

3-1-2008

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Densiriaksorn, S. (2008) "Knowledge, attitude and sexual behavior of secondaryschoolstudents at a school, Nongkhai, Thailand," *Chulalongkorn Medical Journal*: Vol. 52: Iss. 2, Article 2.
Available at: <https://digital.car.chula.ac.th/clmjjournal/vol52/iss2/2>

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Knowledge, attitude and sexual behavior of secondary-school students at a school, Nongkhai, Thailand

Suwit Densiriaksorn*

Densiriaksorn S. Knowledge, attitude and sexual behavior of secondary-school students at a school, Nongkhai, Thailand. Chula Med J 2008 Mar - Apr; 52(2): 93 - 106

Objective : *To study knowledge, attitude and sexual behavior of secondary-school students at a school in Nongkhai, Thailand*

Method : *This is a cross-sectional study. The populations under study are secondary-school students in grades Matayom (grades) 1-6, at a school, Nongkhai, in the Academic year 2549 B.E. (A.D.2006). The sample group is chosen by simple sampling method. There are 288 students who participated in this analysis by responding to the questionnaire personally handed out by the teachers. The questionnaire is made up to assess the prior sex education, the subject may have had through the inclusions in regular curriculums (Mataym 1-6), to assess the subjects' attitude, and to find out their sexual practices.*

Result : *In general, the students had good knowledge, understanding and right attitude concerning sexuality, However, they still needed more information regarding pregnancy, birth control, and abortion. There is not much difference percentage-wise in their knowledge about sexuality between those who already had experienced sexual intercourses and those who had not. The former was 72.3 whereas the latter, 74.2. Statistically, they did not make appreciably significant difference. The average scores pertaining to attitude towards sexuality of the group can be solidified as follows: 3.0 for those who have had sexual intercourses before and 3.0 for those who had not had it. Statistically tested, the difference is appreciably significant.*

Out of 16 of the sample group members, 10 females and six males have had sexual intercourses. The number can be translated into 5.5 %. The youngest age at which they experienced sexual intercourse is 12 years. 25 % of the sample group members practiced same-sex copulation. It is found that one out of these ten females had become pregnant; one out of these six males used to impregnate female partners. 81 % of there first-time sexual intercourses took place between consenting partners; 75 % between lovers. Youngsters were indulged in first-time sexual intercourses for various reasons, e.g. out of curiosity, to satisfy sexual desire. During sexual intercourses, 50 % used contraception and condoms were widely used. 31.3 % of the sample group members did not seek contraception for reason of infertile period. Although there is only one subject who had had initial sexual intercourse at a very early age, the practice was utterly unsafe as it had no form of contraception or any protection against sexually transmitted disease.

Conclusion : *Based on this study and looking at the overall picture, students possess good knowledge, understanding and right attitude concerning sexuality, but, for the lack of these qualities in certain areas, they need extra sex education to fit the circumstances.*

Keywords : *Secondary-school students, Sexual behavior, Attitude.*

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Received for publication. October 15, 2007.

สุวิทย์ เต๋นศิริอักษร. ความรู้ ทักษะ และพฤติกรรมทางเพศ ของนักเรียนระดับมัธยมศึกษา
โรงเรียนแห่งหนึ่ง ในจังหวัดหนองคาย. จุฬาลงกรณ์เวชสาร 2551 มี.ค.-เม.ย; 52(2):
93 - 106

วัตถุประสงค์ : เพื่อศึกษาถึงความรู้ ทักษะ และพฤติกรรมทางเพศของนักเรียนระดับมัธยมศึกษา
โรงเรียนแห่งหนึ่ง ในจังหวัดหนองคาย

วิธีการ : ทำการศึกษาแบบตัดขวาง (Cross-sectional study) ในนักเรียนชั้นมัธยมศึกษา
ปีที่ 1-6 โรงเรียนแห่งหนึ่ง ในจังหวัดหนองคาย ปีการศึกษา 2549 จำนวน 288 คน
ซึ่งได้จากการเลือก โดยใช้วิธีการสุ่มแบบง่าย (Simple random sampling) เก็บ
ข้อมูลโดยใช้แบบสอบถามข้อมูลเกี่ยวกับความรู้เรื่องเพศ ตามเนื้อหาที่เกี่ยวข้อง
กับเพศศึกษาในหลักสูตร ทักษะเกี่ยวกับเรื่องเพศ และการปฏิบัติตนเรื่องเพศ

ผลการศึกษา : นักเรียนมีความรู้และทักษะเกี่ยวกับเรื่องเพศค่อนข้างดี แต่ยังขาดความรู้
ความเข้าใจ เกี่ยวกับเรื่องสิ่งที่ยืนยันการตั้งครรภ์ที่ดีที่สุด ความรู้เกี่ยวกับการ
ทำแท้ง และความรู้เกี่ยวกับการคุมกำเนิด คะแนนเฉลี่ยความรู้เรื่องเพศของกลุ่มที่
ยังไม่เคยมีเพศสัมพันธ์และกลุ่มที่เคยมีเพศสัมพันธ์แล้วเป็นร้อยละ 72.3, 78.3
ตามลำดับ เมื่อทดสอบทางสถิติพบว่าไม่ต่างกันอย่างมีนัยสำคัญทางสถิติ คะแนน
เฉลี่ยทักษะการทางเพศของกลุ่มที่ยังไม่เคยมีเพศสัมพันธ์ และกลุ่มที่เคยมีเพศสัมพันธ์
แล้วเป็น 3.0, 2.7 ตามลำดับ เมื่อทดสอบทางสถิติพบว่าต่างกันอย่างมีนัยสำคัญ
ทางสถิติ ($p < 0.01$)

พบคนที่เคยมีเพศสัมพันธ์จำนวน 16 ราย คิดเป็นร้อยละ 5.5 อายุ น้อยที่สุด
ที่มีเพศสัมพันธ์ครั้งแรกคือ 12 ปี เป็นความสัมพันธ์แบบเพศเดียวกัน ร้อยละ 25
และเคยตั้งครรภร้อยละ 10 ทำให้ผู้อื่นตั้งครรภร้อยละ 16.7 การมีเพศสัมพันธ์ครั้งแรก
ของกลุ่มตัวอย่างเกิดจากการยินยอมร้อยละ 81 บุคคลที่มีเพศสัมพันธ์ครั้งแรกด้วย
คือ คู่รัก เป็นร้อยละ 75 สาเหตุของการมีเพศสัมพันธ์ครั้งแรกของกลุ่มตัวอย่างคือ
อยากรลอง มีความต้องการทางเพศ ในขณะที่มีเพศสัมพันธ์ร้อยละ 50 มีการ
คุมกำเนิด วิธีที่เลือกใช้เป็นส่วนใหญ่นี้คือ ถุงยางอนามัย ร้อยละ 31.3 ของกลุ่มตัวอย่าง
ไม่ได้คุมกำเนิด เหตุผลที่ไม่คุมกำเนิด คือ คิดว่าเป็นช่วงปลอดภัย ไม่ได้เตรียม
อุปกรณ์ อย่างไรก็ตามในกลุ่มเด็กเล็กทั้งหมดเป็นเพศสัมพันธ์ที่ไม่ปลอดภัย
กล่าวคือไม่มีการคุมกำเนิดทั้งสิ้น

สรุป : จากการศึกษาครั้งนี้จะเห็นได้ว่า ในภาพรวมของนักเรียนมีความรู้และทักษะ
เกี่ยวกับเรื่องเพศค่อนข้างดี แต่ยังมีบางประเด็นที่ยังขาดความรู้ ความเข้าใจและ
ทักษะที่ถูกต้องเหมาะสม จึงควรมีการให้ความรู้ด้านเพศศึกษาในประเด็นดังกล่าว
และปลูกฝังทักษะ และค่านิยมที่ถูกต้องให้แก่เด็กวัยนี้

คำสำคัญ : มัธยมศึกษา, พฤติกรรมทางเพศ, ทักษะ.

A worldwide population survey reveals that one-fifth of the total population is represented by those ranging in age from 10-19.⁽¹⁾ In Thailand, the census completed in 2543 B.E. (A.D.2000) revealed then that the Thai population within the 13 -19 age group were accounted for 7.35 millions;⁽²⁾ this number is highly significant especially for the age group that is a pointer to the future generation.

The resulting social changes were influenced by western culture, the advancement of today's technology, the multi-sourced messages, and the widening of communication scope especially through the Internet. All these are responsible for the increased information on sexual activities. Pornographic publications are also easily available in bookstores to corrupt the minds of these young enthusiasts; hence, unduly arouse their sexual desires. This current the situation has caused a major impact on these youngsters' lives. It inevitably affects the way of thinking^(3,4) and the common practices of this young group of population. The negative impact is evident in their copying of indecent behaviors. The adoption of such behaviors leads to changes in motives and trends of thought underlying the attitude of a teenager toward sexual relationship. A teenager is amidst the period of life when s/he is to undergo tremendous changes physically, mentally, emotionally and socially. One's intellect may or may not develop hand-in-hand with one's critical thinking. There could be a vast gap between the two levels of development. A teenager tends to have problems and difficulties in his/her attempt to adjust in their daily affairs as well as their sexual behaviors. These changes cause doubts, worries and the earnest desire to be accepted by their peers.⁽⁵⁾ When a teenager has problems s/he tends to confide in and seek advice from friend(s) of

the same age range, and the advice received may or may not be sound ones. Because of this all sorts of problems may still further ensue.

A report from the Department of Health reveals that teenagers were afflicted with sexually transmitted diseases for 28.7 % of the total number of patients treated. AIDS particularly has stricken 15 % of the teenage population.⁽⁶⁾ Pregnancies of teenage mothers under 20 years of age are as high as 13-15 % of all in - hospital prenatal care⁽⁷⁾ recipients combined. Most teenagers have sexual intercourses with friend(s) or lovers(s) more frequently than prostitutes. Most teenagers have sexual intercourses without contraception.⁽⁸⁾ The study further reveals that the reason for a male teenager not to use condom during sexual intercourse lies in their sudden sex impulses, unplanned sexual intercourse and lack of self-restraint.⁽⁹⁾ Their lack of knowledge and understanding in birth control and safe sex. especially female teenagers have led them into premature or promiscuous sexual relationships which further brought the consequences of sexually transmitted diseases and unwanted pregnancies.⁽¹⁰⁾ 1.03 % of Thai female teenagers are pregnant and afflicted with AIDS.⁽¹¹⁾

There is now cooperation among several government agencies in a concerted effort to remedy these sex problems in teenagers. There is therefore a campaign in proper sex education and healthy human reproduction. The activity encourages "participatory learning"⁽¹²⁾ in order to help these teenagers develop their rightful and positive living. It is also a campaign to encourage parents or guardians to provide their children with proper sex education, thereby creating in them positive motivations when it comes to sexual behavior.

Although 80 % of the teenagers are likely to go through the growing and development process safely to adulthood, the remaining 20 % with problems should not be conveniently ignored. It is, therefore, necessary that parents/guardians, medical personnel deal with children, and gynecologists to play their respective roles in helping these youngsters.⁽¹³⁾ Teenagers' sex problems tend to stem from generally assumed attitude towards sexuality among members of the same group. The attitude toward sexuality may vary from group to group and from community to community. Therefore, in order to solve the problems effectively, the initial approach is to evaluate the level of awareness and common attitudes of each particular group of teenagers. Such evaluations may be used as bases for solutions to those teenagers' sexual problems. An analyst needs to know the level of awareness in sexuality, attitudes, and sexual behavior of the teenager in Nongkhai before s/he can teach to them or become their counselor.

Method of study

This is a cross-sectional study

The population under study were secondary-school students in grades Matayom (grades) 1-6, at a school, Nongkhai, in the academic year 2549. The sample group is chosen by simple sampling method. There are 288 students who participated in this analysis by responding to the questionnaire personally handed out by their teachers. The questionnaire was made up of four parts:

Part one contains general questions dealing with age, sex, family, economic status and profession of the subject.

Part two is used to assess the prior sex education the subject may have had through the inclusions in regular curriculums (Matayom 1-6).

Part three is used to assess the subject's attitude towards the ideas of having sexual intercourse as a student, having pre-marital sex and having an abortion.

Part four is used to find out the subject's sexual practice, i.e. the age when s/he becomes sexually active and had first sexual intercourse, thought of having a love partner or being in love, thought of having sexually transmitted diseases, the use of condom or other forms of contraceptives, reading and viewing erotic materials such as pornographic books, movies and videos, etc.

This analysis employs "descriptive statistic" to obtain the mean-average percentage.

Results

Out of the sample group of 288 students in Matayom 1-6, 50.3 % of them are male and 49.7 female. The average age was 14.85 (range 12-19). 81.6 % of these subjects were from families of married parents who were still living together. 67.7 % came from families with a household income of over 10,000 baht. 82.3 % are living with parents. This sample group of students has good family relationship. 66 % were able to consult their mothers anytime. 48.3 % would discuss certain subjects with their fathers. Most of them, when confronted with problems tended to seek advice from both family members and non-family members. Only 12.5 % kept problems to themselves not to telling anyone. (Table 1)

Table 1. General data.

	M.1	M.2	M.3	M.4	M.5	M.6	Total
Sex							
Male	26	24	24	25	21	24	145
Female	25	28	25	23	21	22	143
Age							
Male	12.3	13.2	14.2	15.4	16.6	17.5	14.8
Female	12.4	13.6	14.3	15.4	16.6	17.5	14.8
Living Arrangement	%						
With parents	82.4	80.8	91.8	79.2	83.3	74.5	82.3
With guardian/relative	17.6	19.2	8.2	14.6	11.9	12.8	14.2
Special housing/gender specified	0	0	0	4.2	0	0	0.6
Special housing/gender unspecified	0	0	0	0	4.8	10.6	2.4
Household Income	%						
<10,000	29.4	38.5	22.4	25	33.3	36.2	30.9
10,000 - 40,000	60.1	55.8	46.9	45.8	54.8	59.6	54.2
> 40,000	9.8	1.9	2.9	27	11.9	2.1	13.5
Family Status							
Parent still together	78.4	78.8	85.7	85.4	88.1	72.3	81.6
Separate/divorced	15.7	15.4	8.2	8.3	11.9	10.6	12.1
Deceased	5.9	3.8	6.1	6.3	0	14.9	6.3
Relationship with parents							
Very receptive to conversation	19.6/68.8	23/53.8	24.5/69.4	25/58.3	19/71.4	13/76.1	20.8/66.6
Receptive only on certain matters	60.7/13.7	50/23.1	51/18.3	31.3/20.8	61.9/21.4	34.8/15.2	48.3/18.4
Somewhat receptive (not intimate)	5.8/3.9	9.6/2	12.2/4.1	12.5/0	14.3/2.4	21.7/4.3	12.5/2.8
Not totally unconcerned	0/0	3.8/0	0/4.1	2.1/0	4.8/0	4.3/0	1.7/0.7
Unconcerned, ignoring	2/0	0/0	0/0	0/0	0/0	0/0	0.3/0
Never take up parenting	11.8/13.7	13.5/21.2	12.2/4.1	29.2/20.8	0/4.8	26.1/4.3	16.3/12.2
Consultation							
Inside family	69.8	48.1	20.4	17	19	17.4	31.3
Outside family	2	3.8	18.4	6.4	4.8	6.5	6.9
Inside/Outside family	23.5	26.9	48	70.2	64.3	63.2	48.3
No consultation	11.8	19.2	12.2	6.4	11.9	13.1	12.5

Knowledge of sexuality

74.4 % of this sample group received the information about sexuality from friends, 69 % from teachers in the classrooms, 58.9 % from textbook and 49.1 % also picked up additional information from general media. It is found that only 36.8 % of this sample group received information about sexuality directly from parents/guardians. The four primary sources of their knowledge of sexuality are teachers in classes, friends, television/videos/ movies/the Internet. These four sources have their shares of representation: teachers in class: 28.1 %; friends: 25.3 %; Television/videos/movies: 11.8 %; the Internet: 11.7 % (Table 2).

Most subjects made good scores when they were tested for knowledge of sexuality. 60.1 % scores from good to very good. Only 14.6 % failed the test.

It was also found that they learned more when they were in higher grade as these average percentages indicated: (from 1-6) 59.8, 62.5, 74.4, 82.2, 80.6, and 80.2, respectively. The numbers of those scoring under 50 % were: (from 1-6) 15, 12, 4, 3, 5, 3, respectively. The questions that this sample group answers the least correctly were: A. The best indication that confirms a pregnancy. 40.6 %, knowledge about abortion 48.6 %, knowledge about contraception 55.5 %.

There is not much difference in percentage-wise in knowledge about sexuality between those who have already had experienced sexual intercourses and those who had not. The former was 72.3 %, and the latter 78.3 %. They were not statistically significant. (Table 3)

Table 2. Sources of knowledge of sexuality.

	Source of knowledge (%)	Source of most (%)
Father, mother	36.8	8.7
Siblings	19.5	1
Teachers in classroom	69	28.1
Friends	74.4	25.3
Textbooks on sexuality	58.9	8.3
General publication about sexuality	49.1	4.9
TV/movies/videos	46.6	11.8
Internet	44.7	11.7

Table 3. Knowledge score, attitude score.

	Had sexual intercourse experience	No sexual intercourse experience
Knowledge Score	78.3	72.3
Attitude Score	2.7	3.0*

* p<0.01

Attitude towards sexuality

Most of the sample group members collectively have relatively good attitude towards sexuality. They vary in degree as follows: 22.9 % very good; 62.1 % good; 14.5 % acceptable. There is only one individual in the sample group who had negative overall attitude towards sexuality (Table 4). Details of attitudes arranged by classified headings (Table 5). The average scores pertaining to attitude towards sexuality of the group can be solidified as follows: 2.7 for those who have had sexual intercourses before and 3.0 for those who have not had any. Statistically tested, the difference is statistically significant. Sexual behavior 25.7 % of the sample group members do not have risky behavior 17.7 % of these members have watched television/movies/videos/episodes on the Internet, portraying seductive and sexually arousing scenes or outright displaying of sexual intercourse. 28.5 % of these sample group members have exposed themselves to pornographic magazines/salacious cartoons/ depicting nudity, portraying sexual intercourses or so described.

The survey reveals: 13.5 % of the sample group members used to go out one-on-one with a member of the opposite sex. 6.9 % were used to hand holding and light touching with the opposite sex while they were away from the public eyes. 7.6 % were used to fondling and kissing with the opposite sex.

Out of 16 of the sample group members, 10 females and six males have had sexual intercourses; that number could be translated into 5.5 %; they ranged in age from 12-19 and they were students in M2 (1) M3 (2) M5 (3) M6 (10). The youngest age at which to have sexual intercourse took place was 12 years old. 25 % of the sample group members practiced same-sex copulation. It is found that one out of these ten females used to become pregnant;

one out of these six males used to impregnate female partners.

In relation to the causes of risk in having sexual relationship, it is found that the sample group members who have had sexual intercourses have run the risks of all five behavioral detriments. Out of 81.3 % there is only one single case that is totally risk-free in sexual behavior. Two more cases have 3/5 grounds of risky sexual behavior. 75 % of sample group members have had sexual intercourses and have friends in the same lifestyle. 68.7 % have been persuaded to have sexual intercourse. 93.8 % of members who have had sexual intercourses before will indulge in them again when persuaded. 81 % of first-time sexual intercourses take place between consenting partners, 75 % between lovers and 25 % between friends. Youngsters indulge in first-time sexual intercourses for various reasons: 37.5 % out of curiosity, 25 % to satisfy sexual desire; 12.5 % to make loving union; 12.5 % out of intoxication; 6.5 % out of loneliness. During sexual intercourses, 50 % use contraception, condoms are widely used. 31.3 % of the sample group members do not seek contraception for reason of safety period. Sorting by school grades, it is found that sexual activities increase in higher grades, and so are the decisions to use contraception (Table 3).

Although there is only one subject who has had initial sexual intercourse at very early age, the practice is utterly unsafe for not using any form of contraception or any protection against sexually transmitted disease. 68.8 % of the sample group members who have had sexual intercourse are likely to relate the experience to the third persons, mostly close friends of the same and opposite genders. Very few of these group members will relate their experience to family members.

Table 4. Scoring in knowledge, attitude and sexual behavior by grades.

Grade	M.1	M.2	M.3	M.4	M.5	M.6	Total
Knowledge Score (%)	59.9	62.5	74.4	82.4	80.7	82.2	72.6
Knowledge Grade (%)							
Very good	25.5	19.2	49.0	66.8	71.4	76.1	50.3
Good	17.6	19.2	10.2	12.5	4.8	8.6	10.1
Acceptable	11.8	30.8	24.5	10.2	9.3	8.7	19.4
Improvement needed	15.7	7.7	6.1	2.1	2.4	0	5.6
Fail	29.4	23.1	8.2	6.3	11.9	6.5	14.6
Attitude Score	2.9	2.8	3.2	3.5	3.1	2.9	3.1
Attitude Grade (%)							
Very good	15.7	5.8	28.6	54.2	21.4	13.0	22.9
Good	62.7	73.1	61.2	43.8	71.4	60.9	62.2
Acceptable	19.6	21.2	10.2	2.0	7.1	26.1	14.6
Bad	2.0	0	0	0	0	0	0.4
Sexual Behavior Score (%)							
Risky behavior 1	25.5	32.7	20.4	8.3	14.3	2.1	17.7
2	17.6	19.2	32.7	33.3	31.0	39.1	28.5
3	5.8	15.4	14.3	18.8	16.7	10.9	13.5
4	0	5.8	0	6.3	16.7	15.2	6.9
5	0	5.8	2	2	9.5	28.3	7.6
No risk	51.0	21.2	3.6	31.3	12.0	4.3	25.7
Sexual intercourse	0	1.9	4	0	7.1	21.7	5.6
Contraception	-	0	0	-	33	60	50

Risky behavior 1: watched television/movies/videos/episodes on the Internet, portraying seductive and sexually arousing scenes or outright displaying of sexual intercourse.

Risky behavior 2: have exposed to pornographic magazines/salacious cartoons/ depicting nudity, portraying sexual intercourses or so described.

Risky behavior 3: go out one on one with the opposite sex.

Risky behavior 4: used to hand holding and light touching with the opposite sex while away from the public.

Risky behavior 5: used to fondling and kissing with the opposite sex.

Table 5. Attitude towards sexuality.

Attitude	Absolutely agree			Agree			Disagree			Absolutely disagree		
	A	B	total	A	B	total	A	B	total	A	B	total
Sexual intercourse between lovers is display of sincerity and confirmation of mutual love	6.3	11.4	10.4	31.4	22.8	22.2	37.5	29.4	28.5	25	35.7	35.4
Sexual intercourse between lovers is a way to establish commitment against a desire to cheat.	6.3	7.1	7.6	31.3	22.4	21.5	37.5	33.3	32.6	25	36.1	35.4
Sexual intercourse during school age is normal behavior and is not a bad thing to do	6.3	4.7	4.9	25	12.2	12.9	37.5	20.8	21.5	31.3	62.0	60.2
Sexual intercourse between lovers is an exercise of personal right causing no problems for others.	18.8	10.2	10.4	56.3	34.9	35.1	18.8	27.5	26.7	6.3	266.7	24.7
Virginity is important and valuable	62.5	52.9	52.8	18.8	31.4	29.5	18.8	10.2	10.4	0	5.1	4.5
Girl students who have had sexual intercourses before do not think much because the society seem to accept such bad behavior as normal.	0	5.1	4.5	43.8	15.7	17.4	31.3	31.0	30.0	25	47.1	44.1
Sexual intercourse during school age may jeopardize learning and future.	43.8	59.6	56.5	18.8	22.4	21.2	25	7.5	8.7	6.3	9.8	9.7
Sexual intercourse during school age if known, may be reproached	43.8	43.5	43.5	50	41.6	42.1	0	7.5	6.9	6.3	6.3	6.3
The use of birth control pills to protect against pregnancy during School age is not a bad thing to do	0	7.1	6.6	31.3	21.6	21.5	43.8	31.8	32.0	25	38.8	37.2
If pregnancy occurred during school age, Abortion is the right solution to the problem.	6.3	9.8	9.4	18.8	9.4	10.1	37.5	24.3	24.3	37.5	56.1	53.8

A: Had sexual intercourse experience

B: No sexual intercourse experience

Discussion

This study is based on a participation of a sample group of secondary school students in grades M1-6 with an age range of 12-19 who can be categorized as teenagers. This is an age range when the adolescents develop their belief systems and

emotion. These youngsters tend to be curious about things and liked to experiment. They were also in need of acceptance by their peers. Therefore, these young ones are vulnerable to persuasions.⁽¹⁴⁾ The changes in social condition and value coupled with the increased ignorance could together create risk factors

which resulted in teenagers' risky sexual behaviors as in having sexual intercourses prematurely, or promiscuously, thus contracting sexually transmitted diseases and having unwanted pregnancies. Many more problems are apt to follow, e.g. interruption in schooling, or having to seek abortion.⁽¹⁰⁾ Having correct sex education helps one understand, and equip him/her with the ability to weigh the pros and cons in sexual behaviors. The person is able to exercise good judgments and to behave appropriately.⁽¹⁵⁾ Therefore, sex education is one of the ways to protect against and reduce the prevalent problems.⁽¹⁶⁾ Based on the facts compiled by Sirikul Isaranurug and staff,⁽¹⁷⁾ the most important sources of information on sex are friends and all types of public media, which is different from the findings of the author and the findings of Ms. Suwanna Ruangarnchanaseta⁽¹⁸⁾ and this study concurs that the primary source of sex education is school, various public media come second, and friends come third. It is somewhat upsetting to find that parents/guardians make up only 36.8 % of the valid source of information on sex. Most parents tend not to discuss sexual matters with children unless the discussions precipitate their knowledge and experience in sexuality.⁽¹⁹⁾ In a family where parents candidly and appropriately talk to their children about sex will either discourage them or minimize their sexual activities; these children are likely to have fewer sex partners than those who have no opportunity to discuss sexual matters with their parents.^(20,21) It is, therefore, necessary that parents be properly educated in and possesses proper attitudes towards sexual matters and sex education so that sex education may be instilled in the minds of children early on by making sure that what the children learn is in keeping with

the sexual development that advances with age. All sectors of public media should do their jobs responsibly in the publication of sex-related news and articles.

This study has proved that, by looking at the overall picture, the sample group members are well versed in matters of sexuality. There are, however, 14.6 % of the group whose knowledge in sexuality is below an acceptable level. It was also found that 50 % of these ill-informed children had incorrect information on pregnancy, birth control, and abortion. It is necessary to re-educate them in these areas. It has been found that Ms. Umapom Trankasombat was very close to what was revealed as sexual activities of this sample group in the study of senior secondary-school students. In this study, they recruited 9,003 subjects from all over the country which was in 1998 (2541 B.E.).⁽²²⁾ Another study that also had very close similarity to mine is the one conducted by Ladda Mosuwan who randomly picked up children ranging in age from 13-18 in 2002 (2545 B.E.).⁽²³⁾ The percentages of those already experienced with sexual intercourses are 9 % for the former and 4 % for the latter. Both the above-cited studies are also close to that of Ms. Suwanna Ruangarnchanaseth and staff who focusing on secondary-school students grade M1-6 in 2001 (2544 B.E.).⁽¹⁸⁾ The study revealed a prior experience of sexual intercourse in 10 % of the group members; same-sex copulation 21 %; those who become pregnant by male partners and/or those who impregnated female partners were account for 10 % of the sample group. The frequency of sexual intercourses and the use of contraceptives grew with age and grade in the same manner as shown in a previous study.

Different people look at sexuality from different perspectives. Therefore, they are likely to have different sexual behaviors.^(15, 24) Based on this study the members of the group who have had prior experience in sexual relation agreed with the idea of having sexual intercourse while being a student. These teenagers regarded such behaviors as normal and strictly personal.

Based on this study and analysis of the overall picture, students possess good knowledge, understanding and right attitude concerning sexuality. However, lacking these qualities in certain areas, made them need extra sex education to fit in with the current social circumstances. Correct attitude and value should be inculcated in children. Therefore, it is incumbent upon parents, teachers, medical personnel including gynecologists to realize that they have important roles in giving children and youngsters the correct sex education. The media should also realize the importance of, and be responsible for, any information on sexuality given to children and youngsters. This is necessary to promote the right sexual behavior at the right time, or to advocate the use of protective measures when having sexual relationships. Our children and youngsters can be protected against problems of unhealthy sexual relation and unwanted pregnancy through adequate knowledge in the future.

Acknowledgement

I would like to thank the groups of teachers and students who participated in this study project. Also, I would like to pass my gratitude to Ms. Nunthalaxana Sathapornanon, a lady pharmacist, for her moral support and advices on the issues of statistics.

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