

# KAP on Sexual Behavior, Contraception, and STD Prevention Among Some Hat Yai Teenagers

Somchai Tungphaisal MD,  
Verapol Chandeying MD,  
Sonthit Sutthijumroon MD,  
Oernporn Krisanapan MS.

*Department of Obstetrics and Gynaecology,  
Faculty of Medicine, Prince of Songkla University,  
Songkla 90112, Thailand*

**Abstract :** *In the context of a high and increasing incidence of adolescent problems, a sample survey of Hat Yai teenagers on sexual awareness, knowledge, attitude and practice, including contraception and sexually transmitted disease, was conducted in June, 1989. Five hundred completed questionnaires, (from 250 males and 250 females), were sent back. The mean age of the students was 14.9 years. 22.8 per cent of the male students had sexual experiences with prostitute and/or girl-friends. Half of the students did not use any method for sexually transmitted disease (STD) prevention, while 42.1 per cent used condoms. The students had only a limited level of knowledge on STD and contraception. The most common sources of information were books and magazines. Most of the students, especially females, disagreed with the concept of premarital sexual intercourse because of culture and complications that may follow. About 15 per cent agreed with such a relationship for experience and learning how to prepare oneself for marital life. The most common problems related to reproductive health were masturbation and STD in males, and menstrual problems in females. A significant number of students (78.4 per cent) needed responsible persons to set up a framework, which was rather private and separated from routine hospital services, for information and counseling. Most of them agreed with the concept of a peer counselor. (Thai J Obstet Gynaecol 1989 ; 1 : 109-14.)*

**Key words :** KAP on sexual behavior, contraception, STD

At present, adolescents are one of the most important groups of the population in Thailand. Various problems, particularly about reproductive health, tended to be more violent. The reasons may be due to social changes towards western culture and the effect of the

mass media which provokes sexual desire and sexual response rather than promoting education.

Several problems, such as unplanned pregnancy, illegal abortion, and sexually transmitted diseases (STD), have arisen because the adolescents did not

understand or misunderstood the reproductive and sexual development<sup>(1-4)</sup>. Though many studies about knowledge, attitude, and practice (KAP) on sex and reproduction of the adolescents have shown various similar problems<sup>(4-10)</sup>, the subject of sex education has not yet been fully accepted to be taught in schools, especially in Thailand.

The purpose of this investigation was to find out the knowledge, attitude, and practice of some Hat Yai teenagers on sexual behavior, contraception, and STD prevention, as well as reproductive health problems and the need for reproductive health education and an adolescent counseling clinic.

## Materials and Methods

The study population consisted of grade 7-12 students in a secondary school in Hat Yai. A questionnaire including general characteristics of the students, KAP on sexual behavior, contraception, and STD prevention, reproductive health problems, and the need for reproductive health education and adolescent counseling clinic.

One thousand questionnaires were distributed to students of the selected classes by school counseling teachers in June, 1989, after one of the survey team members had explained the purposes, general content, and confidentiality of the investigation. Only 500 of the 625 questionnaires returned were completed.

## Results

### *General characteristics of the students*

There were 500 students (250 males and 250 females) who completed the questionnaires. The overall average age was 14.9 years, being 14.8 years for males (range 13-18) and 15.0 years for females (range 13-18). Most of them (98 per cent) were Buddhists and had enough financial support.

### *Sexual experience and partners*

Of the 500 students, there were 57 males (11.4 per cent of all or 22.8 per cent of male students) who had coitus, none of the females had. The sexual partners of the male students were prostitutes, girl-friends or both (Table 1).

**Table 1** History of sexual intercourse by age and partner

Partners	Age (years)						Total (%)
	13	14	15	16	17	18	
Prostitutes	1	3	7	5	2	0	18 (31.6)
Girl-friends	2	10	7	4	3	3	29 (50.9)
Both	0	1	3	2	2	2	10 (17.5)
Total	3	14	17	11	7	5	57 (100.0)

### *Knowledge and prevention of STD*

It was found that male students knew more about STD than did the females ( $p < 0.001$ ), (Table 2). The major sources of information came from books, magazines, TV and radio. Other sources were friends, teachers, and parents (Table 3). 42.1 per cent of the students used condoms when having sexual intercourse with a prostitute, while 50.9 per cent did not protect themselves by any method (Table 4)..

**Table 2** Distribution by sex of the students' knowledge about STD

Level of knowledge	Sex		Total (%)
	Male (%)	Female (%)	
Some	120 (48.0)	66 (26.4)	186 (37.2)
Only name	84 (33.6)	127 (50.8)	211 (42.2)
Don't know	46 (18.4)	57 (22.8)	103 (20.6)
Total	250 (100.0)	250 (100.0)	500 (100.0)

**Table 3** Sources of information about STD

Sources	Sex		Total (%)
	Male(N=204)	Female(N=193)	
Books, magazines	69.6	76.7	72.0
TV, radio	67.6	73.1	71.3
Friends	29.4	10.9	20.4
Teachers	4.4	6.7	5.5
Others	3.4	9.3	6.3

**Table 4** Distribution of methods of STD prevention by age

Methods	Age (year)						Total (%)
	13	14	15	16	17	18	
None	2	7	10	6	2	2	29 (50.9)
Condom	1	5	6	5	5	2	24 (42.1)
Others*	0	2	1	0	0	1	4 (7.0)
Total	3	14	17	11	7	5	57 (100.0)

\* - washing penis immediately after intercourse  
 - urination immediately after intercourse  
 - taking antibiotic before or after intercourse

### Knowledge about contraception

It was found that the female students knew more about contraception than did the males ( $p < 0.001$ ), (Table 5). The main sources of information were books and magazines (Table 6).

**Table 5** Distribution of the students' knowledge about contraception

Level of Knowledge	Sex		Total (%)
	Male (%)	Female (%)	
Some	72 (28.8)	112 (44.8)	184 (36.8)
Only name	131 (52.4)	92 (36.8)	223 (44.6)
Don't know	47 (18.8)	46 (18.4)	93 (18.6)
Total	250 (100.0)	250 (100.0)	500 (100.0)

**Table 6** Sources of information about contraception (in percentage)

Source	Sex		Total (%)
	Male(N=203)	Female(N=204)	
Books, magazines	60.5	75.9	70.3
TV, radio	34.5	41.4	37.8
Friends	21.2	9.8	15.5
Teachers	5.4	8.4	6.9
Others	3.4	9.3	6.3

### Attitude toward premarital sexual intercourse

Most of the students (69.6 per cent), particularly the females (90.4 per cent) disagreed with premarital sexual intercourse (Table 7). Reasons for disagreement ranged from the belief that premarital sex was against Thai culture to the fact that it might create many problems, such as STD, unwanted pregnancy, and illegal abortion.

For the students that agreed with such a relation, the reasons included the search for experience to prepare oneself for marital life, learning about each other, and to select a suitable partner.

15.6 per cent of the students had a neutral attitude. The reasons included individual rights and satisfactions, unex-

pected situations and the environment. It should be avoided if one was not ready for family life, but if it cannot, complications must be prevented.

**Table 7** Attitude toward premarital sexual intercourse

Attitude	Sex		Total (%)
	Male (%)	Female (%)	
Agree	73 (29.2)	1 (0.4)	74 (14.8)
Disagree	122 (48.8)	226 (90.4)	348 (69.6)
Neutral	55 (22.0)	23 (9.2)	78 (15.6)
Total	250 (100.0)	250 (100.0)	500 (100.0)

*Problems related to reproductive health*

Problems or concern about reproductive health of the students are shown Table 8 and 9. Masturbation and STD were the main problems among male students while menstrual problems were the main concerns among females.

**Table 8** Problems related to reproductive health among male students

Problems	Number (%)
No	173 (69.2)
Yes	77 (30.8)
Masturbation	59
STD	22
Unplanned pregnancy (in partner)	2
Others*	3
More than one problem	16
Total	250 (100.0)

\* premature ejaculation, small penis, too much sexual desire

**Table 9** Problems related to reproductive health among female students

Problems	Number (%)
No	190 (76.0)
Yes	60 (24.0)
Abnormal bleeding	47
Dysmenorrhea	25
Leukorrhea	6
Masturbation	4
More than one problem	12
Total	250 (100.0)

*Need for adolescent counseling clinic*

About 80 per cent of the students agreed with the concept of an adolescent counseling clinic to prevent or reduce sex-related problems. In addition to these general opinions, they felt that proper sex education should be given to students. The minority, who objected to the concept thought that it was not worthwhile because the students would not dare go to the counseling clinic and many other sources of information are available (Table 10).

**Table 10** Need for adolescent counseling clinic

Need	Sex		Total (%)
	Male (%)	Female (%)	
Yes	208 (83.2)	184 (73.6)	392 (78.4)
No	42 (16.8)	66 (26.4)	108 (21.6)
Total	250 (100.0)	250 (100.0)	500 (100.0)

*Attitude toward peer counselor*

There were 75.2 per cent of the students who agreed with the concept of

a peer counselor, who had been trained for sex education and reproductive health, to discuss and solve the primary problems, because peers can understand students better. The minority that disagreed thought that the students are too young and do not have enough experience to manage the problems (Table 11).

**Table 11** Attitude toward peer counselor

Attitude	Sex		Total (%)
	Male (%)	Female (%)	
Agree	198 (79.2)	178 (71.2)	376 (75.2)
Disagree	52 (20.8)	72 (28.8)	124 (24.8)
Total	250 (100.0)	250 (100.0)	500 (100.0)

## Discussion

The present study demonstrated that about one-fourth of the male students had sexual experiences while none of the females had. Half of these male students did not use any method of contraception and STD prevention, while 42.1 per cent used condoms. This may be due to the limited level of knowledge about contraception and STD prevention. The findings highlight the need for a variety of approaches to improve the knowledge and practice for further reduction of unprotected sexual intercourse.

Most of the students (69.9 per cent), particularly the females (90.4 per cent), disagreed with premarital sexual intercourse because of the culture and complications that may follow. Anyhow,

about thirty per cent of all students agreed with or had neutral attitude toward premarital sexual intercourse with the reasons for experience to prepare oneself for marital life, learning about each other, and to select a suitable partner.

The growing trend toward increasing premarital sexual relationships indicates that a framework must be developed offering reproductive health information and counseling for adolescents. Of such a service, a climate must be created in which they feel free and confident enough to seek answers for their questions concerning sex and contraception or any other problems. A significant number of the students (78.4 per cent) also need responsible persons to set up an adolescent counseling clinic for this purpose.

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