Competitive Sexual Risk-taking Behaviors Among Adolescents in Northern Thailand

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Abstract: This paper reports the qualitative first phase of a community-based participatory research study that explored the perceptions of behaviors and factors related to sexual risk behaviors among adolescents in northern Thailand. Adolescent community and academic researchers conducted focus group discussions with 94 adolescents aged 10-19 years old, and in-depth interviews with five females who had been pregnant in adolescence and one male who had fathered an adolescent pregnancy. Data was audio-recorded and transcribed verbatim. Content analysis was employed to analyze the data.

Two themes emerged about the adolescents: 1) social situations to rationalize sexual behaviors, which comprised peer imitation regarding sexual intercourse, online sexual relationships, drinking alcohol before having sex, living with a boyfriend/girlfriend without marriage, and having multiple partners, and 2) factors related to sexual risk behaviors, including adolescent norms regarding sexual risk, misinformation regarding sexual risk prevention, uninvolved parenting style, lack of teaching skills to convey sex education, potential risk environment in the community, and community norms regarding males' sexual behavior. Results indicated that correct and effective sexually transmitted infection prevention methods, gender equality, and motivation for condom use are important to prevent adolescent sexual risk behaviors. In addition, community-based interventions are needed to focus on different parenting skills, sex education teaching skills, and addressing community norms in order to prevent sexual risk behaviors among Thai adolescents.

Pacific Rim Int J Nurs Res 2019; 23(1) 61-73

Keywords: Adolescents, Community-based participatory research, Prevention, Qualitative Research, Sexual risk behaviors, Sexually transmitted diseases, Thailand.

Received 1 April 2018; Accepted 30 April 2018

Introduction

Adolescence is the time of physical and psychosocial change from childhood to young adulthood, including exploration of new sexual experiences that may place adolescents at risk for contracting a sexually-transmitted disease and unintended

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pregnancies.[1] According to a World Health Organization report in 2015, there were more than 1 million new cases of sexually transmitted infections (STIs) every day, and among these people, most were adolescents and young adults.[2] In addition, globally approximately 21 million adolescent females aged 15-19 years become pregnant and some 3.9 million females undergo unsafe abortions every year.[3] In Thailand, the number of STIs among adolescents aged 10-19 years rose continually from 21.0 cases per 100,000 population in 2008 to 34.5 cases per 100,000 population in 2014.[4] The number of adolescent females who gave birth increased from 24.5 cases per 1,000 population in 2006 to 28.5 case per 1,000 population in 2013.[5] Early pregnancy has serious and sometimes fatal effects for some of these adolescent mothers and their babies, with some mothers dropping out of school;[6] pregnancy-induced hypertension; postpartum hemorrhage;[7] and stillbirths, abortion, and preterm birth among the infants.[8]

Adolescents are girls and boys between the ages of 10-19.[9] The 2015 National Youth Risk Behavior Survey indicated that about 41.2% of students in grades 9-12 in the United States engaged in sexual intercourse, and among these sexually-experienced adolescents, 43.1% reported not using a condom during their last sexual intercourse, and 11.5% had four or more sexual partners in their lifetime.[10] In Thailand, a report from the Bureau of Reproductive Health, Ministry of Public Health in 2014, showed that 25.9% and 17.2% of eleventh-grade male and female students had sexual intercourse, and of these, 38.8% and 35.9%, reported not using a condom during their sexual debut, respectively. In northern Thailand, a study by Aurpibul and colleagues found that 17.9% of adolescents aged 16-19 years from lowland Thai and ethnic minorities had experienced sexual intercourse. Among the sexually experienced students, 44.7% had multiple partners and 22.6% reported using condoms consistently.[11]

International and Thai studies have identified that adolescent sexual risk behaviors relate to individual, interpersonal, and environmental factors. At the individual level, lack of knowledge about sexual risk behavior prevention,[12] attitudes toward sexual risk behaviors,[13] low sexual self-efficacy,[14] being a boy,[15] and having boyfriends/girlfriends[14] influenced adolescents' engagement in sexual risk behaviors. At the interpersonal level, higher sexual risk behaviors were associated with less parental closeness,[14] low parent-adolescent communication,[16] less parental monitoring,[17] and high perceived peer norms towards engaging in sexual activity.[18] Moreover, at the environmental level, poor school connectedness,[19] exposure to pornographic media,[14] and living in disadvantaged neighborhoods[20] correlated with higher sexual risk behaviors among adolescents.

In order for Thailand to develop effective interventions to reduce the increasing rate of STIs and pregnancies among adolescents in rural community, multiple determinants, including individual, interpersonal, and environmental factors, need to be considered for better understanding of how and why Thai adolescents engage early sexual risk behaviors. In this study a community-based participatory research approach based on basic assumption of critical social theory, was the guiding theoretical framework to identify situations of adolescent sexual risk behaviors for their own community. This approach can uncover social, historical, and ideological forces and social structures to change any constraints.[21]

Methods

Design:

This paper reports the findings of a qualitative approach employed at the community assessment phase, of a larger community-based participatory research (CBPR) project, to explore adolescents' perceptions toward sexual behaviors and issues influencing adolescent sexual risk behaviors in one rural community in northern Thailand.

Study Setting and Informants:

The study informants were recruited from one community with 10 villages in Chiang Mai, Thailand during the period September 2015 and January 2016. The participants were recruited for focus group discussion

(FGDs) through purposive and snowball sampling. Inclusion criteria were: 1) males and females aged 10 to 19 years old; 2) living in the community; 3) speaking the Thai language fluently; and 4) being willing to participate.

In addition, five females who were pregnant during adolescence, and one male who fathered an adolescent pregnancy were purposively selected for in-depth interviews. Inclusion criteria were: 1) females who had been pregnant in adolescence period (10-19 years old) or males who fathered an adolescent pregnancy; 2) living in the community; 3) speaking the Thai language fluently; and 4) being willing to participate.

Ethical Considerations:

This study was approved by the Research Ethical Committee of the Faculty of Nursing, Chiang Mai University (Study code: Full-008-2558). Permission to conduct the research was also obtained from the chief executive of the sub-district administrative organization. All participants were informed about the study's purpose, the research process, and participants' rights, including confidentiality, and had opportunities to ask questions before giving informed consent. In case of participants under 18 years of age, their parents gave written consent. Before interview, permission was obtained for recording of the sessions.

Data Collection

According to key principles of CBPR of facilitating collaborative and equitable community partnerships in all research phases,[22] 11 adolescent community researchers aged 10-19 years were recruited by using a flyer in order to work with academic researchers for developing the research process plan, creating the interview guides, and data collection and analysis. All adolescent community researchers took part voluntarily and were trained to be the researchers in the community such as leadership skills, conducting an interview, and analyzing qualitative data.

After that, 23 FGDs were conducted in a meeting room in the community. The adolescent community researchers recruited the groups and took the role of interviewer, while the academic researcher arranged the room and took the role as a facilitator to assist informants in sharing their ideas and experiences. The FGDs were divided by gender (male, female, gay), age (10-13 years, 14-16 years, 17-19 years), having boyfriends/girlfriends (yes, no), and location of school (community school, urban school). The FGD guides were used to explore adolescent sexual risk behaviors nowadays, factors related to sexual risk behaviors among adolescents, and contraceptive use. Interviewers encouraged the informants to voice their opinions or their friends' experiences without telling their own stories, enabling them to more comfortably express their perspectives. Each FGD included 2-7 participants, lasted 60-90 minutes and before beginning the ground rules of focus group were agree on, in terms of respecting each other's views and confidentiality.

Six in-depth interviews were conducted at participants' preferred locations using in-depth interview guides. The questions were open-ended in nature and used to explore sexual risk behaviors, factors related to sexual risk behaviors among adolescents, and contraceptive use. The interviews lasted approximately 60-90 minutes.

Data Analysis

Content analysis was used for data analysis with the aim of identifying themes.[23] All FGDs and in-depth interviews transcribed verbatim by the principal researcher (PI). Adolescent community researchers and the PI created the coding and identified the categories; then, two co-researchers verified the categories, identified the main themes, and chose the excerpts supporting the themes to present the results.

To ensure the rigor of the study, the principles of trustworthiness of Lincoln and Guba was applied.[23] Credibility was enhanced by prolonged engagement (7 months before collecting the data) and using methodological triangulation including participant observation and interviews. Confirmability was enabled

by using MP3 recorder and transcribing word by word and analyzing the data simultaneously to deeply understand the meaning of the information gained. In addition, research findings were confirmed with the co-researchers to verify accurate interpretation.

Results

Characteristics of Informants:

There were 94 adolescents who participated in FGDs, consisting of 54 females, 37 males, and 3 who identified as gay, with an average age of 14.9 years. The majority were single (n=91) and the remainder lived with a boyfriend or girlfriend. More than half attended high school (n=55), followed by elementary school (n=19), studied vocationally or for a bachelor degree (n=16), and religious school (n=4). There were 65 adolescents who studied in a community school and 29 of those studied in an urban school. A total of 35 informants reported having had a boyfriend/girlfriend and five reported engaging in sexual intercourse.

In addition, five women who had become pregnant as adolescents and one man who fathered an adolescent pregnancy participated in in-depth interview. They were 18-26 years old with an average age of 20.6 years. Three informants were pregnant at the age of 17 years and three informants were pregnant or had pregnancy at 18 years. A total of two informants graduated high school from a community school.

Sexual Risk-taking Behavior Findings:

Findings about the adolescents emerged in two main themes: 1) social situations to rationalize sexual behaviors, and 2) factors related to sexual risk behaviors.

Theme 1: Social situations to rationalize sexual behaviors

All informants perceived that current sexual risk-taking behaviors among Thai adolescents have changed compared to experiences from the past, where sex was only allowed between married couples. Compared to past methods of seeking sexual encounters, which included going to bars, attending festivals, or engaging the services of a prostitute, today's sexual behaviors have shifted towards peer imitation regarding the onset and frequency of sexual intercourse, engaging in more online sexual relationships, frequently drinking alcohol before having sex, living with a boyfriend/girlfriend without marriage, and having multiple sex partners without further personal commitment.

Peer imitation regarding sexual intercourse

All informants recognized that friends influenced them on the timing to initiate in sexual behaviors, including encouraging them to have a boyfriend/girlfriend, to plan and engage in sexual intercourse, rationalize having multiple partners, and discourage condom use. They explained that adolescents often shared their experiences in their peer groups about having boyfriends or girlfriends, and their physical feelings during sexual intercourse, which encouraged those not yet sexually active to imitate those behaviors, for example:

> *Among my friends, we discuss having sex with girls; for example, about how many girls have you had sexual intercourse with? How did you feel? Did you have fun? That makes others want to do it like that... want to know if it is fun or not... my friends say that I have to try not to use a condom... they say that using a condom during sexual intercourse is not fun.* (14-16 year-old boy)

> *We learn from our friends. One friend told us that she went out with her boyfriend and had sex last night. So we, as her friends, want to know, want to try to do it like her with our boyfriends.* (A 23-year-old woman who had been pregnant as an adolescent)

Moreover, having sexual intercourse was a competition among members of the peer group to show their popularity or attractiveness. Both adolescent males and females had to have sexual intercourse with multiple partners in order to be the winner in their group.

Now, there is a game called "Collecting a point (La Tam)" in a peer group... that means everyone in the group has to have sex with a boy. If you have sex with one boy, you will get one point. The one who gets the highest point will be the winner and will get a gift from their friends. (14-17 year-old gay)

Adolescents' language calls this type of behavior, increasing the level of sexual encounters, as an "up-level." This means that with every sexual encounter, you attempt to "go up a level" from your previous encounter. For example, after finishing college, I called a girl and picked her up to have dinner and asked her to have sex. After we had sex, my friend called me to talk and drink at a bar. I met another girl there and had sex with her. So, I had sex with two girls in one day. That brought my level up to two. (17-19 year-old boy)

Online sexual relationships

Most informants perceived that online social networks were an important tool for starting new relationships and maintaining interpersonal relationships among adolescents today. They explained that adolescents chatted or posted their marital status as single via social networks such as Facebook, and Line, and used a chat application in order to find a new boyfriend or girlfriend. Then, they continued their relationships by texting messages and made an appointment to meet each other, which placed them at risk for sexual intercourse.

We use Facebook and Line to chat or flirt with boys or girls. During texting messages, a boy sometimes wants to meet a girl in person, and once they see each other, the boy takes the girl to a motel to have sex. (14-16 year-old girl)

At that time, he asked me to accept him to be his friend [i.e., on Facebook]. *When I added him to be my friend, he always chatted and commented on my posted pictures... We then used the text box to chat and make a date to see each other. He picked me up at my home to go to his house. I went with him because I thought that he wanted me to see his house, I did not think of anything else. In his house, he prevented me from getting out and raped me.* (An 18 year-old girl who had been pregnant)

In addition, some focus group informants talked about how adolescents who intended to have sexual intercourse with a casual partner used chat rooms to show their body or sexual behavior and arrange for a place to have sex.

Chat rooms are the best. It's used for finding sexual relationships. You can both see them and hear their voice. Boys masturbate. Girls show their breasts or other parts of their body. And then they make a date to have sex. (14-17 year-old gay)

In a chat room, some men took a photo of their body, and asked for having sex... but some men sent video clips while chatting. (14-16 year-old girl)

Drinking alcohol before having sex

Some adolescents drank alcohol, such as sparkling wine, beer or spirits before having sexual intercourse. They indicated that drinking alcohol was a social behavior that they performed while going out with friends or boyfriends/girlfriends at night. Adolescents drank alcohol to make relationships easy and to increase their courage to have sex. Most of them talked about how heavy alcohol consumption caused memory loss, and caused some to engage in unintended sex:

Going out at night to a pub or bar and drinking alcohol improves the atmosphere. I think that having sex for the first time does not come only from love, but also from the desire to make love. Drinking alcohol can lead adolescents to have more courage to have sex. (17-19 year-old boy)

I went out with my boyfriend and drank beer and spirits until I was drunk. At that time, I forgot I went home with him; I had not had sex with him before this. I don't remember much. My boyfriend took me to his bedroom... When I woke up, we did not have any clothes on in the morning. I cannot remember how I felt about my sexual debut. (A 26-year-old woman who had been pregnant as an adolescent)

Living with a boyfriend/girlfriend without marriage

Most informants pointed out that there were several adolescent couples living together in boys' or girls' home in the community or a dormitory in town. They explained that living with a boyfriend/girlfriend was the way to express their love; thus, they used protection inconsistently.

There are a lot of adolescents living with their boyfriends/girlfriends now ... When I was studying at high school, my friend took her boyfriend to live together at her home. She lived with her parents, too. (17-19 year-old girl)

During a school break, I asked my parents for permission to live with my boyfriend. They told me to protect myself but I and my boyfriend did not use condoms regularly... We lived together, for about two or three weeks, we lived together every day. So, my boyfriend did not use condoms every time... I forgot to take contraceptive pill. This caused me to become pregnant. (A 20-year-old woman who had been pregnant as an adolescent)

Having multiple partners

The majority of informants stated that adolescents nowadays had sexual intercourse with multiple partners and that some of them switched their partner with their friends to have sex. They defined having multiple partners as having sexual intercourse with their boyfriends/girlfriends and others who they might meet one time or whom they were flirting with as "Kik". Some believed that having sexual intercourse with strangers was fun, and that they learned new sexual behaviors.

My friend called me to go his room at a dormitory in town. Another friend went there but I didn't go... There were three girls and three boys drinking alcohol and having sex together. Some of them didn't know each other... Maybe, they were bored with their girlfriends or wanted to do something new. (14-16 year-old boy)

When I heard from a friend how good she felt during having sex, I wanted to find a new partner to also have sex. When I felt dissatisfied because his penis was small, I found another partner. When I met a boy whose penis fit me, I continued to look for someone else better than him. (A 23-year-old woman who had been pregnant as an adolescent)

Theme 2: Factors related to sexual risk behaviors

Several personal, family, school, and community factors lead Thai adolescents to engage in sexual risk behaviors, including adolescent norms regarding sexual risk behavior, misinformation regarding sexual risk behaviors prevention, uninvolved parenting style, lack of teaching skills to convey sex education, potential risk environment in the community, and community norms regarding males' sexual behavior.

Adolescent norms regarding sexual risk behavior

Adolescent norms in regards to having sex and not using a condom was the factor that posed the greatest risk for contracting a sexual transmitted disease or carrying an unwanted pregnancy. Most informants felt that having sex during this period of their lives was a normal behavior, especially having sex around holidays such as Valentine's Day or the Loi Krathong festival, demonstrating that the couples loved each other.

I have friends in town. It's a normal behavior. For them, having sex among adolescence period is a normal. (17-19 year-old girl)

In the past, if a boy and a girl wanted to have sex, they had to be engaged or married, but it's not like that in the present... because of this new era, everything has changed. When an adolescent boy and girl have sex, then they separate, no ties, they don't have to be married. It's fun. You see! It's normal that adolescents have sex with their boyfriends or girlfriends. (An 18-year-old boy who fathered an adolescent pregnancy)

Moreover, informants mentioned that adolescents had the attitude towards not using a protection, especially condom use. Some of the adolescents believed that having their first sexual intercourse would not make them pregnant. Adolescent females explained that they believed that when an adolescent is entering puberty, his or her sexual capabilities are not fully developed enough to cause pregnancy. Therefore, some adolescents did not use contraceptive methods at their sexual debut.

Not using a condom. Just one time. Something bad couldn't happen... Most boys think that having sex without a protection for one time can't make a girl pregnant. (17-19 year-old boy)

At the first time [of having sex], I asked him how we would continue if I became pregnant. He answered that I could not become pregnant because it was the first time we had sex. You see? No one is pregnant after the first sex. (A 20-year-old woman who had been pregnant as an adolescent)

Some explained that they do not usually use a condom during sexual intercourse because it will dull their sexual feeling and decrease physical contact.

Most boys don't use condoms... Their sexual feeing may be less. It means if boys stop sexual activity to find and use a condom, their sexual feeling may discontinue. (14-16 year-old girl)

It's a different feeling. I cannot explain how I feel during using a condom; it's strange, not fun. Having sex without condoms is more fun than with using condoms. (An 18-year-old boy who fathered an adolescent pregnancy)

Misinformation regarding sexual risk behaviors prevention

Most informants stated that adolescent males used the withdrawal method (coitus interruptus) as a means to prevent pregnancy, for example:

I asked him [her boyfriend] about condoms. He answered, 'I don't have any condoms. We don't need to use condoms.' He said that he would withdraw his penis from my vagina before ejaculation. He told me that this method can prevent pregnancy. He can feel it before the fluid will come out. (10-13 year-old girl)

Using the withdrawal method can't make a girl pregnant... A boy will ejaculate semen outside, not inside. A girl cannot be pregnant. (14-16 year-old boy)

In addition, some females in in-depth interviews mentioned that females usually were not aware of their sexual risk exposure when they went home with their boyfriends. They thought that the boys would respect them if the girls did not want to engage in a certain behavior.

We learned sexual and reproductive health superficially, or just the basics, such as the reproductive system and conception. I did not know what risks to expect when I began living with a boyfriend. I did not know how I can protect myself. I did not know how to avoid pregnancy until I faced the situation by myself. (A 26-year-old woman who had been pregnant as an adolescent)

At the first time, I stayed at my house. He asked to talk to me outside. I trusted him. We talked near his house. Then, he invited me in for a while. I said no but he didn't listen to me. He carried me to go his room. (A 20-year-old woman who had been pregnant as an adolescent)

Uninvolved parenting style

Most informants said that parents in Thailand today worked hard to earn enough money to support their families and had no time to monitor their children's behavior outside of the home. This parenting style led adolescents to spend a great deal of time with friends, and their boyfriends/girlfriends, in order to share their personal experiences and feel love and warmth. And some of them exchanged sex for money with strangers.

I have a close older friend, age 14, who was pregnant. At that time, I went to find her at her house to figure out the reason she was absent from school for the past two weeks. She told me she was pregnant and did not know who the father of her child was. I know she works at night and some days she is alone at home because her parents work at night too. She told me that she wanted to be rich and she had sex with men whom she met one time. Now, she aborted the baby. (10-13 year-old girl)

Parents don't pay attention to their children, so they go to their friends' house and have sex... They told their parents that they would do homework at their friends' house. Parents didn't know. (10-13 year-old boy)

Lack of teaching skills to convey sex education

Most informants believed that sex education in school was an important information source for adolescents to learn about sex and risk prevention, but some teachers were limited when they taught about sexual issues by low confidence, poor explanations, and not enough up-to-date information in their teaching approaches.

When I was a student in a community school, I learnt sex education such as sexual risk behaviors but I didn't learn about prevention... Maybe the teacher didn't know the detail of sex education or teaching methods. So, how can the students understand? (17-19 year-old girl)

They [the teachers] don't teach everything in sexual education because they are too shy to say anything about sex issues. And their teaching style is often boring, which make us lose interest in the subject. (An 18-year-old boy who fathered a teenage pregnancy)

Potential risk environments in the community

Many informants mentioned that there were sexual risk locations in their community, where adolescents get together to drink alcohol and have sex, for example:

There are a lot of places in the community where adults usually don't go, such as the woods next to a community street, or by the dam. At these places, we go to drink alcoholic beverages and smoke. Some of us take the girls to these places to have sex... There is no guard or anyone else to monitor us. There is only one person to open and close the dam entrance. (14-16 years-old boy)

At my school, there were some young adolescents who had sex in the restroom. The teacher caught them and expelled them... Adolescents go to have sex in the restroom because there is no light and very few people go to the restroom. So, teachers usually don't know about this. (14-16 years-old girl)

Community norms regarding males' sexual behavior

Many informants in this community believed that sexual intercourse experience for males was a normal behavior. Engagement in sexual risk behavior

among males had been accepted since the past because males's experience of sexual intercourse was not derogatory. Conversely, females' engagement in sexual intercourse would make them and their families miserable. Therefore, having sexual intercourse among males was not prohibited, and parents and teachers did not teach them much about sexual risk prevention.

> *We are boys. We don't have anything to lose. We can have sex with anyone. Parents are not worried. But the girls cannot act like this. They can be pregnant. Boys cannot be pregnant.* (14-16 years-old boy)

> *When the boys have sex with the girls, the boys cannot get pregnant, right? Boys don't lose anything, but the girls do... everyone always says that when parents have a female baby, it is like having a toilet in the front of the house, which is a bad thing in Thailand. But parents don't talk like this when they have a male baby.* (A 26-year-old woman who had been pregnant as an adolescent)

Discussion

Findings support previous studies that demonstrate that social situations play an important role in the decision-making process of adolescents in their sexual behaviors. These include observing and imitating sexual behaviors among their peer groups,[24, 25] using the Internet to find an anonymous partner,[26] drinking alcohol to lower sexual anxiety and inhibitions, and having multiple sex partners to increase status among their peers.[11] The informants explained that both boys and girls usually shared with their peers such details as initiation and frequency of sexual intercourse and having multiple sex partners. A study found that adolescent females in eastern Thailand who reported having pregnant friends were 2.2 times more likely to have unintended repeat pregnancies than those who did not have such friends.[27] Drinking alcohol before engaging in high-risk sexual intercourse was a frequent occurrence;[28] specifically, in these situations, the females consumed more alcohol than the males.[29]

Our results confirmed that Thai adolescents' sexual risk behaviors frequently were based on inappropriate sexual risk prevention knowledge,[30, 31] uninvolved parenting style,[32] lack of teaching skills to convey sex education,[33] and different community norms regarding males' sexual behaviors.[34] We found that community norms around the males' sexual behaviors were more accepting of premarital sexual activity. However, the females perceived that the community norms were a double standard for them; while it was acceptable for males to have sex, it was not acceptable for females to do the same. The situation for the females had more significant social consequences, because community members would put shame and blame on them for becoming pregnant at an early age, and parents and community members actively tried to prevent females from having sexual intercourse. These findings were consistent with traditional norms among adolescents aged 15 to 19 years in three villages in northeast Thailand. The researchers found that losing virginity before marriage was unacceptable for females, and that community and family members made the females feel guilty and embarrassed.[34] In this community, both males and females primarily focused on pregnancy prevention rather than STIs/HIV prevention. They also believed that coitus interruptus was a method which could prevent females from becoming pregnant. From a survey of 425 adolescent females aged 15 to 18 years old in the city of Chiang Mai, nearly 10% of girls who ever had sex reported using coitus interruptus as a contraceptive method in their first sexual intercourse.[30]

Our study discovered that adolescent females and males in northern Thailand competed with each other in having multiple partners to demonstrate their

popularity and acceptance by their peers. In addition, we found that not using condoms among these adolescents quickly became the norm as the means to experience greater sexual closeness and satisfaction. They also shared the mistaken belief that having sex for the first time could not make them pregnant, because they thought that their sexual organs were not mature enough to cause a pregnancy.

The study has some limitations. First, informants in this study were collected from a single community in northern Thailand, which does not allow us to generalize to other areas of the country. Second, informants were recruited by adolescent community researchers, who presented sexual risk behaviors from a rural perspective. Last, most of informants were not sexually active so some might feel reluctant to voice their opinions toward sexual risk-taking behaviors in the focus groups. These limitations are offset by the important findings which will contribute to recommendations not only to local policymakers but also contribute to informing the national agenda to reduce teen pregnancy and lower the rates of sexually-transmitted infections.

Conclusions and Implications for Nursing Practice

Thai adolescent sexual risk behaviors revealed in our focus groups included peer imitation regarding sexual intercourse, online sexual relationships, drinking alcohol before having sex, living with a boyfriend/girlfriend without marriage and having multiple sex partners. These sexual risk behaviors are strongly influenced by personal, interpersonal, and community norms. Interventions need to focus on debunking the myths surrounding pregnancy prevention, addressing gender equality, and educating adolescent peers, parents, teachers, and other community members in order to prevent or reduce sexual risk behaviors in this young and vulnerable population.

This findings suggested that nurses should consider gender sensitivity and community norms in providing accurate information and strengthen effective skills, particularly sexual refusal self-efficacy among female adolescents, for pregnancy prevention, and promoting positive condom use.

Acknowledgments

The authors are thankful to our community researchers for their commitment to working with us throughout the research project and are grateful to all the research participants for sharing their value experiences. Special acknowledgment is due to Matthew McManus at Case Western Reserve University for his editorial assistance. This study was supported by the National Research University Project under Thailand's Office of Higher Education Commission [grant number NRU58_WF_Adolescents] and the CMU 50th Anniversary PhD Grant from Chiang Mai University.

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การมีพฤติกรรมเสี่ยงทางเพศที่ท้าทายของวัยรุ่นไทยในภาคเหนือของประเทศไทย

เสาวลักษณ์ เศรษฐีกุล วารุณี ฟองแก้ว นงค์คราญ วิเศษกุล วราภรณ์ บุญเชียง Joachim G. Voss*

บทคัดย่อ : การวิจัยเชิงปฏิบัติการแบบมีส่วนร่วมโดยใช้ชุมชนเป็นฐานครั้งนี้มีวัตถุประสงค์เพื่อศึกษาพฤติกรรมและปัจจัยที่เกี่ยวข้องกับพฤติกรรมเสี่ยงทางเพศของเด็กวัยรุ่นในพื้นที่ภาคเหนือของประเทศไทย โดยได้มีการพัฒนาศักยภาพแกนนำนักวิจัยวัยรุ่นในชุมชนในการรวบรวมข้อมูลด้วยการสนทนากลุ่มวัยรุ่นที่มีอายุ 10-19 ปีจำนวน 94 ราย และการสัมภาษณ์เชิงลึกผู้หญิงที่เคยตั้งครรภ์ในช่วงวัยรุ่นจำนวน 5 ราย และผู้ชายที่ทำให้วัยรุ่นหญิงตั้งครรภ์จำนวน 1 ราย ข้อมูลที่ได้มาจากการบันทึกเทปเสียงระหว่างการสนทนาและถอดเทปแบบคำต่อคำ สำหรับการวิเคราะห์ข้อมูลได้ใช้วิธีการวิเคราะห์เชิงเนื้อหา

ผลการวิจัยจำแนกเป็น 2 ประเด็นคือ 1) สถานการณ์ทางสังคมที่เกี่ยวข้องกับพฤติกรรมทางเพศของเด็กวัยรุ่น ประกอบด้วย การเลียนแบบการมีเพศสัมพันธ์ในกลุ่มเพื่อน การมีสัมพันธ์ทางเพศแบบออนไลน์ การดื่มแอลกอฮอล์ก่อนการมีเพศสัมพันธ์ การอยู่ร่วมกันกับแฟนก่อนแต่งงาน และการมีคู่นอนหลายคน และ 2) ปัจจัยที่เกี่ยวข้องกับพฤติกรรมเสี่ยงทางเพศ ประกอบด้วย ค่านิยมทางเพศของเด็กวัยรุ่น การมีความรู้เกี่ยวกับการป้องกันพฤติกรรมเสี่ยงทางเพศที่ไม่ถูกต้อง การเลี้ยงดูของผู้ปกครองแบบปล่อยปละละเลย การขาดทักษะการถ่ายทอดความรู้เรื่องเพศ การมีพื้นที่เสี่ยงต่อการมีเพศสัมพันธ์ในชุมชน และบรรทัดฐานของชุมชนเกี่ยวกับการมีพฤติกรรมทางเพศของผู้ชาย ผลการวิจัยครั้งนี้แสดงให้เห็นว่า การให้ความรู้เกี่ยวกับการป้องกันการติดเชื้อทางเพศสัมพันธ์ที่ถูกต้อง ความเสมอภาคทางเพศ และการกระตุ้นให้เกิดการใช้ถุงยางอนามัยเป็นสิ่งสำคัญอย่างยิ่งต่อการป้องกันพฤติกรรมเสี่ยงทางเพศในเด็กวัยรุ่น ดังนั้น การพัฒนารูปแบบและกลยุทธ์เพื่อป้องกันพฤติกรรมเสี่ยงทางเพศในเด็กวัยรุ่นในสังคมไทยจึงต้องเน้นการพัฒนาทักษะการเลี้ยงดูของผู้ปกครอง การถ่ายทอดความรู้เรื่องเพศของครูสอนเพศศึกษา และต้องคำนึงบรรทัดฐานของชุมชนนั้นๆ

Pacific Rim Int J Nurs Res 2019; 23(1) 61-73

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