FACTORS ASSOCIATED WITH DECISION TO USE CONTRACEPTIVE METHOD AMONG ADOLESCENTS IN AN URBAN COMMUNITY OF BANGKOK

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FACTORS ASSOCIATED WITH DECISION TO USE CONTRACEPTIVE METHOD AMONG ADOLESCENTS IN AN URBAN COMMUNITY OF BANGKOK

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ABSTRACT

Sexual relationships among adolescents have become an important public health issue. If these relationships are not planned and no protection is used, they may lead to unplanned pregnancies and sexually transmitted infections which affect not only adolescent health but also the socioeconomic status of the country. This research was a cross-sectional study with the objective to study factors associated with the decision to use contraceptive methods among adolescents in an urban community. The sample was adolescent girls aged 15-19 years old who lived in an urban community of Bangkok. The data were collected by interviewing 153 adolescent girls during 1 November – 31 December 2012 using constructed questionnaires. Descriptive statistics used were frequencies, percentages, means and standard deviations, Chi-square test, Fisher's exact test and multiple logistic regression analysis were used to test the association between these variables with a significance level of $p<0.05$.

The results showed that 92.8% of adolescent girls had ever engaged in sexual intercourse. All of them used contraceptive methods which were divided into 2 groups. First were those who used the folk methods, i.e, coitus interruptus, or periodic abstinence with or without use of condom. Second were those who used the modern method of oral contraceptive pills (OCP). About 70% of adolescent girls used the folk method and 30% used the modern method. Factors which were significantly associated with type of contraceptive methods used($p<0.05$) were age, education, occupation, average monthly allowance, residence, marital status of parents, father's occupation and income, mother's occupation, and knowledge about contraception. Adolescent girls who used the modern method when compared to those who used the folk method, were significantly older, had higher education, better knowledge about contraception, worked as an employee, had more monthly allowance, and lived alone or with friends, Their parents were more likely to be separated or divorced, but had less income and worked as employee (fathers) or housewife (mother). When logistic regression analysis was applied, factors which were significantly associated with contraceptive methods were education and average monthly allowance ($p<0.05$).

In conclusion, almost all adolescent girls in an urban community of Bangkok, had already had sexual intercourse and were using contraceptive methods. Factors which were significantly associated with the decision in using which contraceptive methods were education and average monthly allowance. Adolescent girls should have more sex education, especially about contraception, to change to a more reliable and protective contraceptive method.

70 pages

ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่นในชุมชนเมืองกรุงเทพมหานคร
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บทคัดย่อ

เพศสัมพันธ์ในวัยรุ่นเป็นปัญหาสาธารณสุขที่สำคัญ หากไม่พร้อมหรือไม่ป้องกัน อาจนำไปสู่การตั้งครรภ์และโรคติดต่อทางเพศสัมพันธ์ ซึ่งนอกจากจะมีผลต่อสุขภาพของวัยรุ่นแล้ว ยังส่งผลกระทบต่อเศรษฐกิจและสังคมของประเทศชาติ การศึกษาในครั้งนี้เป็นการวิจัยชนิดภาคตัดขวาง เพื่อศึกษาปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่น กลุ่มตัวอย่างเป็นสตรีที่มีอายุ 15-19 ปี ที่อาศัยอยู่ในชุมชนเมืองกรุงเทพมหานคร จำนวน 153 คน เก็บข้อมูลโดยการสัมภาษณ์โดยใช้แบบสอบถามที่สร้างขึ้นเองระหว่าง วันที่ 1 พฤศจิกายน 2555 ถึง 31 ธันวาคม 2555 วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนา ได้แก่ จำนวน ร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน การวิเคราะห์ความสัมพันธ์ของตัวแปรใช้ Chi-square, Fisher's exact test, และ สมการถดถอยเชิงพหุ

ผลการศึกษาพบว่าสตรีวัยรุ่น 129 คน ร้อยละ92.8 มีเพศสัมพันธ์แล้ว และใช้วิธีคุมกำเนิดแบ่งเป็น 2 กลุ่มใหญ่ คือ กลุ่มที่ใช้วิธีคุมกำเนิดชนิดชาวบ้าน (Folk method) คือการนับวัน การหลั่งภายนอก ร่วมหรือไม่ร่วมกับการใช้ถุงยางอนามัย ร้อยละ69.77 วิธีคุมกำเนิดทันสมัย (Modern method) คือ การกินยาเม็ดคุมกำเนิด ร้อยละ30.23 ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีคุมกำเนิดของสตรีวัยรุ่นอย่างมีนัยสำคัญทางสถิติ($p<0.05$) คือ อายุ ระดับการศึกษา ที่อยู่อาศัย อาชีพ รายได้เฉลี่ยต่อเดือน ลักษณะที่อยู่อาศัย สถานภาพสมรสของพ่อแม่ อาชีพของพ่อ รายได้เฉลี่ยต่อเดือนของพ่อ อาชีพของแม่ และความรู้เกี่ยวกับการคุมกำเนิด พบว่า สตรีวัยรุ่นที่ใช้
วิธีทันสมัยมีอายุมากกว่า, เรียนจบสูงกว่า, มีความรู้เรื่องการคุมกำเนิดดีกว่า, ทำงานรับจ้าง, ได้เงินเดือนสูงกว่า, อาศัยอยู่คนเดียวหรือกับเพื่อน พ่อแม่มักจะแยกหรือหย่ากัน พ่อแม่มีรายได้น้อยกว่า พ่อมักจะทำงานรับจ้าง ส่วนแม่มักจะเป็นแม่บ้าน เมื่อทดสอบทางสถิติโดยสมการถดถอยลอจิสติค พบว่ามีปัจจัยที่มีนัยสำคัญทางสถิติ ได้แก่ ระดับการศึกษาและรายได้เฉลี่ยต่อเดือนของวัยรุ่น

สรุป สตรีวัยรุ่นในชุมชนกรุงเทพมหานคร ส่วนใหญ่มีเพศสัมพันธ์แล้วและทั้งหมดเคยคุมกำเนิด ซึ่งแบ่งเป็นวิธีชาวบ้านและวิธีทันสมัย ปัจจัยที่สำคัญที่มีความสัมพันธ์ กับการเลือกใช้วิธีคุมกำเนิดคือระดับการศึกษาและรายได้เฉลี่ยต่อเดือนจากการทำงาน สตรีวันรุ่นควรได้รับความรู้เกี่ยวกับการคุมกำเนิดเพิ่มเติม เพื่อให้เลือกใช้วิธีที่เชื่อถือและป้องกันได้มากขึ้น

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CHAPTER I
INTRODUCTION

1.1 Significance of the problem

Adolescent pregnancy is now one of the important problems in the Maternal and Child Health system in worldwide which affects socioeconomic system of the world. About 16 million adolescent girls aged 15-19 give birth each year, roughly 11% of all births worldwide. Almost 95% of these births occur in developing countries. The worldwide adolescent fertility rate (per 1000 adolescent aged 15-19 years) in 2005 was 65, the average of Asia was 56.The rate in Thailand was 43.3 while those developed countries such as Japan the rate was 4.9 in 2009.The lowest rate was reported from the Republic of Korea was 1.8 per 1000 adolescent in 2009(1).

Adolescent pregnancy is a critical stage of life as it requires a significant life adjustment of the young mothers. The healthiness of the pregnancy is influenced by the psychological readiness as well as the ability to pass their lives from childhood to adulthood of the youngsters. This can mean a critical transition which might follow with a happy pregnancy or, for the unfortunate cases, abortion, suicide and unwanted pregnancy. Although being pregnant normally means a great experience of all women, not excluding the adolescents. Yet, for many pregnant adolescents, this can be a moment of confusion. For some, being pregnant brings joys and proudness of womanhood, but for many, it could be a dismay and frustration because of its being unplanned. Because during in a pregnancy period, adolescent girls could face to many effects from the development of physical, mental and social. Their physical condition may not conform with emotional and mental maturity, that means they still need and have behaviors like normal adolescent girls. For some young mothers who continue the pregnancy although they still cannot make themselves ready for it, they might take less care of themselves and the baby. Such behaviors can bring more health risks to their lives which might be in the forms of anemia, malnutrition, hypertension, preterm labor, abortion, and dead fetus in utero. Some mental and emotional problems may

effect to the young mother is stressful especially who are in a primigravida or an unintend pregnancy. They may feel guilty, sad, angry etc. For the social effects, young mother may be rejected from the social brings them to be lonely, some may shoulder a big burden to feed themself and their child alone. The illegal abortion is one of the way out for the adolescent pregnancy who is not ready to be a mother.

Reported contraceptive use by adolescents has increased in recent years. From 1991 to 2005, the percentage of sexually active high school students who reported using a condom the last time they had sexual intercourse increased from 46.2% to 62.8% in 2005. Despite this increase, consistent use of any contraceptive method remains a challenge for most adolescents.

Levels of reported sexual intercourse by adolescents in the United States decreased during the 1990s for both sexes after increasing for the previous 2 decades.The Centers for Disease Control and Prevention's 2005 Youth Risk Behavior Surveillance Summary indicated that less than half (46.8%, down from 49.9% in 1999) of all high school students reported having had sexual intercourse in their lifetimes, and approximately one third (34.3%, down from 37.5% in 1991 and 36.3% in 1999) of all students reported having sexual intercourse during the 3 months preceding the survey and are considered currently sexually active.(2-3)

Each year, almost 850000 adolescent girls become pregnant. The adolescent pregnancy rate has dropped steadily over the past decade. As of 2004, it was estimated that approximately 41.2% of all pregnancies are to adolescents 15 to 19 years of age. Since 1991, the adolescent birth rate has declined by 33%, the lowest rate ever reported for the nation. The pregnancy rate for 15- to 17-year-olds has dropped by 43% to 22.1% of all pregnancies(4). Approximately 20% of abortions are in adolescents, although these rates continue to decrease(5). Decreases in pregnancy rates are thought to reflect a decrease in reported rates of sexual intercourse and an increase in reported use of longer-acting, more effective contraceptive agents(6-8).Over the last decade, evaluations of curricula suggest that those with a comprehensive approach to sexuality education have been effective in improving sexual behaviors and, thus, may also contribute to this trend(9).Despite these declining rates of pregnancies and births, adolescent childbearing (22% of women report giving birth before age 20) is still more

common in the United States than in other developed countries such as Great Britain (15%), Canada (11%), and France (6%).(10)

Providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners(9). In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity(11). Two school-based studies that demonstrated a delay of onset of sexual intercourse used a comprehensive approach to sexuality education that included a discussion of contraception.(12,13)

Race, ethnicity, age, marital status, education, income, requirements for confidential care, and fertility intentions have all been demonstrated to affect contraceptive choice. Trends in methods of contraception used by adolescents over the past 2 decades show an increase in oral contraceptive pill (OCP) use and an increase in male condom use(14). In recent years, the number of adolescents reporting OCP use has remained stable at 18% to 20%(15).Use of injectable contraception by adolescents 15 to 19 years of age has increased from 0% to 13% between 1988 and 1995. A 9% decrease in contraceptive-failure–related pregnancies is attributed to the shift to longer-acting birth control methods.(10)

Factors that contribute to lack of contraceptive use or inconsistent use include issues related to adolescent development, such as reluctance to acknowledge one's sexual activity, belief that one is immune from the problems or consequences surrounding sexual intercourse or pregnancy, and denial of the possibility of pregnancy. Other important factors are lack of education and misconceptions regarding use or appropriateness of contraception. However, an adolescent's level of knowledge about how to use contraception effectively does not necessarily correlate with consistent use. Adolescents may not use or may delay use of contraception for several reasons including lack of parental monitoring, fear that their parents will find out, ambivalence, and the perception that birth control is dangerous or causes unwanted adverse effects such as weight gain.(16-19)

Comprehensive health care of adolescents should include a confidential sexual history that should be obtained in a safe, nonthreatening environment through open, honest, and nonjudgmental communication with assurances of confidentiality.

During the preadolescent years, the pediatrician can provide anticipatory guidance by discussing puberty and offering health education materials to both the youth and his or her family. At the onset of puberty, the patient's history should include information on both the family's and the patient's attitudes and knowledge about sexual behaviors and the degree of involvement in sexual activity. General information may be offered or accessible to both the family and patient about methods of contraception and their uses. In addition, around this time, health maintenance visits should begin to include private, confidential time with the adolescent to establish rapport as well as assess degree of involvement in sexual activity. For sexually active adolescents who use contraception, the role of the health care professional is to educate and support compliance, to assist in managing adverse effects or, alternatively, to counsel the patient regarding a new contraceptive method as circumstances require, and to provide referrals and follow-up with periodic screening for STIs. Throughout adolescence, comprehensive sexuality education that includes discussion of abstinence, appropriate contraceptive use, and protection from STIs should be provided as part of healthy sexual development. When initiating any hormonal contraceptive method, the need for consistent protection against STIs (either male or female condoms) should be reinforced.

Surveys from Thailand have found that a significant minority of unmarried adolescents are sexually active. But nowadays situation has change. More and more unmarried adolescents had sexual experience. Although premarital sex is considered normal behavior for males, particularly with prostitutes, it is not always regarded as such for females. Most Thai youth reported that their first sexual experience, whether within or outside of marriage, was without contraception. The adolescent fertility rate in Thailand is relatively high at 60 per 1000. Twenty five percent of women admitted to hospitals in Thailand for complications of induced abortion are students. The Thai government has undertaken measures to inform the nation's youth about the prevention of sexually transmitted diseases and unplanned pregnancy. (20)

Adolescent contraception is a complex issue for healthcare providers. Because sexual activity often precedes the ability to make responsible sexual decisions, clinicians are encouraged to provide anticipatory guidance to adolescent

patients and their families concerning sexual behavior and appropriate contraception methods.

It is of my interest to study factors associated with decision to use contraception among adolescents in an urban area in Thailand. The sample was adolescent aged 15-19 years old and lived in an urban area of Bangkok.

1.2 Objectives:to study

1. Knowledge, attitude and practice to use contraceptive methods among adolescent girls who lived in an urban community of Bangkok

2. Factor associated with decision to use contraceptive methods among adolescent girls who lived in an urban community of Bangkok

1.3 Limitation of the study

In this research , the study recruitedadolescent girls who lived in an urban community of Bangkok. Most of them came from various provinces in Thailand.Their socioeconomic state were not fully investigate to study or work in Bangkok.

1.4 Definition of term

1. Adolescent women refers to adolescent aged 15-19 years old and lived in Lad-phroasoi 48,Bangkok.

2. Personal characteristic factor:

- Age means complete years of age of adolescents.
- Level of education means the highest level of education had finished.
- Occupation means a type of work.
- Monthly allowanceis defined as and amount of money per month that the adolescent women regularly received from each of sources.
- Source of money allowance refers to source of money which adolescent women get from to spend in their daily life. It is classified into: from their own job.

- Residency refers to the residence or the persons whom the adolescent women live with. It is classified into: with parents and family, friends or oneself.

3. Parental status factor refers to the nuptial of the father and mother of adolescent women whether they were living together, separated/divorced/dead

- Father's occupations are defined as the main job that father did to earn the money to support the family.

- Father's income means the total amount of income in baht per month.

- Mother's occupations are defined as the main job that father did to earn the money to support the family.

- Mother's income means the total amount of income in baht per month.

4. Knowledge about contraceptives method refers to how the adolescents women understand the details about content of the contraceptive method.

CHAPTER II
LITERATURE REVIEW

In this chapter, relevant theories and concepts will be presented as the follow:

2.1 Adolescents and development of adolescents

2.2 Sexual Behaviors of adolescents

2.3 Sex education

2.4 Knowledge about sex

2.5 Use of contraception method among adolescent

2.6 Research : contraceptive methods among adolescent

2.1 Adolescents and development of adolescents definition of adolescents

Adolescents is derived from the Latin world “adolescere which meaning “to grow up is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood but largely characterized as beginning and ending with the teenage stage .However, it is still important to recognize the differences caused by age and developmental stages. When a teenager has sexual maturity. Boys have wet dream and the girls have menstruation (21)

The world Health Organization (WHO) defines “adolescents as persons aged between 10-19 who have the following: (22)

1) Physically developed, starting a first change of sexual organ to its full grown development.

2) Intellectually developed, turning from childhood to adulthood.

3) Socially developed, turning from families dependency to self-reliance, being able to make his or her own living.

Department of Mental Health Ministry of Public Health, Thailand divides the following ages of adolescents into 3 stage:

1) Early adolescents as a person aged between 10 -13
2) Middle adolescents as a person aged between 14 -16
3) Late adolescents as a person aged between 17 -19 (23)

The development of adolescence, it is necessary to understand development stages of adolescence in order to better understand their behaviors. Major developments of adolescents are divided into four aspects as follows:

1. Physical development

Adolescence is characterized by dramatic physical changes moving the individual from childhood into physical maturity. Early, prepubescent changes are noted with the appearance of secondary sexual characteristics. Girls may begin to develop breast buds as early as 8 years old, with full breast development achieved anywhere from 12 to 18 years. Pubic hair growth as well as armpit and leg hair typically begins at about age 9 or 10, and reaches adult distribution patterns at about 13 to 14 years. Menarche (the beginning of menstrual periods) typically occurs about 2 years after initial pubescent changes are noted. It may occur as early as 10 years, or as late as 15 years, with the average in the United States being about 12.5 years. A rapid growth in height occurs for girls between the ages of about 9.5 and 14.5 years, peaking somewhere around 12 years. Boys may begin to notice enlargement of the testicles and scrotum as early as 9 years of age, followed closely by lengthening of the penis. Adult size and shape of the genitals is typically reached by age 16 to 17 years. Pubic hair growth -- as well as armpit, leg, chest, and facial hair begins in boys at about age 12, and reaches adult distribution patterns at about 15 to 16 years. A rapid growth in height occurs for boys between the ages of about 10.5 to 11 and 16 to 18, peaking around age 14. Puberty is not marked with a sudden incident in boys, as it is with the onset of menstruation in girls. The appearance of regular nocturnal emissions (wet dreams) marks the onset of puberty in boys and typically occurs between the ages of 13 and 17 years, with the average about 14.5years.Voice change in boys typically occur along with penile growth, and the occurrence of nocturnal emissions occurs with the peak of the height spurt. (24)

2. Psychological development

Adolescent maturation is a personal phase of development where children have to establish their own beliefs, values, and what they want to accomplish out of life. Because adolescents constantly and realistically appraise themselves, they are often characterized as being extremely self-conscious. However, the self-evaluation process leads to the beginning of long-range goal setting, emotional and social independence, and the making of a mature adult. During early adolescence (ages 11-13), development usually centers around developing a new self-image due to their physiological changes. Adolescents need to make use of their newly acquired skills of logical thinking and ability to make judgments rationally. When they reach the ages of fourteen and fifteen (the period known as mid-adolescence), adolescents strive to loosen their ties to their parents and their emotions and intellectual capacities increase. The adolescent becomes adventuresome, and experiments with different ideas. This plays an important role in finding ones relations to oneself, groups, and opposite sex. During this time, the adolescent battles over his own set of values versus the set established by parents and other adult figures. The adolescent also begins to take on more control of educational and vocational pursuits and advantages. It is during this time that adolescents self-dependence and a sense of responsibility become apparent, along with their quest to contribute to society and find their place in it. During late adolescence (ages range from sixteen on), adolescents have a more stable sense of their identity and place in society. At this stage in life they should feel psychologically integrated and should have a fairly consistent view of the outside world. Adolescent should, by this time, have established a balance between their aspirations, fantasies, and reality. In order for them to achieve this balance they should be displaying concern for others through giving and caring, instead of the earlier childhood pattern of self-gratification. At the conclusion of late adolescence they should have had designed or discovered their role in society, have set a realistic goal in life, and have begun in ernest to achieve it.

3. Social Development

When children become adolescents, they undergo all kinds of changes related to their attitudes and social behaviors. They tend to isolate themselves from

their family and their peers become more important. Thus, they love to hang out with their peers and try to imitate them in the way of dressing, talking, and action. Hanging out with their peers make them happy and contented that's why they need independence and freedom to be with their peers, as they are afraid that they might not be accepted by the peer group. Also, they like to make their own decisions, and try to build self-confidence.

4. Cognitive Development

Adolescence is the period of rapid growth of the brain, which results in an extensive development of thinking ability, memory, and concentration. They are more able to understand the relationship of things, and develop interest in their surroundings. In addition, they are more inquisitive. They are able to solve problems approached from various aspects. However, they tend to be impulsive and lack of careful consideration about pros and cons when doing things despite of their intelligence. Therefore, they may speak or act without cautiously think about the possible outcomes.

2.2 Sexual behaviors of adolescents

Adolescents is the most important stage for physical, emotional, intellectual, and social development. Adolescence is the age at which people are eager to know and experience different things in life, especially sexuality. This is because adolescents develop primary sexual characteristics, the maturation of the reproductive system. They tend to develop sexual feeling through wet dreams or imagination. The developmental changes directly affect adolescents' self-image and their perception toward the world and people in different respects. (1)

Although adolescents value independence, they still need support and guidance from their parents and family. Due to the hormone drive and dramatic physical changes, adolescents have to deal with a preoccupation in them and tend to distance themselves from their families. For that reason, they tend to experience difficulties in negotiating act relations with their parents during this period. Due to the onset of puberty, sexual drive, sexual relationships, values, faith, and peer acceptance

become crucial to identity development. They tend to rely on third-party perspectives, such as those of the peer group, partners, and lovers, instead of their parents. (25)

In term of the sexuality of adolescents, female adolescents tend to view love and sexual relationships as somewhat romantic and beautiful. They consider the key factors to be warmth, closeness and trust. Male adolescents, on the other hand, rather view love and sexual relationships as erotic and passionate. They are sensitive to sexual arousal and sexual pleasure, and they tend to seek only sexual activities. For that reason, adolescents tend to accept premarital sex as part of their sexual lifestyle, based on the influence emotional from arousal rather than morality or ethics. Although adolescents understand correct and incorrect sexual behaviors, they are vulnerable to premarital sex, due to three influencing factors, as follows:

1) Physical factors

Early adolescents undergo rapid physical change, especially the development of both primary and secondary sexual characteristics in terms of the reproductive system and the maturing body. With the onset of puberty, adolescents are influenced by sexual drives due to hormone changes. They are emerging into a stage of sexual curiosity, about what it mean to be a man or a woman, and would even like to try sexual intercourse as the means to prove their true love.

2) Psychological factors

Concerning the sex roles of husbands and wives, they try to develop their sexual relationships as adults do and many try to have sex experiences to affirm their maturity. Adolescents, especially those with family problems such as broken homes, family violence, etc., may tend to have low self-esteem and seek love, warmth, and caring from their parents. Their viewpoint is that sex is the way to show love for their parents.

3) Social factors

Society is the key factor that regulates the expression of its members. For example, ladies are required to content their sexual desire and maintain their virginity. However, because Western value related to sexuality influenced Thai society, the relationships between males and females have become more flexible and people feel more open to start a sexual relationships. With the sexual value of Western societies and the influence of sexual drive, the new generation like to explore different aspects of their sexuality and tend to accept premarital sex as part of their sexual lifestyles.

However, overt sexuality is inhibited and unaccepted in Thai society; people are more likely to avoid talking about sex in public. For that reason, adolescents feel uncomfortable about discussing sexual relationships with their parents or teachers and tend to seek sexual knowledge from the media (pornographic book, VCD, DVD) and their peers. Therefore, adolescents find themselves vulnerable to receive the wrong information about sex and are actually led into more inappropriate sexual behavior, with consequent sex-related problems, such as unwanted pregnancy and sexually transmitted disease. Nowadays, education is considered as the main factor causing delayed marriage in Thai society. People view marriage as a lifetime commitment and want to ensure their preparedness in term of financial stability and a secure career before they get married. Delaying marriage, therefore, is a major factor influencing premarital sex in Thai society nowadays. Moreover, with the awareness of sexually transmitted disease, people tend to accept premarital sex with the subject to take their parents instead of having sex with commercial sex workers. This phenomenon has generated more social problems among adolescents, such as unwanted pregnancy, abortion, loss of education opportunity, and the risk of infection with STDs. (26)

Kinsey (27) study caused of premarital sex of mal, as follow:

1. To released sexual desire.
2. To bring about pleasantness of physical and psychological.
3. To facilitate the emotional relations between males and females.
4. Heterosexual experience may prevent homosexual behavior.
5. To develop the ability of emotional and physical adjustment to the spouse.
6. To bring about marriage.
7. Failure from premarital sex for all that waste less than post marriage.

A sexual relationship of a man and a woman will finally develop in process which will become more intimate as times pass by. In this study, Muuss (28) asked the respondents what they considered proper sexual behavior among the following five premarital dating stages:

Stage I : Dating with no particular affection

Stage II : Dating with affection, but no love

Stage III : Dating and being in love

Stage IV : Dating one person only and being in love

Stage V : Becoming engaged

The respondents were asked to select which behavior was appropriated at each stage of dating. Behaviors ranged from the least to the most initiate. The eight dating behaviors were

1. No physical contact
2. A goodnight kiss
3. Several hugs and kisses
4. Prolonged kissing and hugging
5. Light petting (above the waist)

. Heavy petting (below the waist)

7. Mutual masturbation
8. Sexual intercourse

Muuss RE (28) found that during the first few dates, the behaviors fall into the first tree categories, starting from no physical contacts to several hugs and kisses. The development of the closeness between the couples is associated with intimacy and emotion, which will end up with having sexual intercourse after falling in love with each other. Both male and female adolescents agree that their behaviors are appropriate and their relationship can eventually lead to sexual intercourse.

Juntaraviruj O (29) has found that touching and petting among male and female can lead to have more sexual intercourse than those who have never touched the body of each other.

Therefore, both local and international studies have shown that sexual behaviors start from the fact that males and females have a chance to be by intercourse. Thus, adolescence with easy availability and access to media are more likely to have inappropriate sexual behaviors than those who do not have such access.

1. The sexual system

The Abramson's sexual system theory is a basic integrative framework in understanding human sexual behavior including adolescents' sexual activities. Abramson describes his assumption in his sexual system theory that "all decision regarding sexual expression are controlled by a hypothetical mechanism referred to a cognitive structure." In order words, sexual expression is directly controlled by

cognitive structure. Furthermore, Abramson hypothesizes that the development of cognitive structure is determined by four classes input:

1. Maturation is the process of growing up physiologically and intellectual in personality. It acts as a phase of development from childhood to adulthood.

2. Social norms are also important in understanding adolescents' behavior about sex life. Adolescents learn to accept social standards from peers, social groups and mass media influence from social norms determines cognitive structure, particularly standard mediated by the powerfully determined adolescents' behaviors.

3. Internalized parental standard : parental standard play and important role in adolescent sexual behavior. Adolescents learn and value sexuality from the way their parents socialize them. For example, those children who are socialized by the parents to avoid opening discussion about sex are more likely to perceive that the sexuality is not corruptible and should not be mentioned.

4. Previous sexual experience has effect on experience which may be perceived as guilt, and result in unplanned conception. It will be strengthened if previous sexual experience is satisfactory.

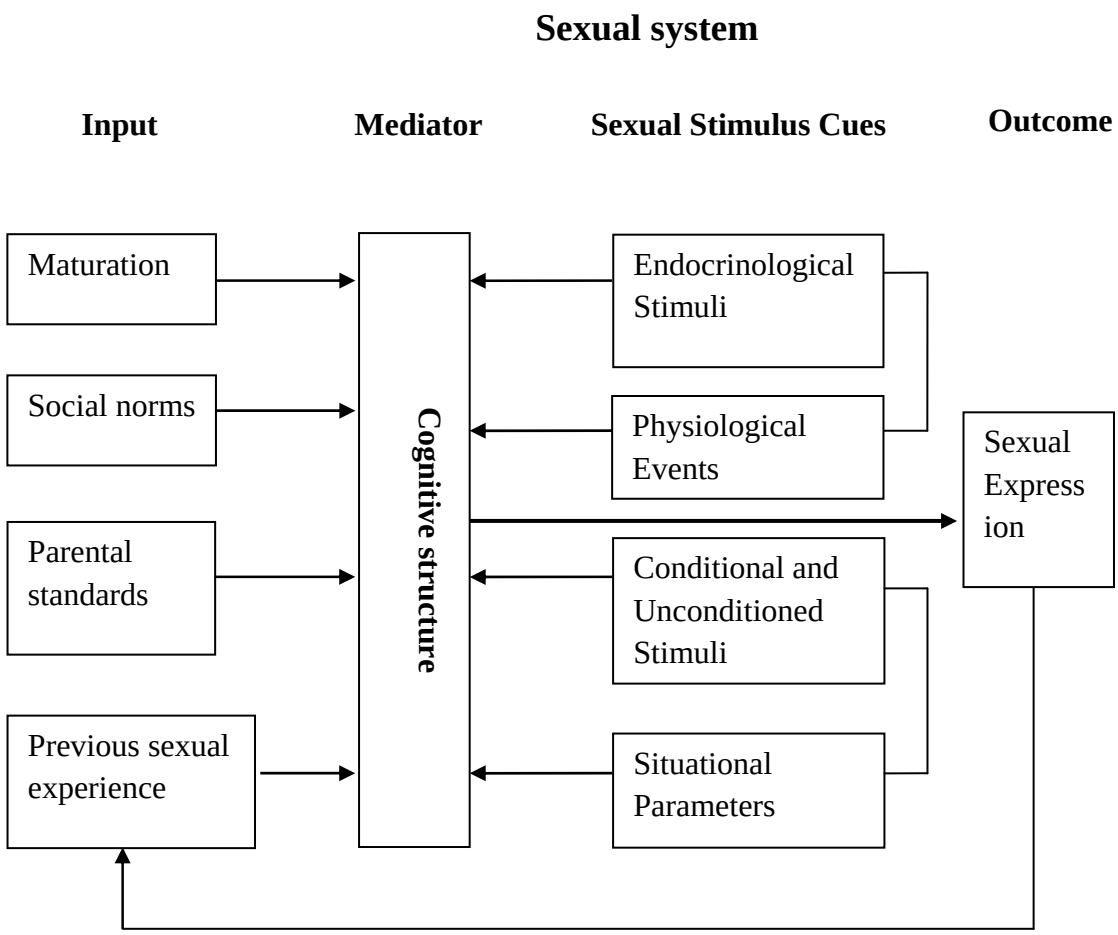

Figure 2.1 Sexual system

Moreover, Abramson also proposes that the cognitive structure gives rise to sexual expression in response to sexual stimulus cues. This can be categorized into 4 groups as follows:

1. Endocrinological stimuli (physical arousing due to hormones)

2. Conditioned and unconditioned stimuli (erotic arousal associated with events and perceptions such as sexual movies, pornographic books)

3. Physiological events (physical arousing due to central and autonomic nervous system)

4. Situation parameters (influences due to the nature of social environment such as taking drugs, alcohol)

In addition, Abramson explains the sexual system that the intellectual structure is a result of accumulated experience together with other factors such as age, social norms, parent standards, and previous sexual experience, all of which contribute to a person's code of sexual conduct. This code of sexual conduct controls a person's overt sexual behaviors which vary according to leading factors. For example, whether or not a child will be successful in learning about sex is a direct consequence of the partners' reaction-scolding, admiring or ignoring when a child has a sexual act. The parent's belief in sex becomes a child's standard, principle, or intellectual structure. Furthermore, sexual arousal such as direct arousal from a lover, or indirect situation such as watching a pornographic movie, will stimulate a person to have sexual behaviors, either appropriate or inappropriate behaviors. And these behaviors will then become that person's sexual experience.

2. Social learning theory

The social learning theory of Albert Bandura emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. He states: "Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action." Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, an environmental influences. The component processes underlying observational learning are: (1) Attention, including modeled events (distinctiveness, affective valence, complexity, prevalence, functional value) and observer characteristics (sensory capacities, arousal level, perceptual set, past reinforcement), (2) Retention, including symbolic coding, cognitive organization, symbolic rehearsal, motor rehearsal), (3) Motor Reproduction, including physical capabilities, self-observation of reproduction, accuracy of feedback, and (4) Motivation, including external, vicarious and self reinforcement.

Bandura said there are 2 ways to learn human's behavior. They are learning from result of action and learning from copying action. Learning from result

of actions is regarded as direct experience. The process takes 3 actions which are providing information, persuading and reinforcing. For learning from copying action, it is the learning from observing the model behavior, regarded as indirect experience. Such learning mainly requires observing process 4 elements which are attending, remembering, physical and persuading processes.(30)

In this study, we use Bandura and Abramson's thoughts to define relevant variable from the idea that intellectual structure of a person appoints and controls entire sexual expression behaviors, which are varied in each person and factor, such as maturity, social motif, parents' social status and prior sexual experience. Moreover, the structure is also a principal to a person's consciousness. They might be reflected in the way of living in forms of knowledge, belief, attitude, sexual value and human's behavior regarding prior sexual experience.

From the literature reviews related to pregnancy among adolescent, there are 6 factors as follows

2.3 Sex education

Sex education had been defined, as follow:

defined sex education as the educating process that helps an individual learn about every dimension of sex, from growth, structure, function of the genitals, the sexually-relevant physical, mental, emotional, social, personality, inter-sex behaviors and good human relations. It contributes to the comprehension, positive attitude, and correct practice of sex in daily life, resulting in the good order of family life and society. Mentioned that sex education is the teaching or giving of sexual information about growth, development, and personality, including the various hygiene rules, to create good comprehension and attitude, in order to create responsibility and good inter-sexual relationships.

Only in Thailand has there been progress on sex education, with the boundaries being pushed forward with each revision of the curriculum. Thailand has already introduced sexuality education. The first national policy on sexuality education in schools was announced in 1938, but sex education was not taught in schools until 1978. Then it was called "Life and Family Studies," and its content

consisted of issues related to the reproductive system and personal hygiene. The education curriculum has been revised several times, involving efforts from both government and non-government sectors and sex education has been accepted as a problem solving tool for adolescent SRH issues. This has been a consequence of educational reform following the National Education Act B.E. 2542, increasing awareness of problems related to adolescents' sexual practices, and the emergence of women's sexuality, and queer movements. The most remarkable new approach in sexuality education curricula in Thailand has been the Teen path Project developed by PATH, Thailand. PATH has also succeeded in institutionalizing sexuality education curricula in schools since 2003.(31)

2.4 Knowledge about sex

Jamvithilert P. and Sopawanit S.(32) found that most samples, Indicate that 47.6 percent of adolescents, lack of knowledge of sex education, birth control and family planning. This causes girls to be pregnancy since they were so young.

Chariyawong S.(33) studied some factors which effect to youth's sexual behavior who works in industrial factory at Nakornratchasima. The sample group are youths with single status, aged between 15-24 year old, 286 persons. The study revealed that knowledge about sex is not statistically substantially varied in the groups.

From the literature review, we found that knowledge about sex may or may not relate to adolescents' pregnancy. This is because if they have little knowledge about sex, they may also lack knowledge of safe sexual intercourse. Plus, there might be behavioral risk on sex before marriage such as undesired pregnancy, contract to venereal diseases.

Cognitive domain

Bloom(34) divided the cognitive domain into 6 following level:

1) Knowledge is the ability to memorize or recognize perceived events, such as knowledge about definition, facts, theories, rules, structures, problem-solving methods, etc.

2) Comprehension is the ability to give definition, which may be expressed in the from of skill or translation ability, interpretation and extrapolation.

3) Application is the ability to use knowledge to solve problems or situations successfully.

4) Analysis is the ability to consider events by dividing the problem into sub-parts in order to understand the sup-components in detail and see the relationship between these components clearly.

5) Synthesis is the ability to put the components together into a whole event and rearrange the structure into a new and improvised one with greater efficiency.

6) Evaluation is the ability to make decisions using criteria and standards.

2.5 Use of contraception methods among adolescent

Reported contraceptive use by adolescents has increased in recent years. From 1991 to 2005, the percentage of sexually active high school students who reported using a condom the last time they had sexual intercourse increased from 46.2% to 62.8% in 2005. Despite this increase, consistent use of any contraceptive method remains a challenge for most adolescents.

Levels of reported sexual intercourse by adolescents in the United States decreased during the 1990s for both sexes after increasing for the previous 2 decades. The Centers for Disease Control and Prevention's 2005 Youth Risk Behavior Surveillance Summary indicated that less than half (46.8%, down from 49.9% in 1999) of all high school students reported having had sexual intercourse in their lifetimes, and approximately one third (34.3%, down from 37.5% in 1991 and 36.3% in 1999) of all students reported having sexual intercourse during the 3 months preceding the survey and are considered currently sexually active.(2-3)

Each year, almost 850000 adolescent girls become pregnant. The adolescent pregnancy rate has dropped steadily over the past decade. As of 2004, it was estimated that approximately 41.2% of all pregnancies are to adolescents 15 to 19 years of age. Since 1991, the adolescent birth rate has declined by 33%, the lowest rate ever reported for the nation. The pregnancy rate for 15- to 17-year-olds has dropped

by 43% to 22.1% of all pregnancies(4). Approximately 20% of abortions are in adolescents, although these rates continue to decrease(5). Decreases in pregnancy rates are thought to reflect a decrease in reported rates of sexual intercourse and an increase in reported use of longer-acting, more effective contraceptive agents(6-8). Over the last decade, evaluations of curricula suggest that those with a comprehensive approach to sexuality education have been effective in improving sexual behaviors and, thus, may also contribute to this trend(9). Despite these declining rates of pregnancies and births, adolescent childbearing (22% of women report giving birth before age 20) is still more common in the United States than in other developed countries such as Great Britain (15%), Canada (11%), and France (6%).(10)

Providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners(9). In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity(11). Two school-based studies that demonstrated a delay of onset of sexual intercourse used a comprehensive approach to sexuality education that included a discussion of contraception.(12,13)

Race, ethnicity, age, marital status, education, income, requirements for confidential care, and fertility intentions have all been demonstrated to affect contraceptive choice. Trends in methods of contraception used by adolescents over the past 2 decades show an increase in oral contraceptive pill (OCP) use and an increase in male condom use(14). In recent years, the number of adolescents reporting OCP use has remained stable at 18% to 20%(15). Use of injectable contraception by adolescents 15 to 19 years of age has increased from 0% to 13% between 1988 and 1995. A 9% decrease in contraceptive-failure–related pregnancies is attributed to the shift to longer-acting birth control methods.(10)

Factors that contribute to lack of contraceptive use or inconsistent use include issues related to adolescent development, such as reluctance to acknowledge one's sexual activity, belief that one is immune from the problems or consequences surrounding sexual intercourse or pregnancy, and denial of the possibility of pregnancy. Other important factors are lack of education and misconceptions regarding use or appropriateness of contraception. However, an adolescent's level of

knowledge about how to use contraception effectively does not necessarily correlate with consistent use. Adolescents may not use or may delay use of contraception for several reasons including lack of parental monitoring, fear that their parents will find out, ambivalence, and the perception that birth control is dangerous or causes unwanted adverse effects such as weight gain.(16-19)

1. Personal factors

1.1 Age

Age is a fundamental factor indicating the difference between physical and mental development. Different ages will results in difference behavior.

Siriwattankan K (35) studied factors prediction coitus among single female youth of Udonthani Provincial Non-Formal Education centre in 1998 found that respondent's age was positive significantly relations with the number coitus partners ($p<0.05$).

1.2 Education

This is important factor, because it empowers them to decide on their own lives. When those adolescent had low education or had to drop out before the appropriate time, they lacked good opportunities to learn and understand right and proper knowledge about sex.(36) Thus better education has two opposing effects: it postpones marriage, makes the adolescent less dependent on parental influences and therefore leads to premarital sexual relations and pregnancies. On the other hand, in the long run it may stimulate planning behavior, contraception and prevention of unwanted pregnancies.

1.3 Occupation

Adolescent who grow up in poverty or experience discrimination member of minority groups may not perceive variable opportunities for educational or occupational advancement. (37)

Adolescents who left school at an early age much higher prevalence of premarital sex experience than those who remained in school longer.

1.4 Money allowance

Thong-Mung P (27) had studied results of making realization on sexual relations before proper age which effects to sexual attitude toward keeping

virginity before marriage of girls from varied background in 2004. In this study, found the possible cause that girls from high financial status are more likely to receive revenue from their parents and are capable to afford things such as clothes, night life or new gadgets. Therefore, they have more chance to go to clubs or pubs than those with lower financial status.

Punsang A (38) studied about factors associated with sexual relationships among high school female students in Angthong Province in 2009 found that one of factors which associated with sexual relationship among high school female students significantly is monthly allowance received, those who received over 1000 baht a month are more likely to have sexual relationship than those who received less than 1,000 baht ($p<0.001$).

Juntaraviruj O (29) studied among secondary school students in Samutprakarn province in 2001 found that money allowance for school has significant relationship with sexual risk behavior ($p<0.001$).

2. Parental status factor

Family is the minimal system but the most important in society and had close relation with children. It plays the role of instructing and cultivation. Family then take part in children's development.

2.1 Order of sibling

It is one of the factors which effects to the risk of adolescence's sex behavior. Children with different positions receive different loves and cares from parents. A single child will have full of love and from parents while Wednesday child (middle child) tend to feel that they receive less love and care from parents than the first and the last child. This is because parents had experience on nurturing a child before so they reduce their care on the middle child to be less than the first or the youngest one.

Glock (39) found the eldest child tends to have more responsibility and accept good guidance than the younger one.

In conclusion, sibling position relates to the nurturing of parents, which effects to children's expressions. If children feel that they lack of

special care, they will feel lonely and lack of communication within their family. They will separate themselves from their parents and seek warmth from their friends. They need an acceptance from them to compensate what the lack. If their friends have more risk on sexual behavior, then they tend to absorb such attitude and take more risk on sexual behavior as well.

2.2 Parental marital status

Parents are very important in children's life. A broken home in which the parents are separated, or one had died, significantly affects children's development. Adolescents who have both parents that are able to provide their love, care, affection, and necessary advice would well develop both physically and psychologically.

Krisawekwisai N (40) studied about coital behavior and related factors among four hundred and seventy three students of Mattayom three in co-ed schools in Ubonratchathani Province in 2003. The study revealed that the parents' marital status was not statistically significantly associated with coitus.

Jantaraviruj O (29) found that a sample of broken family as parents' divorce tend to have most risk on sexual behavior, which is 71.4 percent. This is because student with broken family lacks warmth, love or someone to provide guidance for them. They are also likely to have mental problem or want to be with friends who can bring high risk associated with sex.

Eijk (41) studied factors contributing to teenage pregnancies in Rarotonga, Cook Island in 2006. It indicated that teenagers from single parent family homes are more likely to report having sexual intercourse regardless of the income of the family.

2.3 Parental occupation

There are many research studies whose results suggest that financial status of the family and different occupation of the parents lead to different opinions and attitudes which in turn affect the thinking process of the children as well as their behaviors. Occupation is variable process of education level income and time to pay attention to their children.

Paxman and Zuckeman (22) found that adolescents from the low society or had low financial status, surrounded by bad environment tend to see

indulgence in sex. They had improper sex learning which effects sexual behavior in adolescence.

Krisawekwisai N (40) studied of coitus behavior and related factors found that parents' occupation was no statistically significantly associated with coitus.

Eijk (41) indicated that teenagers from lower income families are more likely to report having sexual intercourse regardless of the family structure or race.

Vinaikulaponk P. (42) found that parents who had different occupations made students have varied attitude toward sex.

2.4 Residency

Siriwattankan K (35) found that the predictable factor among single female youth is the residence.

Krisawekwisai N (40) studied of coitus behavior and related factors found that residence area had statistically significant influence on any experience of coital behavior ($p<0.05$).

Shuaytong P et al. (43) which found that students who used to stay in a dormitory had more sexual relationship than those who stayed with their family.

Tonsakul S et al. (44) studied sexual risk behavior of students in Chonburi Province, 377 samples, found that the most of student lived at rented house and dormitory alone had more sexual risk than those who lived with parents.

2.6 Research : contraceptive methods among adolescent

Abaham L, and associate (1999) (45) studied sexual experiences and their correlate among college students in Mumbai City,India. Found that young men with a high level of knowledge about sexuality related issues were the most likely to be sexually experienced. Among 160 young men who had intercourse, 13 percent had a low level of knowledge, 72 percent had a moderate level and 15 percent had a high level. In particular, one might expect that knowledge would lead to practice of safer sex.

Son NT.(2001) (46) studied premarital sexual behavior among single male students aged 17-24 in Hanoi and Ho Chi Minh City of Vietnam. The data were

collected from 800 single male students by face-to-face interview. The results indicated that attitude toward premarital sex and casual sex had significant influence with sexual experience before marriage.

Mohammadi MR.(2006) (47) studied reproductive knowledge, attitude and behavior among adolescents males in Tehran Iran. A population-based study of 1,385 males aged 15-18 in Tehran was conducted using a self-administered questionnaire. Participants were questioned about their belief and knowledge regarding reproductive health, and asked whether they had engaged in sexual activities. The result showed that Twenty-eight percent of the sample reported having in sexual activity. Sexual experience was associated with older age, access to satellite television, alcohol consumption and permissive attitude toward sex.

Jiunn-Horng Lou and associate (2009) (48) studies relationships among sexual knowledge, sexual attitudes, and safe sex behavior among adolescents: A structural equation model. The study collected data from 823 adolescent students at a junior college in Central Taiwan. Results revealed that sexual knowledge had a negative effect on sex attitudes and had no significant effect on safe sex behavior. Adolescents with more sexual knowledge had less positive sexual attitudes and did not show increased practices of safe sex behavior.

Thaibundit C.(1994) (49) studies compared knowledge and attitude towards sex of 500 Muthayom suksa 6 in Bangkok. The finding of this study revealed that the students genereally had little knowledge concerning sexual characteristic of teenagers, solution to sexual problems, conception, venereal disease, and contraceptive.

Pongprasert P**.**(1995) (50) investigated the knowledge and attitude toward sex of Mathayom Suksa Six students**.** The result showed that The students' knowledge toward sex was at the"good" level. Students' knowledge was lower than the minimum criteria in the location of fertilization, the adaptation of criteria and the principles of personal adjustment. Female students' knowledge concerning sex was significantly better than those of male students' at .05 level. The students' attitude toward sex was at the "good"level. Female students' attitude toward sex was significantly better than those of male students' at .05 level.

Chariyawong S(1996) (51) studied some factors which effect to youth's sexual behavior who works in industrial factory at Nakhonratchasima. The sample

grouping are youths with single status, aged between 15-24 years old, 286 persons. The study revealed that knowledge about sex is not statistically substantially varied in the group.

Duangkaew J.(1996) (52) investigated the relationship among socio-economic factors, knowledge,attitudes, and sexual risk behaviors including the relationship between sexual risk behaviors and sexual intercourse of high school students in the Bangkok Metropolis.The result showed that 1. In general, the sex education knowledge of the upper secondary school students was in the middle level. 2. In general, the attitudes concerning sexual risk behaviors of the upper secondary school students were positive. 3. In general, the sexual risk behaviors of the upper secondary school students were in the lowest level. 4. Sexual risk behaviors (alcoholic consumption,going to entertainment venues, reading pornographic materials, watching pornographic movies/videos, holdinghands with the opposite sex, petting) and socio-economic factors (sex, age, education level and monthly allowance.).

Attaveelap O.(2001)(53) studied sexual behavior and related factors among 426 students of Mathayomsuksa 4-6 in Phuket province. The finding of this study forty seven percent had experiences of inappropriate sexual behavior such as being alone with a date (40.8%), hand holding (35.0%), kissing and petting (18.1%).

Jantaravisuj O.(2001) (29) found that a sample of broken family as parent's divorce tend to have most risk on sexual behavior, which is 71.4 percent. This is because student with broken family lack warmth, lover or someone provide guidance for them. They are also likely to have mental problem or wants to be with friends who can bring high risk associated with sex.

Rattanapitak J.(2003) (54) studies examine knowledge and attitude towards sex issue of lower secondary school students under department of formal education Ministry of education in Samutprakarn Province. The result showed that : Most of student's scores of knowledge and attitude towards sex of student at the moderate degree mean of knowledge was 24.3 and mean of attitude was 69.4. Knowledge were significantly related to sex issue from media, Democracy, Authoritarian child-raring, friends ($p< 0.01$). Attitude were significantly related to sex issue from media, GPA.

Densirieuksorn S.(55) in the year 2005 studied knowledge, attitude and sexual behavior among students in high school in Nongkhai province.The result showed the most of adolescents had good knowledge who their they had sexual relationship or not.

Ingkathawornwong T, and associate (2007) (56) studied sexual risk behavior found among female students at vocational schools and to compare these behaviors among the first, second and the third year students in vocational schools. The results showed that prevention for sexual risk behavior found that most respondents did not use any form of protection and only 37.8% used a condom correctly every time. Peer groups had the highest influence on sexual risk behavior usually after they had been drinking alcohol and then they had sex. In the study sample media sources, such as Internet web sites and VCDs, In relation to the knowledge for either the prevention of sexually transmitted diseases or pregnancy, most respondents did not know the best contraceptive method to use: contraceptive pills, condoms or drugs.

Thongkeaw P.(2007) (57) studied evaluation of knowledge, attitude and behavior of secondary school student in Chumphon province, Thailand according to Ministry of education's guidelines on sexual education. The result showed that most of students (75.3%) had low knowledge about sex and them knew little about contraception, sexuality transmitted disease and HIV infection. Most students (87.1%) agreed that having sex with their girlfriend had less risk of contracting AIDS than sex with commercial sex workers.

Laksitanon R.(2009) (58) studied factors associated with sexual relationship among high school female students in Ratchaburi province. The result showed that significant factors associtated with sexual relationships were the sexual behavior of close friends, receiving sexual information from lover or friends, family relationships, and using the internet to have sex chats with lover.

CHAPTER III
MATERIALS AND METHODS

3.1 Research design

This research is a cross sectional survey research. Data was collected by interviewing adolescent girls aged 15-19 years old who lived in the area of Lad-phroa soi 48 in Bangkok.

3.2 Population and sample

The population of this study were adolescent girls aged 15-19 years old who lived in the area of Lad-phroa soi 48 in Bangkok, and agreed to participate in this study. Data was collected by interviewing adolescent girls by using questionnaires contructed according to the objectives during November 1th 2012 to December 31th 2012.

3.3 Sample size

Sample size calculation

The number of samples was calculated by Danial's formula i.e. (59)

$$n = \frac{P(1-P)(Z)^2}{d^2}$$

n = estimated sample size

z = standard score 95% = 1.96

p = proportion of factor of use of contraceptive method = 75%

e = acceptable error that accept 10%

$$n = \frac{(0.75)(1-0.75)(1.96)^2}{(0.1*0.75)^2}$$

$$= 128.5\ (129)$$

Therefore, the minimum sample size required was 129 adolescent girls. percent of cases added in cases of incomplete or data loss 142 adolescent girls were included in the study.

3.4 Research instrument

The instrument of this research was interviewing using constructed questionnaires. The questionnaire consisted of 2 parts as follow:

Part 1 : general information 22 question included: age, education, occupation, monthly allowance, residence, marital status of parents, father's occupation, father's income, mother's occupation, mother's income,

Part 2 : Knowledge about sexuality of adolescents, these question were revised from the quesionnair as contructed by literature review :

The knowledge consisted of 14 questions, correct answer of each question got 1 point. The total point were 14 . Knowledge about contraception was divided into 3 levels as follows:

- Low (0 – 8 points, <60 %)
- Moderate (9-10 points, 60%-79.9%)
- High (11-14 points, >=80%)

3.5 Validity and reliability test

3.5.1 Content validity

Questionnaire were constructed according to suggestion and recommendation by 3 experts who participated in the validation of the questionnaires.

3.5.2 Reliability

Questionnaires were tested in a pilot study of 30 adolescents, who had the same characteristic in the selected population. The reliability of the measurement of knowledge about contraceptive methods was calculated by using Cronbach alpha coefficient (r) which resulted as follow :

- Knowledge about contraceptive methods = 0.73
- Use of contraceptive methods = 0.76

3.5.3 Data collection

Data were collected by interviewing adolescent girls with constructed questionnaires in Thai language. The steps of data collection were as follow:

3.5.3.1 Submitting the letter the request from the Dean of Faculty of graduate studies to the Directors of the high school to ask for permission for data collection and describe the purpose of this study.

3.5.3.2 Contacting the adolescent aged 15-19 years old who lived in Lad-phroa soi 48,Bangkok province for permission to carry out data collection.

3.5.3.3 Collecting data from the adolescent girls by interviewing constructed questionnaires.

3.5.3.4 Editing and verifying the questionnaires for data analysis

3.6 Data analysis by

The statistics used for data analysis are in this were as follow.

1) Descriptive statistic were frequency : percentage, mean, standard deviation were calculated to describe individual characteristic and other background information of the adolescent girls.

2) Analysis statistic were deviation. Chi-square test, Fisher's exact test and multiple logistic regression were used to test the association between these variables with the significant level at $\alpha = 0.05$

CHAPTER IV
RESULTS

The purpose of this research was to study knowledge, attitude, practice and factor associated with decision of use of contraceptive methods among adolescent girls who lived in an urban community of Bangkok.

The result of this study are present in 4 parts.

I. The general characteristics of the adolescent girls.
II. Analysis of a knowledge, attitude and practices of contraceptive methods
III. Association between characteristics of adolescent and contraceptive methods.
IV. Factor association with contraceptive methods.

Part I: The general characteristics of the adolescent girls and contraceptive methods

Among 153 adolescent interviewed, 92% were single and 139 (90.8%) had boyfriends or husband. 90.8% and had sexual intercourse 92.8%.All of adolescent who had sexual intercourse use contraceptive method respectively

- Adolescent interviewed 153
  - Single 14 (9.2%)
  - Had boyfriends or husbands 139 (90.8%)

Among 139 adolescent who had boyfriend or husband, 129 (92.8%) had sexual intercourse. All adolescent who had sexual intercourse used at least one contraceptive method.

1) Personal characteristics.

1.1 Age

More adolescents who were older (18-19 years old) used OCP (40.4%). On the contrary adolescents who were younger (15-17 years old) used condom and coitus – interruptus (44.5% and 33.3% respectively). The average age of adolescents who used OCP, condom and coitus – interruptus were 17.59, 17.09 and 16.72, respectively (Table 4.1)

1.2 Education.

More of the adolescents who had bachelor degree or more used OCP (61.3%) compared to than adolescents who finished high school or less used condom and coitus – interruptus (46.9% and 32.7% respectively).(Table 4.1)

1.3 Occupation.

Most of the adolescents who were private employee used OCP (44.5%). Adolescents who were housewife or student used condom and coitus – interruptus (45.3% and 34.7%), respectively. (Table 4.1)

1.4 Monthly allowance.

Most adolescents who had higher monthly allowance 15,000 baht / month or more used OCP (58.3%). On the contrary more adolescents who had monthly allowance less than 15,000 baht / month used condom and coitus – interruptus (45.2% and 35.5% respectively). (Table 4.1)

1.5 Residence.

More adolescents who stayed with friends or alone used OCP or condom (40% each), compared to that more adolescents who stay with parents or family used condom and coitus – interruptus (45.5% and 43.2%), respectively. (Table 4.1)

1.6 Marital status of parents

More adolescents who were in family of separated / divorced / dead parents used OCP (38.8%). On the contrary 43.5% and 35.5% of adolescents who were in family which parents lived together used condom and coitus – interruptus, respectively.(Table 4.1)

1.7 Father's occupation.

Most of adolescents whose fathers were employee or state enterprise used OCP (35.8%), compared to 47.1% and 38.2% of adolescents whose fathers were merchant used condom and coitus – interruptus respectively. (Table1)

1.8 Father's income

Most adolescents whose fathers had income less than 15,000 baht / month use OCP (45.6%), compared to 47.2% and 34.7% of adolescents whose fathers had income 15,000 baht / month or more used condom and coitus – interruptus, the mean income of fathers among adolescent who used OCP, condom and coitus – interruptus were 32714.29, 28583.33 and 29870.37 respectively. (Table 4.1).

1.9 Mother's occupation.

Most of adolescents whose mothers were housewife use OCP (40.3%), compared to 46.2% and 38.2% of adolescents whose mothers were employee used condom and coitus – interruptus respectively. (Table 1)

1.10 Mother's income

Most adolescents whose mothers had income less than 15,000 baht / month use OCP(36.6%), compared to 46.6% and 31.0% of adolescents whose mothers had income 15,000 baht / month or more used condom and coitus – interruptus, the mean income of mothers among adolescent who used OCP, condom and coitus – interruptus were 24000.00,21781.25 and 22809.52, respectively. (Table 4.1)

Table 4.1 Characteristic of adolescent and contraceptive methods

Characteristic	Contraceptive methods			
	OCP	**Condom**	**Coitus Interruptus**	**Total**
	n = 39(30.23%)	**n = 54(41.86%)**	**n = 36(27.91%)**	**n= 129**
	No. %	**No. %**	**No. %**	**No. %**
Age				
15-17 yr	16 (22.2)	32 (44.5)	24 (33.3)	72(55.8)
18-19 yr	23 (40.4)	22 (38.6)	12 (21.0)	57(44.2)
Mean(SD)	*17.59(1.45)*	*17.09(1.46)*	*16.72(1.37)*	*17.14(1.46)*
Education				
High school or less	20 (20.4)	46 (46.9)	32(32.7)	98(76.0)
Bachelor or more	19 (61.3)	8 (25.8)	4 (12.9)	31(24.0)
Occupation				
Private employee	24 (44.5)	20 (37.0)	10(18.5)	54(41.9)
Housewife or Student	15 (20.0)	34 (45.3)	26 (34.7)	75(58.1)

Table 4.1 Characteristic of adolescent and contraceptive methods (cont.)

Characteristic	Contraceptive methods			
	OCP	**Condom**	**Coitus Interruptus**	**Total**
	n = 39(30.23%)	**n = 54(41.86%)**	**n = 36(27.91%)**	**n= 129**
	No. %	**No. %**	**No. %**	**No. %**
Monthly allowance(baht/month)				
< 15,000	18 (19.3)	42 (45.2)	33 (35.5)	93(72.1)
>=15,000	21 (58.3)	12 (33.3)	3 (8.3)	36(27.9)
Mean(SD)	*13230.77(11193.19)*	*7750((9496.37)*	*4694.29(6488.49)*	*8584.38(9873.67)*
Residence : Staying with				
Parents or family	5 (11.3)	20 (45.5)	19 (43.2)	44(34.1)
Friends or alone	34 (40.0)	34 (40.0)	17 (20.0)	85(65.9)
Marital status of parents				
Living together	13 (21.0)	27 (43.5)	22 (35.5)	62 (48.1)
Separated/divorced/dead	26 (38.8)	27 (40.3)	14 (20.9)	67 (51.9)
Father's occupation				
Merchant	5 (14.7)	16 (47.1)	13 (38.2)	34(26.4)
Employee or State enterprise	34 (35.8)	38 (40.0)	23 (24.2)	95(73.6)
Father's income (bath/month)				
<15,000	26 (45.6)	20 (35.1)	11 (19.3)	57(44.2)
>= 15,000	13 (18.1)	34 (47.2)	25 (34.7)	72(55.8)
Mean(SD)	*32714.29(14520.16)*	*28583.33(11415.22)*	*29870.37(12523.51)*	*29785.71(12332.94)*

Table 4.1 Characteristic of adolescent and contraceptive methods (cont.)

Characteristic	Contraceptive methods			
	OCP n = 39(30.23%)	Condom n = 54(41.86%)	Coitus Interruptus n = 36(27.91%)	Total n= 129
	No. %	No. %	No. %	No. %
Mother's occupation				
Employee	8 (15.4)	24 (46.2)	20 (38.4)	52(40.3)
Housewife	31(40.3)	30 (39.0)	16 (20.7)	77(59.7)
Mother's income (bath/month)				
<15,000	26 (36.6)	27 (38.0)	18 (25.4)	71(55.0)
>= 15,000	13 (22.4)	27 (46.6)	18 (31.0)	58(45.0)
Mean(SD)	*24000(9742.85)*	*21781.25(10422.48)*	*22809.52(10524.35)*	*22567.16(10199.6)*

Part II : Analysis of a knowledge, attitude and practices of contraceptive methods

1.2 Knowledge about contraceptive methods.

Most of adolescent girls (42.6%) had moderate level of knowledge about contraceptive methods (score 9-10). Most adolescents who had high score of knowledge about contraceptive method used condom (50.0%). On the contrary, most adolescent who had low score of knowledge (score 0-8) used coitus-interruptus (52.2%). Adolescent who had moderate level of knowledge (score >=11) used OCP (45.5%). (Table 4.2)

Table 4.2 Knowledge about contraception and contraceptive methods.

Characteristic	Contraceptive methods			
	OCP	**Condom**	**Coitus**	**Total**
	n = 39(30.23%)	**n = 54(41.86%)**	**Interruptus n = 6(27.91%)**	**n= 129**
	No. %	**No. %**	**No. %**	**No. %**
Low score 0 - 8(<60 %)	5 (11.4)	16 (36.4)	23 (52.2)	44(34.1)
Moderate score9-10(60%-79.9%)	25 (45.5)	23 (41.8)	7 (12.7)	55(42.6)
High score>=11(>=80%)	9 (30.0)	15 (50.0)	6 (20.0)	30(23.3)
Mean(SD)	*9.69(1.4)*	*9.41(1.9)*	*7.97(2.1)*	*9.09(1.9)*

Regarding ; terms of knowledge, adolescents had good knowledge about the use of condom , pill and sterilization. They knew less about IUD, coitus-interruptus and mechanism of condom in preventing pregnancy. (Table 3)

Table 4.3 Knowledge about contraceptive methods.

Knowledge of contraception	Correct No %	Level
1. Contraceptive methods are the methods to prevent pregnancy.	31 (24.0)	L
2. Coitus-interruptus method is the contraceptive method that man ejaculate outside the vagina of women.	76 (58.9)	L
3. Condoms prevent pregnancy by blocking sperms from entering the uterus and fertilizing with women's egg.	6 (12.4)	L
4. Condoms should be worn at a full erection of penis before penetration of the vagina.	126 (97.7)	H
5. Contraceptive pills prevent pregnancy by preventing implantation of egg.	109 (84.5)	H
6. The right time to start the contraceptive pill is during menstruation.	85 (65.6)	M
7. Contraceptive injection can prevent pregnancy for 4 months.	78 (60.5)	M
8. The right time to start the first dose of contraceptive injection is during menstruation.	84 (65.1)	M
9. IUD contraception is effective the next 10 days after insertion.	84 (65.1)	M
10. The right time to insert IUD is during menstruation.	69 (53.1)	L
11. IUD can prevent pregnancy for 5 years.	66 (51.2)	L
12. Female sterilization is the method of removal of the uterus	110 (85.2)	H
13. Implants can prevent pregnancy for 3 years	99 (76.7)	M
14. If you forget to change contraceptive patch in the in the first week of each month, a new patch would immediately applied and other methods of contraception such as a condom should be used for 7 days after new replacement.	97 (76.4)	M

Part III : Association between characteristics of adolescent and contraceptive methods.

When contraceptive methods were divided into 2 group. Group I or modern methods was the use of contraceptive pills. Group II or folk methods were the use of condom and coitus - interruptus. Alls factor were significantly associated with type of contraceptive methods. Adolescents who used modern method were older (18-19 year olds),with higher education (bachelor degree or more),work as private employee, had higher monthly allowance, stayed with friends or alone, whose parents were separate/divorced/dead, that their father were employee or state enterprise while mothers were housewife, both of who had less income, Most adolescent who used modern methods had moderate level of knowledge contraceptive method (45.5%) compare to that most adolescent who used folk methods had low level of knowledge contraceptive method (88.6%) which was significantly different ($p<0.05$)(Table 4.4)

Table 4.4 Association between characteristics of adolescent and contraceptive methods.

Characteristic	Modern method (OCP) n = 39 No. %	Folk method (Condom-Coitus – interruptus) n = 90 No. %	X^2	df	p-value
Age					
15-17 yr	16 (22.2)	56 (77.8)			
18-19 yr	23 (40.4)	34 (59.6)	4.957	1	.026*
Education					
High school or less	20 (20.4)	78 (79.6)			
Bachelor or more	19 (61.3)	12 (38.7)	18.661	1	<.001*
Occupation					
Private employee	24 (44.5)	30 (55.5)			
Housewife or Student	15 (20.0)	60 (80.0)	8.894	1	.003*
Monthly allowance(baht/month)					
< 15,000	18 (19.3)	75 (80.7)			
>=15,000	21 (58.3)	15 (41.7)	18.965	1	<.001*
Residence : Staying with					
Parents or family	5 (11.3)	39 (88.7)			
Rent house	34 (40.0)	51 (60.0)	11.272	1	.001*
Marital status of parents					
Living together	13 (21.0)	49 (79.0)			
Separat/divorced/dead	26 (38.8)	41 (61.2)	4.858	1	.028

*significant $p<0.05$

Table 4.4 Association between characteristics of adolescent and contraceptive methods.(cont)

Characteristic	**Modern method** (OCP) n = 39 **No. %**	**Folk method** Condom-Coitus Interruptus) n= 90 **No. %**	X^2	df	p-value
Father's occupation					
Merchant	5 (14.7)	29 (85.3)			
Employee or State enterprise	34 (35.8)	61 (64.2)	5.277		.022*
Father's income (bath/month)					
<15,000	26 (45.6)	31 (54.4)			
>=15,000	13 (18.1)	59 (81.9)	11.455		.001*
Mother's occupation					
Employee	8 (15.4)	44 (84.6)			
Housewife	31 (40.3)	46 (59.7)	9.106		.003*
Mother's income(baht/month)					
< 15,000	26 (36.6)	45 (63.4)			
>=15,000	13 (22.4)	45 (77.6)	3.054		.081*
Knowledge					
Low (<60 %)	5 (11.4)	39 (88.6)			
Moderate (60%-79.9%)	25 (45.5)	30 (54.5)			
High (>=80 %)	9 (30.0)	21 (70.0)	11.272		.001*

*Significant $p < 0.05$

Part IV : Factors associated with contraceptive methods by logistic regression analysis.

When logistic regression analysis were applied ,only factors of education and monthly allowance of adolescent were significantly associated with type of contraceptive methods used by adolescents. (Table 4.5)

Table 4.5 Significant association between characteristics and type of contraceptive methods by logistic regression analysis

Characteristic	B	S.E.	Wald	Sig.	Exp(B)
Age	.284	.550	.266	.606	1.328
Education	1.498	.610	6.041	.014*	4.474
Occupation	.236	.619	.145	.703	1.266
Monthly allowance (baht / month)	-1.371	.598	5.265	.022*	.254
Residence	-.932	.657	2.014	.156	.394
Marital status of parents	-.310	.783	.156	.693	.734
Father's occupation	.226	.795	.081	.776	1.254
Father's income (baht/month)	1.287	.926	1.934	.164	3.623
Mother's occupation	.909	.791	1.322	.250	2.483
Mother's income (baht/month)	-1.672	.949	3.106	.078	.188
Knowledge	-1.012	.621	2.658	.103	.364
Constant	1.294	1.117	1.342	.247	3.648

Df = 1 , *Statistical significant $p<0.05$

CHAPTER V
DISCUSSION

The discussion of this study will be divided into two parts :

5.1 The discussion of research methodology.

5.2 The discussion of research results.

5.1 Research methodology

5.1.1 Research design

This research was a cross sectional survey research which collected data from adolescent who were the primary sources. This type of study is not difficult to be done with less time consumed. It can estimate magnitude of problems and is the first step for exploring the situation. The data can be used for further case control or cohort for analytic study. Factors which were significantly associated with dependent variable can also be explained by additional hypothesis analysis.

5.1.2 The study population and samples.

Study population were adolescent girls aged 15-19 years old who lived in the area of Lad-phroa soi 48 in Bangkok, and agreed to participate in this study. Data was collected by interviewing adolescent girls by using questionnaires contructed according to the objectives during November 1th 2012 to December 31th 2012. Sample size was calculated by using Daniel's formula. Totally there were 153 adolescent girls in this study which were adequate to answer the research questions and objectives.

5.1.3 Research instrument

The researcher constructed the questionnaires according to the objectives of study. The instrument of this research was used in interviewing adolescent girls.

The questionnaires were constructed and revised from literature review of and related research. The questionnaires consisted of 2 parts as follow:

Part I : General information of adolescent girls which included 11 questions.

Part II : Knowledge about contraceptive methods. These question were contructed according to the guidline of teaching sexuality to adolescents.

5.1.4 Data collection

Data was collected by interviewing adolescent girls. As the information was very personal and confidential, respondents were reassured that their responses would be kept secret without disclosure of their identities.

5.1.5 Data analysis

Descriptive statistics including percentage, mean and standard deviation were used. In addition, descriptive statistics were frequency, percentage, mean and standard deviation. Chi-square test, Fisher's exact test and multiple logistic regression were used to test the association between these variables.

5.2. Discussion of research results

The discussion of results will be presented according to the objectives.

1. The results showed that 90.8% of adolescent girls had boyfriends or husbands. Ninety - two percent of adolescents who had boyfriends or husbands already had sexual intercourse. All of them used at least one contraceptive method.

Levels of reported sexual intercourse by adolescents in the United States decreased during the 1990s for both sexes after increasing for the previous 2 decades. The Centers for Disease Control and Prevention's 2005 Youth Risk Behavior Surveillance Summary indicated that less than half (46.8%, down from 49.9% in 1999) of all high school students reported having had sexual intercourse in their lifetimes, and approximately one third (34.3%, down from 37.5% in 1991 and 36.3% in 1999) of all students reported having sexual intercourse during the 3 months preceding the survey and are considered currently sexually active.(2-3)

Providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners (9). In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity (11). Two school-based studies that demonstrated a delay of onset of sexual intercourse used a comprehensive approach to sexuality education that included a discussion of contraception. (12,13)

Surveys from Thailand have found that a significant minority of unmarried adolescents are sexually active. But nowadays situation has change. More and more unmarried adolescents had sexual experience. Although premarital sex is considered normal behavior for males, particularly with prostitutes, it is not always regarded as such for females. Most Thai youth reported that their first sexual experience, whether within or outside of marriage, was without contraception. The adolescent fertility rate in Thailand is relatively high at 60 per 1000. Twenty five percent of women admitted to hospitals in Thailand for complications of induced abortion are students. The Thai government has undertaken measures to inform the nation's youth about the prevention of sexually transmitted diseases and unplanned pregnancy. (20)

Adolescent contraception is a complex issue for healthcare providers. Because sexual activity often precedes the ability to make responsible sexual decisions, clinicians are encouraged to provide anticipatory guidance to adolescent patients and their families concerning sexual behavior and appropriate contraception methods.

The percentage of adolescents who had already had sexual intercourse is very high in this study compared to previous studies Veerachai S, Phichanan N, Ratchanee L, Benja Y. studied sexual behavior of adolescents in Thailand in 2012 and found that only 13.9% had experience in sexual intercourse (60). The main reasons may be due to site of studies. Most previous studies were done in high or vocational schools where all adolescents were studying. All of them concentrated more on studying and in the provision of teacher and parents. In this study more adolescents were out from their hometown and come to work or study in Bangkok. Many adolescents lived alone or with friends in rented apartments. They were more free on their behavior especially sexual relationships.

2. Contraceptive methods were divided into 2 groups. First was folk method i.e, coitus interuptus, periodic abstinence with or without use of condom. Second was modern method of contraceptive pills. About 70% of adolescent girls used folk methods and 30% used modern method.

Reported contraceptive use by adolescents has increased in recent years. From 1991 to 2005, the percentage of sexually active high school students who reported using a condom the last time they had sexual intercourse increased from 46.2% to 62.8% in 2005. Despite this increase, consistent use of any contraceptive method remains a challenge for most adolescents.

Survey data from male and female adolescents indicate a significant increase in condom use by adolescents during the past 2 decades. Among sexually active adolescent males 17 to 19 years old living in metropolitan areas, reported condom use at last intercourse increased from 21% in 1979 to 58% in 1988(61). Reported condom use at first intercourse among adolescent women 15 to 19 years old increased from 23% in 1982 to 47% in 1988(62). Data from the 1988 and 1995 National Surveys of Adolescent Males indicate that these increases have continued, with reported condom use at last intercourse among 15- to 19-year-olds increasing from 57% in 1988 to 67% in 1995(63). The CDC data indicate increases in reported condom use at last intercourse from 38% to 51% among females and from 56% to 63% among males for those in grades 9 through 12 between 1991 and 1997(64).

In 2003 and 2005, 53 percent of U.S. high school students reported never having had sexual intercourse, up from 46 percent in 1991. (65,66)

Between 1991 and 2005, the percentage of U.S. youth that said they never had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they never had sex, compared to 53 percent in 2003 and 66% in 2005. (65,66)

Abstinence rates also increased between 1991 and 2005 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had never had sex, compared to 54 percent in 2005; among males, the numbers were 43 and 52 percent, respectively. (65,66)

Fifty percent of white students said they never had sex in 1991, compared to 57 percent in 2005; among Latino students, the numbers were 47 and 49 percent,

respectively; among African American students, 19 and 32 percent, respectively. (65,66)

The study in Thailand Veerachai S, Phichanan N, Ratchanee L, Benja Y.(60) studied sexual behavior of adolescents found that 83% of adolescents use contraceptive methods of which 66.4% used condom and 8.3% used OCP. The percentages of use of contraceptive methods indicated that adolescents did not have adequate knowledge about contraception. Education for adolescents should emphasized more on reliable and efficient contraceptive methods. As indicated on moderate level of knowledge about contraceptive methods, education for adolescents should be improved. More well prepared teachers and more appropriate curriculam should be instated.

In contrast to the study in USA, education for adolescents should emphasized less on abstinence or virginity because, in this study, 90% of adolescents had already had boyfriends or husbands and had sexual intercourse.

3. Factor associated with decision to use contraceptive methods. This study showed that, factors which were significantly associated with type of contraceptive methods used($p<0.05$) were age, education, occupation, average monthly allowance, residence, marital status of parents, father's occupation and income, mother's occupation, and knowledge about contraception. When logistic regression analysis was applied, factors which were significantly associated with contraceptive methods were education and average monthly allowance ($p<0.05$).

However, these was no studies on factors associated with decis.sion to use contraceptive methods. Thus comparion to other studies was not available.

This study showed that knowledge were significantly assciated with type of contraceptive methods used. This result was in accordance with the study of Thaibundit C. who studies compared knowledge and attitude towards sex of 500 Muthayom suksa 6 in Bangkok. The finding of this study revealed that the students genereally had little knowledge concerning sexual characteristic of teenagers, solution to sexual problems, conception, venereal disease, and contraceptive (49). And Pongprasert P**.** who investigated the knowledge and attitude toward sex of Mathayom Suksa Six students**.** The result showed that The students' knowledge toward sex was at the"good" level. Students' knowledge was lower than the minimum criteria in the location of

fertilization, the adaptation of criteria and the principles of personal adjustment. Female students' knowledge concerning sex was significantly better than those of male students' at .05 level. The students' attitude toward sex was at the "good"level. Female students' attitude toward sex was significantly better than those of male students' at .05 level. (50)

Adolescent who use modern method were older adolescent (18-19 year olds),with higher education (bachelor degree or more),work as private employee, had higher monthly allowance, stayed with friends or by oneself whose parents were separate/divorced/dead that their father were employee or state enterprise and housewife mothers who had less monthly allowance, Most adolescent who used modern methods had moderate level of knowledge contraceptive method (64.1%) compare to that most adolescent who used folk methods had low level of knowledge contraceptive method (43.3%) which was significantly different ($p<0.001$)

Factors that contribute to lack of contraceptive use or inconsistent use include issues related to adolescent development, such as reluctance to acknowledge one's sexual activity, belief that one is immune from the problems or consequences surrounding sexual intercourse or pregnancy, and denial of the possibility of pregnancy. Other important factors are lack of education and misconceptions regarding use or appropriateness of contraception. However, an adolescent's level of knowledge about how to use contraception effectively does not necessarily correlate with consistent use. Adolescents may not use or may delay use of contraception for several reasons including lack of parental monitoring, fear that their parents will find out, ambivalence, and the perception that birth control is dangerous or causes unwanted adverse effects such as weight gain.(18-20)

In conclusion, almost all adolescent girls in an urban community of Bangkok, had already had sexual intercourse and were using contraceptive methods. Factors which were significantly associated with the decision in using which contraceptive methods were education and average monthly allowance. Adolescent girls should have more sex education, especially about contraception, to change to a more reliable and protective contraceptive method.

CHAPTER VI
CONCLUSION

Sexual relationships among adolescents have become an important public health issue. If these relationships are not planned and no protection is used, they may lead to unplanned pregnancies and sexually transmitted infections which affect not only adolescent health but also the socioeconomic status of the country. This research was a cross-sectional study with the objective to study factors associated with the decision to use contraceptive methods among adolescents in an urban community. The sample was adolescent girls aged 15-19 years old who lived in an urban community of Bangkok. The data were collected by interviewing 153 adolescent girls during 1 November – 31 December 2012 using constructed questionnaires. Descriptive statistics used were frequencies, percentages, means and standard deviations, Chi-square test, Fisher's exact test and multiple logistic regression analysis were used to test the association between these variables with a significance level of $p<0.05$.

The results showed that 92.8% of adolescent girls had ever engaged in sexual intercourse. All of them used contraceptive methods which were divided into 2 groups. First were those who used the folk methods, i.e, coitus interruptus, or periodic abstinence with or without use of condom. Second were those who used the modern method of oral contraceptive pills (OCP). About 70% of adolescent girls used the folk method and 30% used the modern method. Factors which were significantly associated with type of contraceptive methods used($p<0.05$) were age, education, occupation, average monthly allowance, residence, marital status of parents, father's occupation and income, mother's occupation, and knowledge about contraception. Adolescent girls who used the modern method when compared to those who used the folk method, were significantly older, had higher education, better knowledge about contraception, worked as an employee, had more monthly allowance, and lived alone or with friends, Their parents were more likely to be separated or divorced, but had less income and worked as employee (fathers) or housewife (mother). When logistic regression

analysis was applied, factors which were significantly associated with contraceptive methods were education and average monthly allowance ($p<0.05$).

In conclusion, almost all adolescent girls in an urban community of Bangkok, had already had sexual intercourse and were using contraceptive methods. Factors which were significantly associated with the decision in using which contraceptive methods were education and average monthly allowance. Adolescent girls should have more sex education, especially about contraception, to change to a more reliable and protective contraceptive method.

Recommendation for application

1) Education for adolescent girls emphasized more on reliable contraceptive methods but less on virginity.

2) Preparation of adolescent education in terms of teachers and curriculam.

Recommendation for further research

1) Sexual behavior and use of contraceptive methods among adolescents in rural areas.

2) Role of parents on decision to use which contraceptive methods among adolescents in both urban and rural community of Bangkok

3) Knowledge and attitude about contraception of adolescents in both urban and rural community of Bangkok.

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APPENDIX

หนังสือยินยอมโดยได้รับการบอกกล่าวและเต็มใจ

(Informed Consent Form)

ชื่อโครงการ ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่น

ชื่อผู้วิจัย นางสาวประภาศรี เทพฌรงค์ นักศึกษาหลักสูตรวิทยาศาสตรมหาบัณฑิต สาขาการเจริญพันธุ์และวางแผนประชากร คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล

*ชื่อผู้เข้าร่วมการวิจัย .....

อายุ .....เลขที่เวชระเบียน .....

คำยินยอมของผู้เข้าร่วมการวิจัย

ข้าพเจ้า นาย/นาง/นางสาว ..... ได้ทราบรายละเอียดของโครงการวิจัยตลอดจนประโยชน์ และข้อเสี่ยงที่จะเกิดขึ้นต่อข้าพเจ้าจากผู้วิจัยแล้วอย่างชัดเจน ไม่มีสิ่งใดปิดบังซ่อนเร้นและยินยอมให้ทำการวิจัยในโครงการที่มีชื่อข้างต้น และข้าพเจ้ารู้ว่าถ้ามีปัญหาหรือข้อสงสัยเกิดขึ้นข้าพเจ้าสามารถสอบถามผู้วิจัยได้ และข้าพเจ้าสามารถไม่เข้าร่วมโครงการวิจัยนี้เมื่อใดก็ได้ โดยไม่มีผลกระทบต่อการรักษาที่ข้าพเจ้าพึงได้รับ นอกจากนี้ผู้วิจัยจะเก็บข้อมูลเฉพาะเกี่ยวกับตัวข้าพเจ้าเป็นความลับและจะเปิดเผยได้เฉพาะในรูปที่เป็นสรุปผลการวิจัย การเปิดเผยข้อมูลเกี่ยวกับตัวข้าพเจ้าต่อหน่วยงานต่างๆที่เกี่ยวข้อง กระทำได้เฉพาะกรณีจำเป็นด้วยเหตุผลทางวิชาการเท่านั้น

ลงชื่อ.....(ผู้เข้าร่วมการวิจัย)

.....(พยาน)

.....(พยาน)

วันที่ .....

คำอธิบายของแพทย์หรือผู้วิจัย

ข้าพเจ้าได้อธิบายรายละเอียดของโครงการ ตลอดจนประโยชน์ของการวิจัย รวมทั้งข้อเสี่ยงที่อาจจะเกิดขึ้นแก่ผู้เข้าร่วมการวิจัยทราบแล้วอย่างชัดเจนโดยไม่มีสิ่งใดปิดบังซ่อนเร้น

ลงชื่อ.....(แพทย์หรือผู้วิจัย)

วันที่.....

หนังสือยินยอมโดยได้รับการบอกกล่าวและเต็มใจ

สำหรับผู้เข้าร่วมการวิจัยที่ไม่สามารถแสดงความยินยอมได้ด้วยตนเอง

ชื่อโครงการ ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่น

ชื่อผู้วิจัย นางสาวประภาศรี เทพณรงค์ นักศึกษาหลักสูตรวิทยาศาสตรมหาบัณฑิต สาขาการเจริญพันธุ์และวางแผนประชากร คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล

*ชื่อผู้เข้าร่วมการวิจัย .....

อายุ .....เลขที่เวชระเบียน .....

คำยินยอมของผู้มีอำนาจกระทำการแทนผู้เข้าร่วมการวิจัย

ข้าพเจ้า นาย/นาง/นางสาว .....ซึ่งเป็นผู้มีอำนาจกระทำการแทนนาย/นาง/นางสาว/ด.ช./ดญ. .....

ในฐานะ .....ได้ทราบรายละเอียดของโครงการการวิจัย ตลอดจนประโยชน์ และข้อเสี่ยงที่จะเกิดขึ้นต่อผู้เข้าร่วมการวิจัยจากผู้วิจัยแล้วอย่างชัดเจนไม่สิ่งใดปิดบังซ่อนเร้นและยินยอมให้ทำการวิจัยในโครงการที่มีชื่อข้างต้นและข้าพเจ้ารู้ว่าถ้ามีปัญหาหรือข้อสงสัยเกิดขึ้นข้าพเจ้าสามารถสอบถามผู้วิจัยได้ และข้าพเจ้าสามารถไม่ให้ผู้เข้าร่วมการวิจัยเข้าร่วมโครงการวิจัยนี้เมื่อใดก็ได้ โดยไม่มีผลกระทบต่อการรักษาที่ผู้เข้าร่วมการวิจัยได้รับ นอกจากนี้ผู้วิจัยจะเก็บข้อมูลเฉพาะเกี่ยวกับตัวผู้เข้าร่วมการวิจัยเป็นความลับและจะเปิดเผยได้เฉพาะในรูปที่เป็นสรุปผลการวิจัย การเปิดเผยข้อมูลเกี่ยวกับตัวผู้เข้าร่วมการวิจัยต่อหน่วยงานต่างๆที่เกี่ยวข้อง กระทำได้เฉพาะกรณีจำเป็นด้วยเหตุผลทางวิชาการเท่านั้น

ลงชื่อ.....(ผู้มีอำนาจกระทำการแทน)

.....(พยาน)

.....(พยาน)

วันที่ .....

คำอธิบายของแพทย์หรือผู้ทำวิจัย

ข้าพเจ้าได้อธิบายรายละเอียดของโครงการ ตลอดจนประโยชน์ของการวิจัย รวมทั้งข้อเสี่ยงที่อาจจะเกิดขึ้นแก่ผู้เข้าร่วมการวิจัยให้ผู้มีอำนาจกระทำการแทนทราบแล้วอย่างชัดเจนโดยไม่มีสิ่งใดปิดบังซ่อนเร้น

ลงชื่อ……(แพทย์หรือผู้วิจัย)

วันที่…….....……

---

* ผู้เข้าร่วมการวิจัย หมายถึง ผู้ยินยอมตนให้ทำวิจัย

เอกสารชี้แจงข้อมูล/คำแนะนำแก่ผู้เข้าร่วมการวิจัย

(Patient/Participant Information Sheet)

ชื่อโครงการ ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่นในชุมชนเมืองกรุงเทพมหานคร

ชื่อผู้วิจัย

นางสาวประภาศรี เทพณรงค์

ผู้ร่วมวิจัย

รองศาสตราจารย์นายแพทย์สัญญา ภัทราชัย

อาจารย์วิริยะ พัฒนาวิศิษฐ์

สถานที่วิจัย ชุมชนลาดพร้าว ซอยลาดพร้าว48 กรุงเทพมหานคร

บุคคลและวิธีการติดต่อเมื่อมีเหตุฉุกเฉินหรือความผิดปกติที่เกี่ยวข้องกับการวิจัย

รองศาสตราจารย์นายแพทย์สัญญา ภัทราชัย

ความเกี่ยวข้อง เป็นอาจารย์ที่ปรึกษา

เบอร์โทรศัพท์ 086-966-8428

นางสาวประภาศรี เทพณรงค์ เบอร์โทรศัพท์ 083-448-3770

ผู้สนับสนุนการวิจัย -

ชุดที่.....

<u>คำชี้แจงเพื่ออธิบายแก่ผู้เข้าร่วมวิจัย</u>

เรื่อง ชี้แจงแก่ผู้เข้าร่วมวิจัย

เรียน ท่านผู้ตอบแบบสอบถามทุกท่าน

ด้วยดิฉัน นางสาวประภาศรี เทพณรงค์นักศึกษาปริญญาโท หลักสูตร สาขาการเจริญพันธุ์และวางแผนประชากร คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล ได้ทำการศึกษาวิจัย เรื่อง ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่นในชุมชนเมืองกรุงเทพมหานคร ซึ่งมีจุดมุ่งหมายเพื่อ ศึกษาเกี่ยวกับความรู้ ทัศนคติ การใช้วิธีการคุมกำเนิดของสตรีวัยรุ่น และปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่น เพื่อเป็นแนวทางนำไปใช้พัฒนา ปรับปรุงการให้ความรู้เกี่ยวกับการคุมกำเนิดของวัยรุ่นเพื่อให้มีประสิทธิภาพมากยิ่งขึ้นต่อไป

หากท่านยินดีเข้าร่วมการวิจัย กรุณาเสียสละเวลาตอบแบบสอบถาม โดยขอให้ท่านตอบตามความเป็นจริงให้ครบทุกข้อ การเก็บรักษาข้อมูลส่วนตัวของผู้เข้าร่วมวิจัยเป็นความลับโดยการไม่เปิดเผยชื่อและไม่มีการระบุชื่อของผู้ตอบแบบสอบถามทุกราย หากท่านไม่ยินดีเข้าร่วมการวิจัยท่านสามารถปฏิเสธการตอบแบบสอบถามได้ หรือหากท่านตัดสินใจเข้าร่วมการวิจัยในครั้งนี้แล้วท่านสามารถขอยุติการเข้าร่วมการวิจัยเมื่อใดก็ได้เท่าที่ท่านต้องการ

ผู้วิจัยหวังเป็นอย่างยิ่งว่าจะได้รับความร่วมมือจากท่านเป็นอย่างดี และขอขอบคุณมา ณ โอกาสนี้ ถ้าท่านมีข้อข้องใจหรือมีความกังวลใจ เกี่ยวกับวิธีการดำเนินการวิจัยในครั้งนี้ ท่านสามารถติดต่อสอบถามได้ที่ นางสาวประภาศรี เทพณรงค์ผู้ดำเนินการวิจัย โทรศัพท์ 083-4483770 หรือ ประธานกรรมการจริยธรรมการวิจัยในคน ชั้น 3 สำนักงานวิจัยคณะฯ อาคารวิจัยและสวัสดิการ คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี โทรศัพท์ 02-2011544 ในเวลาราชการ

นางสาวประภาศรี เทพณรงค์
นักศึกษาปริญญาโท หลักสูตร วิทยาศาสตร์มหาบัณฑิต
สาขาการเจริญพันธุ์และวางแผนประชากร
คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล

แบบสอบถาม

เรื่อง ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่นในชุมชนเมืองกรุงเทพมหานคร

1. แบบสอบถามชุดนี้แบ่งออกเป็น 2 ส่วนดังนี้

   ส่วนที่ 1 เป็นแบบสอบถามข้อมูลทั่วไปเกี่ยวกับลักษณะส่วนบุคคลของผู้ตอบแบบสอบถาม

   ส่วนที่ 2 เป็นแบบสอบถามความรู้เรื่องการคุมกำเนิด

2. การวิจัยครั้งนี้ เป็นการทำวิทยานิพนธ์ของนักศึกษาปริญญาโท สาขาการเจริญพันธุ์และวางแผนประชากร คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล คำตอบที่ได้จะเก็บเป็นความลับ และไม่เป็นผลเสียต่อคุณประการใด(คุณไม่ต้องเขียนชื่อ-นามสกุลในแบบสอบถาม) ข้อมูลที่รวบรวมได้จะนำไปใช้เพื่อพัฒนา ปรับปรุงการให้ความรู้เกี่ยวกับการคุมกำเนิดของวัยรุ่นเพื่อให้มีประสิทธิภาพมากยิ่งขึ้นต่อไป
3. ให้คุณ อ่านคำชี้แจ้งของแต่ละตอนก่อนลงมือทำ และกรุณาตอบคำถามทุกข้อตามความเป็นจริง เพราะถ้าคำตอบไม่ครบทุกข้อจะทำให้แบบสอบถามชุดนี้ไม่สามารถวิเคราะห์ผลการวิจัยได้

ขอขอบคุณทุกท่านที่ให้ความร่วมมือ

นางสาวประภาศรี เทพณรงค์
นักศึกษาปริญญาโท สาขาการเจริญพันธุ์และวางแผนประชากร
คณะแพทยศาสตร์ โรงพยาบาลรามาธิบดี

แบบสอบถาม

เรื่อง ปัจจัยที่มีความสัมพันธ์กับการเลือกใช้วิธีการคุมกำเนิดในกลุ่มสตรีวัยรุ่นในชุมชนเมืองกรุงเทพมหานคร

คำแนะนำในการกรอกแบบสอบถาม

โปรดใส่เครื่องหมาย ลงใน ( ) หน้าข้อความที่ผู้ถูกสัมภาษณ์ตอบเพียงข้อเดียว ยกเว้นในกรณีที่ระบุเป็นอย่างอื่น และ / หรือเติมคำลงในช่องว่างให้ชัดเจน

ส่วนที่ 1 ข้อมูลทางด้านประชากร

1. ท่านเกิดวันที่..... เดือน..... พ.ศ.....
2. ท่านจบการศึกษาชั้นสูงสุดอะไร
   ( ) ไม่ได้เรียน
   ( ) เรียนจบชั้น ระบุ.....
   ( ) กำลังศึกษาอยู่ชั้น ( ) 1. มัธยมศึกษาตอนปลาย
   ( ) 2. อาชีวศึกษา.....
   ( ) 3. ปริญญาตรี
   ( ) 4.การศึกษานอกโรงเรียน ชั้น.....
3. ปัจจุบันท่านมีอาชีพอะไร
   ( ) 1. ค้าขาย ( ) 2. แม่บ้าน
   ( ) 3. รับจ้าง (ระบุ).....
   ( ) 4. รัฐวิสาหกิจ
   ( ) 5. ไม่ได้ทำงาน
   ( ) 6. อื่นๆ (ระบุ)……..
4. ท่านมีรายได้หรือไม่
   ( ) 1.มีรายได้ ประมาณ..... บาท / เดือน
   ( ) 2.ไม่มีรายได้
5. (กรณีไม่มีรายได้) ท่านอาศัยรายได้ใคร
   ( ) 2.1 สามี
   ( ) 2.2 พ่อ-แม่
   ( ) 2.3 ญาติ / คนรู้จัก

6. ลักษณะที่อยู่อาศัย

( ) 1. บ้านพ่อแม่ / ญาติ

( ) 2. บ้านแฟน

( ) 3. บ้านเพื่อน

( ) 4. บ้านเช่า / หอพัก

( ) 5. อื่นๆ (ระบุ)…….

(กรณีอาศัยอยู่กับสามี)

7. สามีมีอาชีพอะไร รายได้

( ) 1. ค้าขาย

( ) 2. รับจ้าง (ระบุ).....

( ) 3. รัฐวิสาหกิจ

( ) 4. อื่นๆ (ระบุ).....

รายได้ของสามี ..... บาท / เดือน

(กรณีอาศัยอยู่กับพ่อ-แม่)

8. สถานภาพของพ่อแม่

( ) 1. อยู่ด้วยกัน

( ) 2. หย่า / แยกกันอยู่

( ) 3. พ่อ / แม่เสียชีวิต

( ) 4. พ่อและแม่เสียชีวิตหมด

9. รายได้ของพ่อแม่

- พ่อมีอาชีพ

( ) 1. ค้าขาย

( ) 2. รับจ้าง (ระบุ).....

( ) 3. รัฐวิสาหกิจ

( ) 4. อื่นๆ (ระบุ).....

รายได้..... บาท / เดือน

- แม่มีอาชีพ

( ) 1. ค้าขาย

( ) 2. รับจ้าง (ระบุ).....

( ) 3. รัฐวิสาหกิจ

( ) 4. อื่นๆ (ระบุ).....

รายได้..... บาท / เดือน

10. ท่านมีเพื่อนผู้ชายที่สนิทมากหรือยัง

( ) 1. ยังไม่มี (ข้ามไปข้อ 23) ( ) 2. มีแล้ว

11. กรณีมีเพื่อนผู้ชายที่สนิทมาก เป็นคนแรกใช่หรือไม่

( ) 1. ช่ ( ) 2. ไม่ใช่ เป็นคนที่.....

12. ท่านเคยมีเพศสัมพันธ์กับเพื่อนผู้ชายที่สนิทมากหรือไม่

( ) 1. ไม่เคยมีเพศสัมพันธ์ (ข้ามไปข้อ 23)

( ) 2. เคยมีเพศสัมพันธ์ กับเพื่อนผู้ชายที่สนิทมาก.....คน

13. แฟนท่านจบการศึกษาชั้นสูงสุดอะไร

( ) ไม่ได้เรียน

( ) เรียนจบชั้น ระบุ.....

( ) กำลังศึกษาอยู่ชั้น ( ) 1. มัธยมศึกษาตอนปลาย

( ) 2. อาชีวศึกษา.....

( ) 3. ปริญญาตรี

( ) 4.การศึกษานอกโรงเรียน ชั้น.....

14. ปัจจุบันแฟนท่านมีอาชีพอะไร

( ) 1. ค้าขาย ( ) 2. แม่บ้าน

( ) 3. รับจ้าง (ระบุ).....

( ) 4. รัฐวิสาหกิจ

( ) 5. ไม่ได้ทำงาน

( ) 6. อื่นๆ (ระบุ)

15. แฟนท่านมีรายได้หรือไม่

( ) 1.มีรายได้ ประมาณ..... บาท / เดือน

( ) 2.ไม่มีรายได้

16. (กรณีไม่มีรายได้) แฟนท่านอาศัยรายได้ใคร

( ) 2.1 พ่อ-แม่

( ) 2.2 ญาติ / คนรู้จัก

(กรณีแฟนท่านอาศัยอยู่กับพ่อ-แม่)

17. สถานภาพของพ่อแม่แฟนท่าน

( ) 1. อยู่ด้วยกัน

( ) 2. หย่า / แยกกันอยู่

( ) 3. พ่อ / แม่เสียชีวิต

( ) 4. พ่อและแม่เสียชีวิตหมด

18. รายได้ของพ่อแม่แฟนท่าน

- พ่อมีอาชีพ

( ) 1. ค้าขาย

( ) 2. รับจ้าง (ระบุ).....

( ) 3. รัฐวิสาหกิจ

( ) 4. อื่นๆ (ระบุ).....

รายได้..... บาท / เดือน

- แม่มีอาชีพ

( ) 1. ค้าขาย

( ) 2. รับจ้าง (ระบุ).....

( ) 3. รัฐวิสาหกิจ

( ) 4. อื่นๆ (ระบุ).....

รายได้..... บาท / เดือน

19. หากท่านเคยมีเพศสัมพันธ์ ท่านคุมกำเนิดหรือไม่

( ) 1. ไม่คุมกำเนิด

( ) 2. คุมกำเนิด โดยวิธี ( ) 1. การนับระยะปลอดภัย ( ) 2. วิธีหลั่งภายนอก

( ) 3. ถุงยางอนามัย ( ) 4. ยาเม็ดคุมกำเนิด

( ) 5. ยาฉีดคุมกำเนิด ( ) 6.ยาฝังคุมกำเนิด

( ) 7. ห่วงอนามัยคุมกำเนิด ( ) 8. แผ่นแปะคุมกำเนิด

( ) 9. การทำหมัน

ท่านใช้วิธีใดบ่อยที่สุด.....

20. ในอนาคตท่านคิดว่าจะแต่งงานเมื่อไร

( ) 1.ไม่คิด

( ) 2. แต่งงานทันที

( ) 3.แต่งงานหลังเรียนจบ

( ) 4. แต่งงานหลังมีงานทำเป็นแหล่ง

( ) 5. เมื่อไหร่ก็ได้ตามแฟน

21. ท่านรู้จักวิธีการคุมกำเนิด อะไรบ้าง

วิธีการคุมกำเนิด	รู้จักและใช้เป็น	รู้จักและใช้ไม่เป็น	ไม่รู้จักและใช้ไม่เป็น
1. การนับระยะปลอดภัย			
2. วิธีหลั่งภายนอก			
3. ถุงยางอนามัย			
4. ยาเม็ดคุมกำเนิด			
5.ยาฉีดคุมกำเนิด			
6. ยาฝังคุมกำเนิด			
7. ห่วงอนามัย			
8. แผ่นแปะคุมกำเนิด			
9. การทำหมัน			

22. ท่านได้เรียนรู้เกี่ยวกับวิธีการคุมกำเนิดจากที่ใด

( ) 1 .โรงเรียน ( ) 2. พ่อแม่ ( ) 3. เพื่อน

( ) 4. เจ้าหน้าที่สาธารณสุข ( ) 5. อินเทอร์เน็ต

ส่วนที่ 2 เป็นแบบสอบถามความรู้เรื่องการคุมกำเนิด

คำชี้แจง กรุณาทำเครื่องหมาย ลงใน ช่องคำตอบตามความคิดเห็นของท่าน

ความรู้เรื่องการคุมกำเนิด	ถูกต้อง	ไม่ถูกต้อง
23. การคุมกำเนิดด้วยวิธีนับระยะปลอดภัย คือ การงดร่วมเพศในช่วงเวลาที่มีไข่ตก		
24. การคุมกำเนิดโดยวิธีหลั่งภายนอก คือ การที่ฝ่ายชายหลั่งอสุจิที่ปากช่องคลอดของสตรี		
25. ถุงยางอนามัยป้องกันการตั้งครรภ์ได้โดย ปิดกั้นและทำลายตัวอสุจิไม่ให้เข้าไปผสมกับไข่ของสตรี		
26. ถุงยางอนามัยควรสวมขณะที่อวัยวะเพศชายแข็งตัวเต็มที่ก่อนสอดใส่ในช่องคลอด		
27. ยาเม็ดคุมกำเนิดป้องกันการตั้งครรภ์ได้โดย ระงับการฝังตัวของไข่ที่ถูกผสม		
28. เวลาที่เหมาะสมในการเริ่มต้นกินยาเม็ดคุมกำเนิดในแผงแรกคือขณะเป็นประจำเดือน		
29. ยาฉีดคุมกำเนิดเข็มหนึ่งสามารถป้องกันการตั้งครรภ์ได้นาน 4 เดือน		
30. เวลาที่เหมาะสมในการเริ่มต้นฉีดยาคุมกำเนิดเข็มแรก คือ ขณะเป็นประจำเดือน		
31. เมื่อใส่ห่วงอนามัยแล้ว ห่วงอนามัยจะอออกฤทธิ์ป้องกันการตั้งครรภ์ได้หลังใส่ห่วง 10 วัน		
32. เวลาที่เหมาะสมในการใส่ห่วงอนามัยคือขณะมีประจำเดือน		
33. เมื่อใส่ห่วงอนามัยแล้ว ห่วงอนามัยสามารถป้องกันการตั้งครรภ์ได้นาน 5 ปี		
34. การทำหมันหญิง คือ การตัดมดลูกทิ้ง		
36. ยาฝังคุมกำเนิดชนิด 1 หลอดสามารถคุมกำเนิดได้ 3 ปี		
37. กรณีลืมเปลี่ยนแผ่นยาในสัปดาห์แรกของรอบเดือน ให้แปะยาแผ่นใหม่ทันทีที่นึกขึ้น ได้ วันเปลี่ยนแผ่นยาจะเปลี่ยนใหม่จะเป็นวันใหม่นี้แทน และต้องคุมกำเนิดด้วยวิธีอื่น ด้วย เช่น สวมถุงยางอนามัยใน 7 วันแรก		

38. ปัจจุบันขณะนี้ท่านคุมกำเนิดโดยวิธี

( ) 1. การนับระยะปลอดภัย ( ) 2. วิธีหลั่งภายนอก ( ) 3. ถุงยางอนามัย

( ) 4. ยาเม็ดคุมกำเนิด ( ) 5.ยาฉีดคุมกำเนิด ( ) 6. ยาฝังคุมกำเนิด

( ) 7. ห่วงอนามัย ( ) 8. แผ่นแปะคุมกำเนิด ( ) 9. การทำหมัน

( ) 10.อื่นๆ ระบุ.....

39. จากข้อ 38 เหตุผลที่ท่านเลือกวิธีการคุมกำเนิดวิธีดังกล่าว

( ) 1. สะดวก หาง่าย ( ) 2. ราคาถูก ( ) 3.ใช้ง่าย

( ) 4. ประสิทธิภาพดี ( ) 5. ไม่มีภาวะแทรกซ้อน ( ) 6. รักษาสิวได้

( ) 7. อื่น ๆ ระบุ……..

40. จากข้อ 37 วิธีการคุมกำเนิดดังกล่าวใครเป็นผู้ตัดสินใจ

( ) 1. ตัวท่านเอง ( ) 2. แฟนของท่าน ( ) 3. ร่วมกันตัดสินใจ

41. ท่านเคยซื้อหาเครื่องมือ / อุปกรณ์สำหรับการคุมกำเนิดจากแหล่งบ้าง

( ) 1. โรงพยาบาล ( ) 2. ร้านขายยา ( ) 3. ร้านสะดวกซื้อ

( ) 4. คลินิคเอกชน ( ) 5. อื่น ๆ ระบุ……

BIOGRAPHY

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