. Further empirical research is recommended to evaluate the effectiveness of the SAFE Model on students' swimming competencies, water-related confidence, and survival skills.

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Introduction

Drowning remains a major and preventable cause of mortality among children in Thailand, particularly during school holidays. The Department of Disease Control of Thailand (2022a) reported that 465 children under 15 years of age drowned between January and August 2022, representing a 14% increase compared with the same period in the previous year. During school holidays, approximately two children drowned each day, with the highest number of incidents occurring in April, when children have greater exposure to recreational water activities. Many drowning incidents occurred in natural water environments, including rivers and agricultural canals (Department of Disease Control of Thailand, 2022b). These statistics emphasize the continuing need for effective drowning-prevention strategies and the provision of appropriate water-safety and survival swimming education for children.

The importance of swimming education for child drowning prevention has also been recognized internationally. The Royal Life Saving Society – Australia (2022) reported an increase in drowning deaths among children aged 5–14 years during the COVID-19 pandemic, when access to swimming lessons was substantially disrupted. This experience illustrates the potential consequences of limited opportunities for children to develop swimming competency and reinforces the importance of providing systematic and accessible aquatic education from an early age.

Nevertheless, providing access to swimming instruction alone may not adequately address the needs of all children. Psychological barriers, particularly aquaphobia, can substantially influence children's willingness to enter the water, participate in aquatic activities, and acquire essential swimming and water-survival skills. Aquaphobia is characterized by an intense fear of water and may be associated with previous negative or traumatic experiences as well as learned fear (Huggins, 2018; Patterson, 2023). Children experiencing fear of water may avoid aquatic environments or demonstrate anxiety when participating in swimming instruction. Consequently, conventional swimming instruction that focuses primarily on skill acquisition may be insufficient for learners who require additional psychological support, gradual familiarization with water, and positive learning experiences.

Survival swimming instruction for children with aquaphobia should therefore extend beyond the development of swimming techniques. An appropriate instructional approach should simultaneously promote water-safety knowledge, positive attitudes toward aquatic activities, confidence in the water, and progressive development of fundamental swimming and survival skills. Such an approach should also take into consideration children's physical, psychological, and developmental characteristics. The Survival Swimming Guide (Life Saving Society, 2011), together with relevant principles of swimming proficiency and water safety, provides an important foundation for organizing learning experiences that enable children to develop essential competencies for safe participation in aquatic environments. The original study specifically identified children aged 6–9 years as the developmental group for whom the proposed instructional approach was designed.

To address these instructional needs, the SAFE Model was developed as a structured approach to survival swimming instruction for elementary students with aquaphobia. The model integrates survival swimming and water-safety learning with activities intended to support the cognitive, affective, and psychomotor domains. Rather than emphasizing swimming performance alone, the model incorporates progressive aquatic experiences, encouragement, positive reinforcement, and developmentally appropriate activities to help children become familiar with the aquatic environment while gradually developing essential survival swimming competencies. This approach is particularly relevant for children whose previous negative experiences or limited exposure to aquatic environments may interfere with participation in conventional swimming lessons. Despite the recognized importance of survival swimming and water-safety education, the material reviewed for the present study indicated a need for a structured instructional model specifically addressing elementary students with aquaphobia. Therefore, the development of the SAFE Model was intended to provide an instructional framework that integrates water-safety education, progressive aquatic familiarization, fundamental swimming and survival skills, and positive learning experiences within a supportive environment. The development and validation of such a model may provide physical education teachers and swimming instructors with a systematic framework for designing survival swimming lessons that are responsive to the learning and emotional needs of children with fear of water.

Objectives

The objectives of this study were:

1. To develop the SAFE Model for survival swimming instruction among elementary students with aquaphobia.
2. To examine the content validity of the SAFE Model and its evaluation instruments.

Methodology

Research Design

This study employed a research and development approach to develop and validate the SAFE Model for survival swimming instruction among elementary students with aquaphobia. The development process involved a review of relevant literature, exploration of factors associated with aquaphobia, consultation with professionals in swimming instruction, development of the preliminary instructional model and its evaluation instruments, and expert assessment of content validity. The final model was refined based on the information obtained throughout the development and validation process.

Development of the SAFE Model

The development of the SAFE Model was conducted through a systematic process consisting of three major phases: model development, model refinement, and model validation.

In the first phase, relevant literature concerning aquaphobia, survival swimming, water safety, swimming instruction, and approaches to reducing fear of water was reviewed to establish the conceptual basis for the instructional model. Open-ended inquiries were also used to explore factors associated with aquaphobia and instructional considerations relevant to children experiencing fear of water. In addition, seven professionals in swimming instruction were interviewed to obtain information regarding practical approaches to teaching swimming and supporting learners with aquaphobia. These findings were synthesized to identify the key instructional components and to construct the preliminary SAFE Model.

In the second phase, information obtained from the literature review, open-ended inquiries, and professional interviews was analyzed and integrated into the development

of the instructional framework. The SAFE Model was designed to provide structured and developmentally appropriate survival swimming instruction while addressing learning outcomes across the cognitive, affective, and psychomotor domains.

In the third phase, the preliminary SAFE Model and its evaluation instruments were submitted to five experts in physical education for content validation. Expert feedback was used to examine the congruence between the instructional components, learning objectives, activities, and evaluation criteria. The model was subsequently refined to produce the final SAFE Model for survival swimming instruction among elementary students with aquaphobia. The original methodology identifies five experts for content validity assessment and seven swimming-instruction professionals involved in the development process

Participants and Experts

Two groups of professionals contributed to the development and validation of the SAFE Model.

The first group consisted of seven professionals in swimming instruction, who were interviewed to provide information concerning swimming instruction and factors relevant to the development of the SAFE Model. Their perspectives were used to identify and refine the instructional components of the model.

The second group consisted of five experts in physical education, who evaluated the content validity of the SAFE Model and its research instruments. Their evaluations were used to determine the congruence between the proposed components and the intended instructional objectives.

Research Instruments

The research instruments were classified into two categories: the instructional tool and the evaluation instruments.

1. Instructional Tool

The instructional tool was the SAFE Model for Survival Swimming Instruction Among Elementary Students with Aquaphobia. The model was designed to organize survival

swimming learning experiences and to address learning outcomes across three domains: cognitive, affective, and psychomotor.

The model incorporated structured aquatic activities that progressively addressed water safety, aquatic familiarization, aquatic awareness, aquatic readiness, and survival swimming. These instructional components were intended to provide learners with gradual exposure to aquatic environments while supporting the acquisition of fundamental water-safety and survival swimming competencies.

2. Evaluation Instruments

Three types of evaluation instruments were developed to accompany the SAFE Model:

2.1 SAFE Model Assessment Checklist

The checklist was developed to assess students' performance in relation to the learning objectives and activities included in the SAFE Model. Assessment items addressed water-safety behaviors, compliance with class and swimming rules, aquatic familiarization, and selected fundamental aquatic skills. Examples included following the teacher's directions, demonstrating confident entry into and exit from the water, performing basic movements in water, blowing bubbles, and submerging safely

2.2 Focused Observation Form

The focused observation form was designed to record students' participation and behavioral responses during the instructional activities. The observation areas included safety, aquatic familiarization, aquatic awareness, aquatic readiness, and survival swimming.

2.3 Post-training Questionnaire on the Learning Experience

The post-training questionnaire was designed to assess students' perceptions of their learning experiences following participation in survival swimming instruction. The questionnaire used response categories ranging from Strongly Agree to Strongly Disagree and included items related to enjoyment of swimming lessons, confidence in survival abilities, willingness to continue swimming, perceived benefits of swimming knowledge, and attitudes toward physical activity.

Content Validity

The content validity of the SAFE Model and its evaluation instruments was examined by five experts in physical education. The Index of Item-Objective Congruence

(IOC) was used to determine the degree of congruence between individual items and their intended objectives.

According to the results reported in the original manuscript, the expert evaluation yielded a consistency index of +1. This finding was interpreted as evidence of strong congruence between the evaluated content and the intended objectives.

Importantly, the IOC was used as an indicator of content validity rather than reliability. Therefore, the original statement describing the IOC result as evidence of “robust reliability” should be revised accordingly.

Data Collection

Data collection was conducted according to the developmental stages of the study. First, relevant literature concerning aquaphobia and approaches to reducing fear of water was reviewed. Open-ended inquiries were then conducted to investigate factors associated with aquaphobia and to inform the initial development of the SAFE Model. Seven professionals in swimming instruction were subsequently interviewed, and the information obtained was analyzed to identify key instructional components.

Based on these findings, the preliminary SAFE Model and its evaluation instruments were developed. The model and instruments were then submitted to five experts in physical education for content validation. Expert evaluations and recommendations were considered in refining and finalizing the SAFE Model. These procedures reflect the sequence described in the original manuscript.

Data Analysis

Information obtained from the literature review, open-ended inquiries, and professional interviews was synthesized to identify the key components required for the development of the SAFE Model. Expert ratings of the model and evaluation instruments were analyzed using the Index of Item-Objective Congruence (IOC) to examine content validity.

Ethical Considerations

The research protocol was submitted to the Human Research Ethics Board for ethical review prior to the relevant data-collection procedures.

Results

The study resulted in the development and content validation of the SAFE Model for Survival Swimming Instruction Among Elementary Students with Aquaphobia. The findings are presented in three sections: (1) development of the SAFE Model, (2) instructional components and evaluation instruments of the SAFE Model, and (3) content validation of the model and its evaluation instruments.

1. Development of the SAFE Model

The SAFE Model was developed through a sequential process involving the review of relevant literature, exploration of factors associated with aquaphobia, interviews with seven professionals in swimming instruction, development of the preliminary model, and content validation by five experts in physical education. Information obtained during these stages was synthesized to identify the instructional components considered relevant to survival swimming instruction for elementary students with aquaphobia.

The development process consisted of three major stages: drafting, development, and confirmation of the model. As illustrated in the SAFE Model flowchart, the initial model was developed from information obtained from swimming-instruction professionals. The model was subsequently developed and subjected to expert validation before being finalized as the verified SAFE Model.

SAFE Model Flowchart

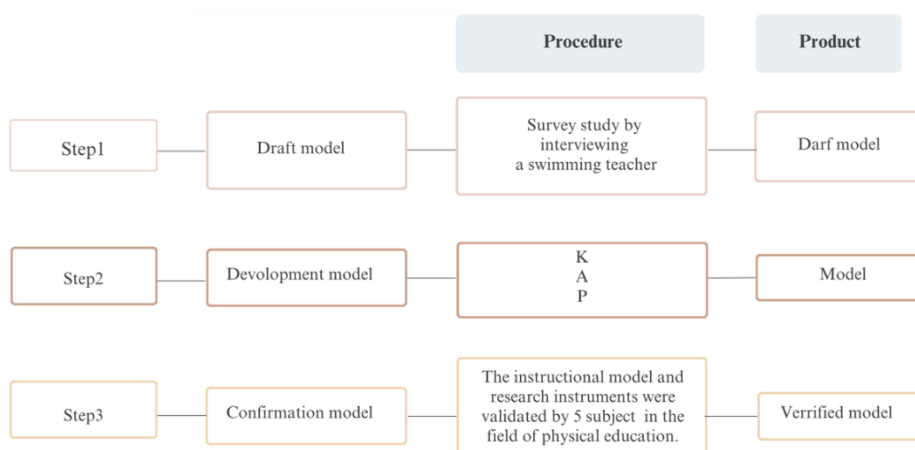


Figure 1 Development Process of the SAFE Model

2. Instructional Components of the SAFE Model

The resulting SAFE Model was designed as a structured instructional framework for survival swimming education among elementary students with aquaphobia. The model addressed learning outcomes across the cognitive, affective, and psychomotor domains

and organized aquatic learning experiences progressively from safety-oriented behaviors and familiarization with water to survival swimming skills.

Based on the instructional and assessment materials developed in the study, five principal areas were incorporated into the learning process: Safety, Aquatic Familiarization, Aquatic Awareness, Aquatic Readiness, and Survival Swimming. These areas were reflected consistently in the focused observation instrument included in the original manuscript.

For publication, I recommend summarizing these components in a table rather than presenting several pages of raw lesson-plan material.

Table 1 Key Instructional Areas of the SAFE Model

Instructional Area	Primary Focus
Safety	Classroom rules, swimming rules, water-safety practices, following instructions, and safe entry into and exit from the water
Aquatic Familiarization	Progressive introduction to the aquatic environment and basic movements in water
Aquatic Awareness	Development of awareness and appropriate responses while participating in aquatic activities
Aquatic Readiness	Preparation for progressively more demanding aquatic and swimming activities
Survival Swimming	Development of fundamental skills and behaviors relevant to survival in aquatic environments

3. Example of the SAFE Model Instructional Lesson

The developed model included structured lesson plans specifying lesson objectives, learning domains, equipment, learning activities, and assessment procedures. For example, the lesson entitled “Nemo” focused on aquatic familiarization and was designed for a 45–60-minute instructional period. Its objectives were to familiarize students with aquatic activities, encourage students to follow instructional directions, and introduce fundamental swimming and survival skills. The lesson integrated the psychomotor, affective, and cognitive learning domains.

Learning activities included dynamic warm-up exercises, review of water-safety and swimming rules, basic movements in water, face splashing, bubble-blowing activities, controlled breathing, and submerging to retrieve an object.

Student performance was assessed through question-and-answer activities and performance-based assessment. The checklist included observable behaviors such as

following the teacher's directions, performing basic movements in water, blowing bubbles for a specified duration without swallowing water, and controlled submersion while exhaling.

4. Evaluation Instruments of the SAFE Model

Three evaluation instruments were developed to accompany the instructional model: (1) the SAFE Model Assessment Checklist, (2) the Focused Observation Form, and (3) the Post-training Questionnaire on the Learning Experience.

The SAFE Model Assessment Checklist included observable behaviors associated with safety and aquatic skill development. Examples included adherence to class and swimming rules, knowledge of the water-safety code, confident entry into and exit from the water, basic aquatic movements, bubble blowing, and controlled submersion.

The Focused Observation Form organized observations into five areas: safety, aquatic familiarization, aquatic awareness, aquatic readiness, and survival swimming. The Post-training Questionnaire used a five-category response format ranging from Strongly Agree to Strongly Disagree and addressed students' enjoyment of swimming instruction, confidence, willingness to continue participating, perceived usefulness of swimming knowledge, and attitudes toward swimming and physical activity.

Table 2 Evaluation Instruments Developed for the SAFE Model

Instrument	Main Purpose	Areas Assessed
SAFE Model Assessment Checklist	Assess achievement of instructional objectives	Safety behaviors and fundamental aquatic skills
Focused Observation Form	Observe participation and behavioral responses during instruction	Safety, aquatic familiarization, aquatic awareness, aquatic readiness, and survival swimming
Post-training Questionnaire	Assess students' perceptions of their learning experiences	Enjoyment, confidence, participation, perceived benefits, and attitudes toward swimming

5. Content Validation of the SAFE Model

The SAFE Model and its evaluation instruments were subjected to content validation by five experts in physical education. The Index of Item-Objective Congruence (IOC) was used to examine the congruence between the proposed content and its intended objectives.

The original manuscript reports a consistency index value of +1, indicating strong agreement among the experts regarding the congruence of the evaluated content with its intended objectives. This finding provides evidence supporting the content validity of the SAFE Model and its evaluation instruments.

Table 3 Content Validity of the SAFE Model and Evaluation Instruments

Component/Instrument	IOC	Interpretation
SAFE Model	1.00*	Acceptable content validity
SAFE Model Assessment Checklist	1.00*	Acceptable content validity
Focused Observation Form	1.00*	Acceptable content validity
Post-training Questionnaire	1.00*	Acceptable content validity

Discussion

The present study developed and examined the content validity of the SAFE Model for Survival Swimming Instruction Among Elementary Students with Aquaphobia. The principal contribution of the study is the development of a structured instructional framework that integrates water safety, progressive aquatic experiences, and survival swimming skills while addressing learning across the cognitive, affective, and psychomotor domains. The model was developed through a process involving a review of relevant literature, exploration of factors associated with aquaphobia, consultation with seven professionals in swimming instruction, and content validation by five experts in physical education.

Development of the SAFE Model

The development of the SAFE Model reflects the need for survival swimming instruction that considers not only the acquisition of swimming skills but also the psychological and developmental needs of children who experience fear of water. Aquaphobia may restrict children's willingness to enter the water and participate in aquatic learning experiences, thereby limiting opportunities to acquire essential water-safety and survival skills. The SAFE Model was therefore structured to provide progressive aquatic learning experiences within a supportive instructional environment rather than emphasizing swimming performance alone.

The instructional materials developed in this study incorporated five areas—Safety, Aquatic Familiarization, Aquatic Awareness, Aquatic Readiness, and Survival Swimming—

which represent a progression from establishing safe participation and familiarity with the aquatic environment toward greater readiness for survival swimming activities. These areas are also reflected in the focused observation instrument developed as part of the model. This progression is particularly relevant to learners with aquaphobia because participation in more demanding aquatic tasks may require preliminary opportunities to become familiar with water and instructional routines.

Importantly, these findings should be interpreted as characteristics of the developed instructional model, rather than evidence that the model has already reduced aquaphobia or improved survival swimming performance. Further empirical evaluation with elementary students would be required to determine the effectiveness of the proposed instructional progression.

Integration of the Cognitive, Affective, and Psychomotor Domains

Another important characteristic of the SAFE Model is its integration of the cognitive, affective, and psychomotor domains within survival swimming instruction. The original instructional tool was explicitly designed to evaluate learning outcomes across these three domains. This multidimensional approach is appropriate because survival swimming requires more than the execution of swimming movements; learners also require knowledge of water safety and appropriate responses to aquatic situations, as well as confidence and willingness to participate in water-based activities.

Within the cognitive domain, the model emphasizes knowledge and understanding related to water safety and survival practices. This emphasis is consistent with Moran (2019), who discussed swimming proficiency as a broader concept than the ability to perform swimming strokes alone. From this perspective, survival swimming education should incorporate knowledge and competencies relevant to safe participation in aquatic environments rather than relying exclusively on technical swimming performance.

Within the affective domain, the SAFE Model incorporates positive and supportive instructional experiences intended to encourage participation among children who may experience fear or anxiety in aquatic environments. The original manuscript relates this approach to the development of strengths, resilience, confidence, and positive learning environments (Waters, 2014), as well as to supportive instruction relevant to attitudes and anxiety associated with water (Stallman et al., 2008). For children with aquaphobia, the

affective dimension is particularly important because fear may constitute a barrier to participation even when appropriate swimming instruction is available.

The psychomotor domain is represented through progressive development of fundamental aquatic and survival swimming skills. The lesson materials included basic movements in water, controlled breathing, bubble blowing, submersion, and other activities intended to prepare students progressively for more advanced aquatic tasks. The original manuscript associates this progressive skill development with the work of Langendorfer and Bruya (1995) and Gallahue et al. (2012).

Taken together, the three learning domains provide an important conceptual basis for the SAFE Model. Rather than treating survival swimming as a purely psychomotor activity, the model conceptualizes aquatic learning as a combination of knowing how to behave safely, developing positive engagement with the aquatic environment, and progressively acquiring the physical skills necessary for survival swimming.

Instructional and Assessment Alignment

A further strength of the developed model is the alignment between instructional activities and evaluation procedures. Three complementary evaluation instruments were developed: the SAFE Model Assessment Checklist, Focused Observation Form, and Post-training Questionnaire on the Learning Experience.

The assessment checklist focuses on observable behaviors and aquatic skills, including adherence to safety rules, confident water entry and exit, basic movements in water, bubble blowing, and controlled submersion. The focused observation form addresses behavioral participation across safety, aquatic familiarization, aquatic awareness, aquatic readiness, and survival swimming, whereas the post-training questionnaire addresses learners' perceptions of enjoyment, confidence, participation, perceived usefulness, and attitudes toward swimming.

The use of multiple forms of assessment is consistent with the multidimensional structure of the model because no single assessment method is likely to capture cognitive understanding, affective responses, and psychomotor performance simultaneously. Nevertheless, the present manuscript provides evidence primarily concerning the development and content validation of these instruments. Additional studies are required to establish other measurement properties, such as reliability and construct validity, where appropriate.

Content Validity of the SAFE Model

The content-validation process provided initial evidence supporting the congruence between the components of the SAFE Model and their intended instructional objectives. Five experts in physical education evaluated the model using the Index of Item-Objective Congruence (IOC). The original manuscript reports a consistency index of +1.

This finding should be interpreted specifically as evidence related to content congruence/content validity, rather than reliability. The distinction is important because the IOC evaluates the extent to which experts judge individual content or assessment items to correspond with their intended objectives; it does not, by itself, demonstrate the consistency or stability of measurement.

However, because the current manuscript does not provide item-level IOC values or sufficiently detailed expert-rating data, the reported value should be interpreted cautiously. Reporting the IOC results by model component or instrument in the final manuscript would strengthen the transparency of the validation process.

Practical Implications

The SAFE Model has potential practical relevance for physical education teachers and swimming instructors working with elementary students who demonstrate fear of water. Its structured progression may assist instructors in organizing learning experiences from water safety and aquatic familiarization toward readiness for survival swimming activities. The model also emphasizes that children's responses to aquatic instruction should be considered across cognitive, affective, and psychomotor dimensions rather than through swimming performance alone.

The model may therefore serve as a structured instructional framework for planning survival swimming lessons for children with aquaphobia. However, because the present study focused primarily on model development and content validation, these practical implications should be considered potential applications rather than demonstrated effects.

Limitations and Future Research

Several limitations should be considered when interpreting the findings. First, the evidence presented in this study primarily concerns the development and expert-based content validation of the SAFE Model. The current manuscript does not provide sufficient empirical outcome data to determine whether participation in the model significantly reduces aquaphobia or improves survival swimming competency.

Second, although five physical education experts contributed to the content-validation process and seven swimming-instruction professionals contributed to model development, further evaluation involving larger and more diverse groups of experts and practitioners may strengthen evidence regarding the applicability of the model across instructional contexts.

Third, further research should examine the psychometric properties of the accompanying evaluation instruments, including their reliability and other forms of validity where appropriate. Future intervention studies should also evaluate the SAFE Model with elementary students with aquaphobia using appropriate outcome measures and research designs. Such studies could investigate changes in water-related fear or confidence, water-safety knowledge, fundamental aquatic competencies, and survival swimming skills over time.

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