

DEVELOPMENT OF A MODEL TO PREVENT PREMATURE SEXUAL RELATIONS AMONG JUNIOR HIGH SCHOOL FEMALE LEARNERS IN THAILAND

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ABSTRACT

The objective of this research was to develop and evaluate a set of life-skill techniques designed to prevent premature sexual relations among junior high school learners in Thailand. All participants completed a questionnaire that included demographic information and information regarding knowledge, attitudes, current sexual behaviours, and problem solving strategies. Information was obtained from school administrators, health education teachers, and counseling teachers regarding school regulations dealing with inappropriate sexual behaviours, such as kissing and inappropriate touching while in school and current regulations for inappropriate sexual behaviours of learners. Data from questionnaires and interviews were analysed. The results were then presented to stakeholders and developing a model to prevent or reduce premature sexual activities. A model was developed based on focus group discussions with stakeholders.

KEYWORDS: adolescent sexual behaviours, junior high school learner, life skill, model to prevent premature sexual relations, network, teenage sexual behaviours, Thailand

INTRODUCTION

Adolescence is an important period of life during which there are many physical, mental, and behavioural changes. Adolescents grow up surrounded by mixed messages about cigarette smoking, drug and alcohol use, sexual activity, and adolescent pregnancy. These confusing messages can create threats to the health of adolescents including problems associated with cigarette smoking and drug use, violent behaviour, and sexually transmitted diseases (STDs). A major public health challenge concerning sexual

activity is teenage pregnancy. This is common, largely preventable, and associated with negative sequelae (Langille, 2007; Tabi, 2002). Teenage pregnancy is a complex problem, influenced by many factors including individual biology, attitudes and behaviours of parents and family members, peers, schools, religious and faith communities and the media.

In Thailand, the rate of pregnancy for females under the age of 20 was 11.70% of all pregnancies in 2005 (Department of Health, MOPH, 2005), and the estimated annual number of adolescent criminal abortions (the act of miscarrying before the foetus is perfectly formed) was 300 000 (Ruengkanjanasak, 2005). In Phitsanulok, a province in the northern region of Thailand, the rate of pregnancies for females under the age of 20 was 21.89 percent (Phitsanulok Provincial Health Office, 2005), twice that of the nation as a whole. Most of those pregnancies occurred among secondary school learners, some of whom had to leave school because of their pregnancies.

Premature sexual involvements among teenagers affect their health and wellbeing. The goal of this study was to develop a reliable and practical model to prevent premature sexual relations among junior high school learners in Phitsanulok. The study was conducted during the 2007- 2008 academic year.

RESEARCH Method

The stakeholders regarding premature sexual relation in this study were the female learners, teachers, parents/guardians, a community leader, and people in the community. The study comprised two phases. During phase 1 of the study information was collected from the stakeholders to enhance the understanding of the problem of premature sexual relations and current problem management techniques. Other information collected during phase 1 of the study highlighted social resources available for teenage learners related to expected and actual sexual behaviours. In the 2nd phase of the study, the data from phase one was used to develop a practical and comprehensive programme for prevention of premature sexual behaviours of the junior high school learners. The programme and accompanying model were evaluated for content validity and feasibility by five experts. The final step in the study would be to implement the programme in schools and communities and evaluate the effectiveness of this intervention (not addressed in this article).

The first phase

Three groups were interviewed to determine current premature sexual activity levels, consequences, and how sexual activities were addressed in school sex education classes. The first group of 11 people included one school administrator, three counselors,

three home room teachers and four teachers in the school. They were interviewed about the number of learners and teachers, general school regulations, punishment regarding inappropriate sexual behaviours, how to address such behaviours and the school's sex education programme.

The second group of 19 people included 10 parents/guardians, two local community leaders, two nurses responsible for the study area, and five health volunteers. These people were interviewed about the sexual behaviour of the learners and community preventive actions.

The third group comprised 113 junior high school female learners. The investigators distributed a questionnaire to the learners whose parents/guardians had signed consent forms, the nature and importance of anonymity had been emphasised. The first section of the questionnaire had eight closed-ended questions regarding the learners' demographic background, the relationships of the learners with their teachers and friends, school punishment, and family relationships. The second section addressed the learners' sources of knowledge about sex. The third section focused on sexual attitudes on seven dimensions: having a lover, conducting oneself with a lover, sexual sensation, sexual curiosity, premature sexual relations, guilt about having sex, and the use of contraceptives and terminations of pregnancies (TOPs). The fourth section contained 14 closed-ended questions about sexual behaviours, including the ages at which learners' sexual debuts occurred. The fifth and final section contained 22 items about sexually risky situations to explore the learners' life skills, communication, decision making, problem solving, and the handling of stressful emotions.

All data were analysed using the Statistical Package for the Social Sciences (SPSS version 11).

The second phase

The investigators used the results from the first phase to conduct focus group discussions in the second phase. Topics extracted from phase one's questionnaires and used for the three focus group discussions were: causes of inappropriate sexual behaviours among teenage girls, what each stakeholder could do to reduce inappropriate behaviours, what life skills the learners should have to help them avoid risky sexual behaviours, and how those skills might be developed. The outcomes of the focus group discussions provided practical and effective activities aimed at preventing premature sexual relationships among junior high school learners. Activities discussed were then integrated into a comprehensive model used in the final phase of the study.

RESEARCH Results

Demographic characteristics of learners

Of the 113 participants, 72% lived with their parents, and 47.9% indicated they had warm family home environments. Most reported good relationships with their teachers (74.1%) and friends (80.7%). In addition, most of them (74.1%) indicated that they could ask for information from their teachers when they wanted to do so.

Some learners (64%) did not know the school regulations (including punishments) with regard to improper sexual behaviours, and only 3.5% had been punished at school for that kind of behaviour.

Knowledge about sex

Schools appeared to be the primary means of providing knowledge about sex, birth control, and sexually transmitted diseases (STDs). The sources of learners' sexual knowledge were from teachers (50.9%), television and radio (41.3%), books and magazines (40.6%), parents (37.5%), friends (37%), and healthcare providers (35.1%).

Learners were knowledgeable about symptoms of pregnancy, menstruation, sterilisation, contracting STDs, and the complications associated with abortions. Learners lacked knowledge about sexual intercourse (including that a single act of sexual intercourse could lead to a pregnancy), wet dreams, oral contraceptives, and AIDS. The items that need improvement were AIDS, knowledge about condoms and oral contraceptives as well as other safe methods.

From the questions about sexual knowledge, 31% of the learners earned very good scores (more than 80%), 12% was at good level (70-79%), 24% was at average level (60-69%), and 33% needed improvements. Therefore considering the mean knowledge score identified in this study, a review of the sexual education curriculum seems to be essential.

Sex-related behaviours

Behaviours that might lead learners to have sexual encounters were pornography (52.7%), having a boyfriend (52.2%), body touching (21.9%), dating at night (20.1%), drinking alcohol (16.9%), having appointments with boyfriends (13.8%), and kissing (12.9%).

Sixteen (7.1%) of the learners reported that they had engaged in sexual intercourse at some time in the past, and 10 (4.5%) indicated that they had engaged in sexual intercourse during the previous six months. The average age of the first sexual intercourse

was 14 years (SD 1.50, ranging from 16 to 9 years). Most of the first experiences of intercourse were with lovers (75.6%; n=12), friends (25.2%; n=4), or relatives (6.3%; n=1). Two (12.5%) girls had multiple sex partners. Three (18.9%) learners had been pregnant.

Although 16 learners had engaged in sexual intercourse, 11 (68.8%) did not use any form of contraception. Of those 5 who had reportedly used contraceptives, 3 (60%) always used condoms and 2 (40%) sometimes used condoms or external ejaculation (the learners regarded external ejaculation as an effective birth control method).

Sexual knowledge was not associated with sexual intercourse.

Teachers' and schools' responses to inappropriate sexual behaviours

The interview with the first group revealed that the school had a sex-risk screening form adopted from the Ministry of Public Health. Teachers used the form to identify learners at risk of inappropriate sexual behaviours, and issue warnings to those learners. Their parents/guardians would be asked to discuss the matter with their children, discouraging sexual behaviours. If a learner became pregnant she would have to leave school. Some of those learners were sent to an institute in Phitsanulok for women with unwanted pregnancies.

Focus groups' results

Focus group data were analysed using content analysis. The results of the three focus group meetings highlighted the importance of the cooperative roles of schools, families, communities, and learners in preventing premature sexual relations among school children.

Examples of focus group participants' comments illustrate their agreement on the urgency of reducing or preventing sexual relations among high school learners:

- Community leader's statement: We need to be more involved with teenagers to prevent premature sexual activity.
- Teacher's statement: We need to have more rules to help us intervene with children who are at risk for premature sexual behaviour
- A community member's statement: We would like to have more screening so that we can identify children at risk and help them to avoid the problems related to premature sexual behaviour
- A friends' statement: We would like to be more helpful to our friends who are in-

volved in premature sexual behaviours and guide them to speak to teachers and leaders and get the help they need.

- A family member's statement: We know we need to be more involved in the lives of our children and be more aware of television watching and the exposure of our children to inappropriate media. We need to make rules and keep them safe from these things.

Model for change

From the work of the focus groups and data from the questionnaires, a model to prevent sexual relationships among junior high school female learners was developed. The model was based on monitoring those junior high school learners at risk and helping learners to better understand the consequences of premature sexual activities both at schools and in the communities. The actions taken in this model will be under the direction of various stakeholders. Before implementation the model was evaluated for content validity and appropriateness by five experts; a nurse educator who conducted research about teenage pregnancies, a school teacher who was responsible for counseling, a teacher in the Faculty of Public Health, Narasuan University, a nurse working in a primary care unit in Bang-ra-kum District, and a local government leader. The index of each item's objective congruence of every activity was between 0.71 and 1.0.

The researchers implemented the model and evaluated its effectiveness of the model in preventing premature sexual relationships among junior high school learners. The following steps were taken by the school administrators, health education teachers, and counselors:

- Creating and implementing rules and disciplinary actions for inappropriate sexual behaviours, communicating these rules to learners and parents/guardians
- Launching a sex education curriculum to improve learners' knowledge, attitudes, and life skills
- Creating school-family-community awareness networks to help monitor the learners' behaviours and parent/guardian meetings to discuss how to take care of the learners.

From this model, life skills competencies will be developed for the learners including self-efficacy for abstinence behaviours and denial techniques, the ability to plan more effectively for the learners' futures, finding trusted counselors and developing support groups among friends.

Model roles of parents/guardians, community leaders, and experts

Parents/guardians should be affectionate toward their children, understand and accept the adolescents in the present situations. Parents/guardians should help each other, act

as counselors to each other and their children, spend time with the children doing school work and having fun, sanctioning acceptable, social activities.

The roles of learner leaders

When a learner knows other learners who are sexually active the learner should speak to them about such activities. Home visits with teachers to the families where there is conflict between parents and teenagers should be done.

Learners should place anonymous questions in specific boxes. Knowledgeable teachers and learners should broadcast the answers about sexual behaviours on the school broadcast system.

Life-skills camps should provide opportunities to learners to obtain knowledge, practical and decision-making skills. Visits to institutions such as Wat Prabart Nampu (a temple where there are many end-stage AIDS patients) should be included in the activities of these camps.

DISCUSSION

The purpose of this study was to examine the degree of inappropriate sexual activities among junior high school girls, determine causes, and provide a model for improvement in this area. The study used questionnaires, focus groups and planning with experts to collect and analyse data and create a model for improvement.

Data from this study revealed that more than half of the female learners engaged in sexual behaviours: 52.7% watched or read pornography, 52.2 % had boy friends, 21.9 %, night dating, 20.1 %, alcohol drinking 16.9 %. For the sexual behaviours: kissing 12.9 %, sexual intercourse 7.1 % while the contraception utilisation rate was only 31.2% and some learners used the wrong method of contraception such as external ejaculation. Knowledge regarding birth control and STD transmission was low. These findings were consistent with the findings in a study by Carter and Spear (2002) that found over 30% of the learners were already sexually active in the 9th grade, some beginning as early as 9 years of age. These researchers also found the same unwanted events such as STDs and unintended pregnancies when young persons had premature sexual relations.

A study in Thailand done by Buchakorn (2000), indicates that friends' persuasions to watch and/or read pornography and to drink alcohol increased the risks of sexual intercourse. Therefore, friends are an important target group and might be used to encourage correct or incorrect sexual activities. The findings from this study showed that schools, parents, friends, and healthcare providers were sources of sexual knowledge. The learners' knowledge was inadequate.

Parental involvement affects adolescent behaviour, primarily through being involved with children and monitoring their behaviour. Parents should spend more time supervising their children so that their children who engage in fewer risky sexual behaviours (Christopher et al; 1993; Small & Luster 1994).

RECOMMENDATIONS

Learners who engaged in risky sexual behaviours should be provided with life skills that will enable them to be protected from sexual assault. In adolescence, friends may not be good sources of life skills because all of the learners might have nearly the same life experiences; hence schools, parents, and healthcare personnel should be the life skills teachers.

Developing the model for this study using group discussion was a strategy to build the sense of ownership among all stakeholders in order to implement the model. A school administrator, teachers and counselors took actions regarding the curriculum to provide the learners with more knowledge about sex, the prevention of STDs, and contraception, decision-making skills and to educate parents/guardians about taking care of their children, coping with parent-adolescent problems. Peers took action to discourage their friends from participating in improper sexual behaviours,

The proposed programme based on this study included sexual abstinence classes to address the difficult challenges faced by adolescents regarding premature sexual behaviours (Hulton, 2007). Programmes have to be implemented using multiple methodologies for sufficient periods of time. The sustainability of the programme requires the cooperation of stakeholders, economic resources and comparative data to monitor the changes to maintain or modify the programme.

Allen (2003) concluded that contraceptive use, family planning and sex education were important for reducing teenage pregnancies and improving sexual health. These researches felt that the approach to reduce the rate of teenage pregnancies required collaboration between health, education and social services. But teenage pregnant women should have support during pregnancy and after childbirth so that they can return and complete their education and learn to care for their children.

Kalmuss et al. (2003) revealed that adolescents who have high levels of academic achievements have their first sexual experience at older ages compared to those who have lower academic achievements. Martin and Hutchinson (2001) found that girls living in poor socio-economic conditions, with an early onset of menarche will engage in sexual behaviours at younger ages. Therefore communities must become involved in preventing premature sexual relations and pregnancies of the adolescents should be

come involved and concerned with schools and families to enhance girls' success in academic activities and improved economic success for families (Moore et al., 1998).

The model should be implemented and evaluated for success over a period of time to demonstrate effectiveness and the need to continue to use the model in this and other areas around Thailand. Additionally, further studies should be conducted with primary school learners because more than half of the learners in this study had already had sexual activities.

Conclusion

This study aimed to investigate premature sexual relationships among secondary school females in Bang-ra-kum District, Phitsanulok Province, Thailand, and to develop a model to decrease the learners' sexual behaviours. Data about sexual knowledge, attitudes, and behaviours were explored, analysed, and presented to stakeholders. Then the stakeholder designed activities to implement. Therefore the district school-based network was established, involving school administrators, teachers, community leaders, health personnel, parents, guardians, leaders and learners to improve learners' life skills, knowledge, and family relationships, and to monitor learners' behaviours. This model is expected to help reduce premature sexual activities among junior high school learners in Thailand.

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