

Differences of Sexual Behavior Predictors between Sexually Active and Nonactive Female Adolescents in Congested Communities, Bangkok Metropolis

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Objective: To test the differences among the predictors between sexually active and non-active female adolescents.

Study Design: Descriptive research.

Material and Method: The participants included 581 Thai female adolescents: 262 sexually non-active and 319 sexually active (average age = 19.7 years). They completed questionnaires measuring self-discrepancy, depression, power in relationships (decision making dominance and relationship control), sexual self-efficacy (ability to say no, assertiveness, precaution), cognitive strategies (gain thinking: relationship, development, curiosity; punishment avoidance thinking: negative consequence, ethical-related, fear-related), and sexual behavior. The t-test and the Hierarchical Regression were employed for data analyses.

Results: Among the sexually active, 68.8% had vaginal or anal sexual intercourse (11.7%) without using a condom. Significant enabling predictors among the sexually active included sexual self-efficacy (precaution), and gain thinking (relationship), whereas punishment avoidance thinking (negative consequence) had a negative influence: it accounted about 11.0%. Among sexually non-active, alcohol consumption, power in a relationship (decision making dominance), and gain thinking (relationship) accounted for 26.9% of the variance in explaining sexual behavior.

Conclusion: A specific link between sexual self-efficacy and cognitive strategies will be drawn to develop a program for the sexually active. Implications for behavioral modification addressing alcohol drinking and power in a relationship should be discussed among the sexually non-active.

Keywords: Sexual self-efficacy, Cognitive strategies, Power in relationship, Sexual behavior, Depression, Congested communities

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Sexually transmitted infections (STIs), especially HIV, are growing in prevalence in Thailand. In 1997, about 22 per 100,000 Thai people were infected with HIV, this number increased to 43 per 100,000 in 2004⁽¹⁾. Women became the largest group of carriers with the highest number being in the 30-39 year age group⁽¹⁾. The prevalence of STIs is related to an increase

in risky sexual behaviors. A particularly vulnerable group is female adolescents. Although some researchers have examined variables related to sexual behaviors among young adult males in Thailand⁽²⁾, very little is known about sexual behaviors of female adolescents. In addition, a number of studies are limited to women in a school setting while neglecting those adolescents in congested areas who are more vulnerable to health risks.

One possible factor is conflicts concerning behavior choices. On the one hand, there is growing pressure on young Thai women to engage in sexual

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behaviors⁽³⁾ deriving primarily from the convergence of a number of social and economic forces. On the other hand, there are still many viable and traditional messages about the ideal and responsible young woman in the culture⁽⁴⁾. One theory that is particularly relevant to situations in which people experience conflicts between their actual behaviors and their own or others expectations of them is the self-discrepancy theory⁽⁵⁾. Conflicts or discrepancies between actual and ideal self are thought to result in depression⁽⁵⁾. There is some evidence to suggest that persons who experience negative effects from such conflicts are more likely to engage in risky sexual behaviors, including inconsistent condom use and having earlier sexual intercourse than permitted by traditional controls⁽⁶⁾.

One explanation for the link between depression and risk-taking is the less effective choice of cognitive strategies. There is some evidence to suggest that people who are under the influence of negative affect process information often act less effectively than other people⁽⁷⁾. Evidence suggests that persons experiencing a depressed affect consider the desirability of possible outcomes and choose on the basis of maximum possible gain or benefit to self, regardless of the size of reward⁽⁸⁾.

Together, individual factors (self-discrepancy, negative emotion, and cognitive strategies) are taken somewhat into account by adolescents considering sexual behaviors. However, an individual behavioral pattern is malleable even without an involvement of societal and cultural factors. Understanding patterns and mechanisms of power in sexual relationships could untangle the process underlying sexual decision making. In Thai society, male dominance and the double standard are considered acceptable, resulting in sexual inequality. This climate would shape the thought processes and behaviors of both male and female adolescents through their perceptions of the degree of ability to perform that behavior. Thus self-efficacy mediates the relationships between self-perception and behaviors.

The ideas presented thus far indicate that self-discrepancies can be associated with a chain of emotions, power in relationships, perceptions and cognitions which are mediated by self-efficacy and that lead to various sexual behaviors. The purpose of the present study was to test predictor differences between sexually active and nonactive Thai female adolescents that includes the contributions of self-discrepancies, negative emotions, cognitive strategies, power in sexual relationships, and sexual self-efficacy to sexual behaviors.

Materials and Method

This was a descriptive research. The data were collected in 17 congested communities in Bangkok metropolis, both inbound and outbound locations by stratified random sampling. In order to achieve predictive model testing, a minimum requirement of the 10 to 1 ratio as recommended by Tabachnik and Fidell⁽⁹⁾ was used, expecting a total sample of 500 female adolescents. Five hundred eighty one female adolescents aged between 15 and 24 were recruited (about 30 from each community).

Instruments

Personal information included 13 items measuring the participants' age, religious affiliation, living arrangements, academic standing, and lifestyles.

The Young Adult Self-discrepancy Questionnaire contained 23 statements (e.g., my physical appearance and my reliability/trustworthiness) on which the participants had to compare their actual self to their ideal self from their most significant other's view (AISO) on a 4 point Likert scale from 0 (Not at all different) to 3 (Extremely different). The possible range of scores was 0-69 with higher scores indicating greater self-discrepancy. In the present study, the internal consistency was .93.

The Center for Epidemiologic Studies Depression Scale is a standardized self-report questionnaire, measuring symptoms associated with depression⁽¹⁰⁾. The participants were asked to rate how many times in the past week they experienced each symptom on a 4-point scale from 0 (Rarely or None of the time) to 3 (Most of the time). The possible range of scores is 0 to 60 with higher scores indicating more depression. In the present study, the internal consistency was .89.

The Cognitive Strategies Questionnaire includes 24 reasons for sexual behaviors. Thirteen reasons relate to gain thinking (GT) (i.e., relational GT, developmental GT, curious GT) and eleven reasons relate to punishment avoidance thinking (PAT) (i.e., negative consequence PAT, ethical-related PAT, fear-related PAT). To assess use of each type of cognitive strategy, the participants were asked to rate the extent to which each reason applied to a sexual encounter they had described (0 = Does not apply at all to 5 = Completely applies to me). The possible range of scores is 0 to 65 for GT and 0 to 55 for PAT. To obtain a total score, individual items in each type of cognitive strategies were summed up, with a higher score reflecting a greater employing of that type. The alpha coefficient for each was > .70.

Power in Sexual Relationships⁽¹¹⁾ includes 23 items: Fifteen items related to relationships control and eight items relate to decision-making dominance. To assess use of relationships control in sexual relationships, the participants were asked to rate the extent to which they agreed with each item (1 = Strongly agree 4 = Strongly disagree). For relationships control, a total score was obtained by summing up the individual items; thus the scores ranged from 15 to 60, with higher scores indicating a higher likelihood of employing relationships control. For decision-making dominance, the participants were asked to indicate who made a decision in each sexual situation, whether her partner (1), both of them (2) or herself (2). Scores range from 8 to 24, with higher scores reflecting greater dominance in sexual decision making. Computation of a total score was performed following Pulerwitz's guideline. The possible range of scores is 0-4 with higher scores indicating greater power in sexual relationships. The internal consistency (Cronbach's alpha) was .74 and .68, respectively.

The sexual self-efficacy includes 20 activities related to sexual relationships. Fourteen items relate to ability to say no and assertiveness. The other six items relate to ability to take precautions. To assess sexual self-efficacy, the participants were asked to indicate whether or not they could perform each activity. For those activities they could do, they were asked to rate their degree of confidence in their ability to do so on a four-point scale from 1 (very uncertain) to 4 (absolutely certain). For each subscale, a total score was obtained by summing up the individual items; thus, the scores ranged from 0 to 28 for saying no on an assertiveness subscale and from 0-20 for a precaution-taking subscale, with higher scores indicating a higher sexual self-efficacy. The internal consistency of total scale was > .70.

Sexual activities were measured by using closed-ended questions about seventeen activities possibly or probably leading to sexual intercourse⁽¹²⁾. A score on the inventory is determined by the riskiest behavior reported from 1 (going steady through closed mouth kissing) to 8 (having vaginal and anal sex without a condom), with higher scores indicating a higher risk for STI infection. In order to classify individuals into groups, persons who had every activity that did not involve risk of STI transmission were placed in the non-active group, whereas others who engaged in sexual activities were classified as sexually active.

Data collection

After receiving an approval from the institu-

tional review board, the primary investigator (PI) met health volunteers in each community in order to summarize the purposes, requirements, and benefits of the present study, while emphasizing its anonymous nature. Community health volunteers distributed information about the present research and made arrangements for the participants' interviews.

Depending on their availability, the participants completed the questionnaires in groups of 8-10. They were dispersed throughout a health center to ensure privacy for each one. The purposes of the present study were summarized and the anonymity of the data was emphasized. After that, a packet of questionnaires was distributed; a cover letter was placed on the top of the packet. Completion and return of the questionnaire was considered consent.

Data analyses

Baseline characteristics were computed for the sample as a whole as well as subgroups according to risk (i.e., sexually active, sexually nonactive). In addition mean differences in predictors were tested by independent t-test. To examine predictive sexual behaviors model, two hierarchical regression analyses were conducted.

Results

Sample characteristics

Table 1 provides a description of a sample of the 581 female adolescents, stratified by sexual activities. Overall, the sample was balanced in regard to religious and education level. Most of them were Buddhists and had completed secondary school. Average age of sexually nonactive and active were 18.7 (SD = 2.9) and 20.5 (SD = 2.9) respectively. Most of them lived with either father or mother. Among the sexually active, 18.9% lived with both father and mother. Among the sexually non-active there was income sufficiency of 70.2% which was more than those sexually active (46.0%). Both groups were different with regard to lifestyles. The sexually active smoked, drank alcohol, and were more often drug addicted than those who were non-active ($p < .05$). Most of the participants had experienced sexual activities with at least one activity approaching to sexual intercourse. More than half of sexually nonactive had experienced sexual foreplay: 61.5% experienced going steady and closed mouth kissing and 10.8% had had open mouth kissing. On the other hand, 78.1% of the sexually active had vaginal and anal sexual intercourse without a condom, while 8.8% had oral sex without a condom.

Table 1. Characteristics of demographics, lifestyles and sexual behavior of female adolescents

Variables	Sexually active (n = 319) (%)	Sexually nonactive (n = 262) (%)
Demographics		
Age (years) (\bar{x} , SD)	20.5 (2.7)	18.7 (2.9)
15-17	18.2	40.8
18-20	27.3	29.4
21-22	18.8	17.9
23-24	35.7	11.8
Religious affiliation		
Buddhist	97.5	87.7
Other (e.g., Christian, Muslim)	2.5	12.3
Education level***		
Primary	26.7	13.4
Secondary	46.2	46.9
Vocational and Bachelor	27.0	39.7
Living arrangement***		
Either father or mother or relatives	42.3	48.1
Boyfriend	38.8	7.6
Father and mother	18.9	43.5
Income (Baht)*** (\bar{x} , SD)	4383.86 (2506.8)	3629.1 (2081.9)
< 2,000	19.1	27.4
2,001-4,000	32.3	39.6
4,001-6,000	32.6	23.5
6,001-8,000	9.0	7.4
> 8,001	6.9	2.2
Income sufficiency		
No	54.0	28.2
Yes	46.0	70.2
Lifestyles		
Smoking***		
No	66.0	93.1
Yes	34.0	6.9
Alcohol consumption***		
No	27.9	58.7
Yes	72.1	41.3
Drug addict		
No	89.4	99.2
Yes	10.6	0.8
Sexual behavior		
Go steady, Closed mouth kissing	-	61.5
Touch above waist with cloth	-	19.0
Touch below waist with cloth	-	1.3
Open mouth kissing	-	10.8
Touch below waist without cloth, Giving oral sex with condom	0.6	7.4
Vaginal or anal sex with condom	12.5	-
Giving oral sex without condom	8.8	-
Vaginal or anal sex without condom	78.1	-

Sexual behaviors model**Group differences deriving from the predictors**

Results of group comparisons by sexual behaviors on the predictors of interest are presented in

Table 2. The sexually active group reported both an older age average with of 20.5 years and a higher income (\bar{x} = 4383.8, SD = 2506.8) ($p < .001$) when compared to the sexually nonactive group. There were also

Table 2. Characteristics, self-discrepancies, negative emotions, power in sexual relationships, cognitive strategies, self-efficacy separated by risk group in sexual behaviors

Predictive variables	Range of score	Sexually active (n = 319)	Sexually nonactive (n = 262)
		\bar{x} (SD)	\bar{x} (SD)
1. Age***	15-24	20.5 (2.7)	18.7 (2.9)
2. Income***	100-15,000	4383.8 (2506.8)	3629.1 (2081.9)
3. AI self-discrepancy	0-3	1.4 (0.6)	1.3 (1.0)
4. Depression	0-60	23.4 (8.2)	20.4 (8.0)
5. Power in relationship			
5.1 Relationship control***	1-4	2.4 (0.3)	2.6 (0.3)
5.2 Decision-making dominance***	1-3	2.8 (0.3)	3.0 (0.4)
6. Gain thinking			
6.1 Relational GT***	0-5	3.3 (1.2)	2.2 (1.4)
6.2 Developmental GT***	0-5	1.7 (1.2)	1.1 (1.1)
6.3 Curious GT***	0-5	2.1 (1.4)	1.1 (1.3)
7. Punishment-avoidance Thinking			
7.1 Negative-consequence PAT*	0-5	2.9 (1.4)	3.1 (1.7)
7.2 Ethical-related PAT***	0-5	2.4 (1.3)	3.0 (1.6)
7.3 Fear-related PAT	0-5	2.4 (1.5)	2.7 (1.7)
8. Sexual Self-efficacy			
8.1 Self-efficacy: Say No***	0-4	1.8 (0.7)	2.3 (0.9)
8.2 Self-efficacy: Assertiveness	0-4	2.1 (0.8)	2.0 (0.9)
8.3 Self-efficacy: Precaution***	0-4	1.3 (0.8)	1.0 (0.8)

Note: AI self-discrepancy = actual and ideal self-discrepancy, GT = gain thinking, PAT = punishment-avoidance thinking
* p < .05, *** p < .001

statistically significant differences between groups in terms of lifestyles. Samples in the sexually active group reported more cigarette smoking, alcohol drinking and drug addiction than did samples in the sexually non-active group ($p < .001$).

There was no statistically significant difference in self-discrepancy and depression. Interestingly, 83.7% of the sexually active reported a high rate of distressed feeling. 42.6% and 19.1% of them were classified as having moderate or severe distress compared with only 29.8% and 13.4% in the sexually nonactive group ($p < .01$).

The sexually active group had a lower score of relationships control and decision making dominance than those of sexually nonactive ($p < .001$). The sexually active group had higher scores of gain thinking and lower scores of avoidance punishment thinking when compared to the sexually nonactive ($p < .001$). There was no statistical difference between groups in fear-related PAT subscale. The sexually active group had lower perceived sexual self-efficacy in terms of ability to say “no” (= 1.8) compared with 2.3 for sexually non-active ($p < .01$). However, there was no statistical

difference between the groups regarding perceived ability to be assertive. In addition, the sexually active group had a higher mean score ($\bar{x} = 1.3$) of perceived ability to take precautions than the sexually nonactive ($\bar{x} = 1.0$), although the overall mean scores of perceived sexual self-efficacy were still low.

Predictive model in sexual behaviors

A hierarchical regression analysis was executed to explore a predictive model separately between sexually active and nonactive group. The variables were entered in three steps. Age, income and education were entered in the first set. Lifestyle, including smoking, alcohol and drug use was entered in the second step, followed by: AI self-discrepancy; depression; gain thinking; punishment avoidance thinking; power in sexual relationships. Sexual self-efficacy was a set for the last step. The dependent variable was sexual activities. For simplicity, only the final models are shown in Table 3 and 4.

Among the sexually active group, the first set (i.e., age, income and education) accounted for 0.9% of the variance ($p < .05$). Lifestyles were entered in the

second set and accounted for an additional 0.3% ($p < .05$). The three sets accounted for 11.0% of the variance in explaining sexual behavior. In the final model, sexual self-efficacy (precaution), gain thinking (relationship) and punishment avoidance thinking (negative consequences) accounted for significant portions of the variance. Having higher perceived sexual self-efficacy in precaution and higher employed gain thinking (relationship), and less employed punishment avoidance thinking (negative consequences) were associated with riskier sexual behavior (Table 3).

Among the sexually non-active group, the first set (i.e., age, income and education) accounted for 8.7% of the variance ($p = .001$). Lifestyles were entered in the second set and accounted for an additional 6.1% ($p = .002$). The three sets accounted for 26.9% of the variance in explaining sexual behavior. In the final model, alcohol drinking, power in sexual relationships (sexual decision making dominance) and gain thinking (relationship) accounted for significant portions of the variance. Drinking alcohol and higher employment of gain thinking (relationship), and having less power in sexual relationships in terms of sexual decision making dominance were associated with engaging in sexual behavior (Table 4).

Table 3. Regression prediction of sexual behaviors among sexually active female adolescents (n = 319)

Predictive variables	Beta ^a	t	p-value
Sexual self-efficacy: precaution	0.13	2.21	0.028
Relational GT	0.11	2.93	0.004
Negative-consequence PAT	-0.10	-2.29	0.023
R = .331 R ² = .110			

Note: GT = gain thinking, PAT = punishment-avoidance thinking

Table 4. Regression prediction of sexual among sexually nonactive female adolescents (n = 262)

Predictive variables	Beta ^a	t	p-value
Alcohol consumption*	0.43	2.31	0.02
Power in relationship: Decision-making dominance	-0.59	-2.14	0.03
Relational GT	0.17	2.14	0.03
R = .518 R ² = .269			

Note: * 0 = Not drinking, 1 = drinking alcohol, GT = gain thinking

Discussion

The *first hypothesis* of the present study was to test sexual behavior groups (i.e., sexually active and non-active) differences regarding predicting variables. Regarding demographic factors, early age romantic experiences are believed to play a central role in the development of the adolescent's capacity for intimacy. The findings suggested that risks increased with age. Montgomery and Sorell⁽¹³⁾ examined the experience of being "in love" and found that the age of onset for falling "in love" varied by school grade and gender, and the interaction between these two variables was presented. This analysis suggested that the chances of being "in love" increased with successive grades and was higher for girls than for boys at every grade. Specifically, females develop capacities for intimacy earlier than males⁽¹²⁾. Similarly, the risk increased with income gained. There were many lifestyles' differences between groups. Sexually active adolescents reported high rates of smoking and drinking. Only drinking alcohol accounted for a significant portion of the variance in sexually non-active adolescents' sexual behavior. Thus, alcohol drinking appears to play a critical role in a transition towards adolescents' risky sexual practices.

Contrary to expectations, low discrepancy between actual and ideal, coupled with a high level of depression, were reported within the sexually active group. There was a high correlation between AI self-discrepancy and depression⁽¹³⁾. However, there was no significant difference between groups in terms of self-discrepancy and depression. These results will need to be replicated and the differences of self-discrepancy and depression across groups will need to be formally tested. As Leith and Baumeister⁽¹⁵⁾ and Raghunathan and Pham⁽⁸⁾ proposed regarding decision-making, persons under negative affects show a great preference for high-risk options with the possibility of high rewards. They do not think carefully about the balance of benefits and risks in a situation. It is possible that depressed persons are motivated to take any chance necessary to reverse their negative mood. This result is supported by many studies^(16,17).

Regarding cognitive strategies, the results indicated that the sexually active group reported a high level of curious and relational GT but a low level of developmental GT. Regarding punishment avoidance thinking, on the other hand, the sexually non-active group had a relatively high level of experiencing negative consequences, as well as ethical-related and fear-related thinking. There were also differences of gain

thinking and punishment avoidance thinking between these two groups as expected. This is an encouraging finding and confirms that cognitive strategies influence sexual behaviors, but the chain between negative emotion, cognitive strategies and sexual behaviors is still basically unresolved in the present study.

The comparison of power in sexual relationships between sexually active and non-active groups was also very instructive. The result indicated that power in sexual relationships influences sexual behaviors with the perception of those having less power increasing the chance of risky sexual behaviors. These results confirm the evidence that power differentials, existing in many levels of society, are the keys to understanding women's risks for several negative health outcomes. Specifically, power differentials are reflected in women's intimate relationships and sexual behaviors. As Miller, Burns, and Rothspan⁽¹⁸⁾ propose, power inequities not only may result in different sexual behaviors between men and women, but also lead to men's greater control over the process of safe sex negotiations or sexual initiations and refusals⁽¹⁹⁾. Accordingly, as addressed in Amaro⁽²⁰⁾, women may therefore be less able to avoid the sexual behaviors that place them in danger of risky sexual behaviors. The main causes of perceiving powerlessness among females are fear of causing or increasing relationship conflicts or inciting potential violence through initiating condom discussions with male sexual partners. This evidence indicates that the power relationship is an important component in a safer sex negotiation process, and therefore a key factor in a woman's risk reduction decision. Unfortunately, the present findings were not encouraging for sexual self-efficacy. In other words, sexual self-efficacy influences sexual behaviors to shift in unexpected directions, especially on the assertiveness and precaution subscales. In addition, perceived sexual self-efficacy in these female adolescents is relatively low. These results confirmed Bandura's hypothesis⁽²¹⁾, which addressed the limitation of this theory in interpersonal situations where the cooperation of two partners is required. He noted that "managing sexuality involves managing interpersonal relationships. The weaker the perceived self-efficacy⁽²²⁾, the more social and affective factors can increase the likelihood of risky sexual behaviors" (p.129). According to this proposition, the results of the present study do indeed emphasize that, in interpersonal situations, the effect of social factors such as power in sexual relationships is more prominent than perceived sexual self-efficacy.

The *second hypothesis* of the present study was to test a model of sexual behaviors. These results confirmed a suspicion that different factors may be operating to predict sexual behaviors differently between the sexually active and non-active groups. Female adolescents in the sexually active group reported a relative high in gain thinking, and a low in punishment avoidance thinking and decision making dominance. These results shed some light on how gender based structural relationships were manifested in individual relationships. Emerson⁽²³⁾ defines power as the amount of resistance on the part of one individual that can be potentially used to overcome another. Power resides not in an individual actor, therefore, but in the relation between two actors. Relationships of power are expressed via decision-making dominance, the ability to engage in behaviors against a partner's wishes, or the ability to gain control over a partner's actions. As suggested in previous studies, power and gender role-related issues were key barriers to HIV/AIDS reduction among Latinas⁽²⁴⁾, and women who had some control over sexual decisions were more likely to use condoms⁽¹¹⁾. These variables act differently, however, when focusing on the sexually non-active group. Of these variables, lifestyle seems to play a critical role in facilitating transition to risky sexual behavior. It has been suggested that, under the influence of alcohol, adolescents are less likely to delay intercourse or use protection during intercourse⁽²⁵⁾. In addition, these adolescents were more vulnerable overall to risky sexual behavior when all the parameters of the relationship have been taken into account.

Implications for HIV preventive intervention

These findings contribute substantially to an empirical understanding of predictors of sexual behaviors and can be useful in designing relevant gender and sexual group intervention aimed at reducing the incidence of STI's, especially HIV, among Thai female adolescents living in congested communities. Among sexually non-active female adolescents, the need exists for them to hear messages debunking the myth that the balance of power in sexual relationships is irrevocably tilted towards the male. This myth can be dispelled by briefly describing the contexts of social and gender oppression through exploring the dynamics of this oppression and by emphasizing that the male partner is, of course, their counterpart but should not be granted power to exert dominant control over their joint decisions and relationships.

Among sexually active female adolescents,

on the other hand, the messages should focus on the negative consequences of risky sexual behavior. In this approach, there is a need for improving the negotiating skill and sexual communication skills through a practice based program. The findings also call for reoriented thinking about sexual behaviors as gains or rewards by emphasizing the effects of relational and curious gain thinking, as well as ethical considerations. Finally, there must be a program that includes male partners, as they are clearly affecting women's HIV preventive practices. A comprehensive strategy must include the development of current knowledge based on actual heterosexual male and female sexuality. This approach is consistent with an oppression informed framework, which recognizes that the dynamics of oppression work on both the oppressor and the oppressed⁽²¹⁾.

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ความแตกต่างของปัจจัยทำนายพฤติกรรมทางเพศของวัยรุ่นหญิงที่เคยมีเพศสัมพันธ์ และไม่เคยมีเพศสัมพันธ์ ที่อาศัยในชุมชนแออัด เขตกรุงเทพมหานคร

อภาพพร เมาวัฒนา, พันธุ์ทิพย์ งามสุต

วัตถุประสงค์: เพื่อศึกษาความแตกต่างของปัจจัยทำนายพฤติกรรมทางเพศของวัยรุ่นหญิงที่เคยมีเพศสัมพันธ์ และไม่เคยมีเพศสัมพันธ์

รูปแบบการวิจัย: การวิจัยเชิงสำรวจ

วัสดุและวิธีการ: กลุ่มตัวอย่างเป็นวัยรุ่นหญิงที่อาศัยในชุมชนแออัด เขตกรุงเทพมหานคร อายุระหว่าง 15-24 ปี (อายุเฉลี่ย 19.7 ปี) จำนวน 581คน เป็นผู้ที่ไม่เคยมีเพศสัมพันธ์ 262 คน และมีเพศสัมพันธ์ 319 คน เก็บข้อมูลโดยใช้แบบสอบถาม ซึ่งประกอบด้วย การรับรู้ตนเอง ความซึมเศร้า อำนาจต่อรองในสัมพันธ์ภาพ (การตัดสินใจและการควบคุมในสัมพันธ์ภาพ) การรับรู้สมรรถนะของตนเองในเรื่องเพศ (การปฏิเสธ การยืนยัน ความเห็น การป้องกัน) การนึกคิดเกี่ยวกับเรื่องเพศ (ทางบวกต่อการมีเพศสัมพันธ์: สัมพันธ์ภาพ พัฒนาการ ความอยาก رؤ้อยากเห็น; การหลีกเลี่ยงการถูกล่วงโทษ: ผลกระทบทางลบ การมีคุณธรรม ความกลัว) และพฤติกรรม ทางเพศ วิเคราะห์ข้อมูลโดยใช้ t-test และ Hierarchical Regression

ผลการศึกษา: ร้อยละ 68.8ของกลุ่มที่เคยมีเพศสัมพันธ์ไม่ใช้ถุงยางอนามัยขณะมีเพศสัมพันธ์ทางช่องคลอด และร้อยละ 11.7 ไม่ใช้ถุงยางอนามัยเมื่อมีเพศสัมพันธ์ทางทวารหนัก ปัจจัยที่นำไปสู่การมีพฤติกรรมเสี่ยงทางเพศในกลุ่มนี้คือ การรับรู้สมรรถนะของตนเองในเรื่องเพศ (การป้องกัน) และการนึกคิดทางบวกต่อการมีเพศสัมพันธ์ (สัมพันธ์ภาพ) ส่วนปัจจัยที่ช่วยยับยั้งการมีพฤติกรรมเสี่ยงทางเพศ คือ การนึกคิดเพื่อหลีกเลี่ยงการถูกล่วงโทษ (ผลกระทบทางลบ) ปัจจัยเหล่านี้รวมอธิบาย 11.0% ของพฤติกรรมทางเพศ ในกลุ่มที่ไม่เคยมีเพศสัมพันธ์ การนึกคิดไม่มีความสัมพันธ์กับพฤติกรรมทางเพศ แต่การดื่มสุรา การขาดอำนาจต่อรองในสัมพันธ์ภาพ (การตัดสินใจ) และการนึกคิดทางบวกต่อการมีเพศสัมพันธ์ (สัมพันธ์ภาพ) เป็นปัจจัยที่นำไปสู่พฤติกรรมเสี่ยงทางเพศ ปัจจัยเหล่านี้รวมทำนาย 26.9% ของพฤติกรรม

สรุป: แนวทางในการส่งเสริมสุขภาพทางเพศควรมีความแตกต่างระหว่างกลุ่มที่เคยมีเพศสัมพันธ์แล้ว และกลุ่มที่ยังไม่มีประสบการณ์ ในกลุ่มที่เคยมีเพศสัมพันธ์แล้ว ควรส่งเสริมการรับรู้สมรรถนะทางเพศ และการนึกคิดเกี่ยวกับผลกระทบ ส่วนกลุ่มที่ไม่เคยมีประสบการณ์ ควรได้รับการส่งเสริมให้รู้เท่าทันพิษของแอลกอฮอล์ และมีอำนาจต่อรองในสัมพันธ์ภาพ