CHAPTER 4

RESULTS

This research initially explores the patterns of sexual risk behaviors among adolescents in order to provide a general picture of their sexual behaviors. This is followed by an examination of selected factors related to sexual risk behaviors. Thus, in this chapter, the results are presented in the following order: the characteristics of respondents; descriptive of psychosocial and gender-based factors; descriptive of sexual risk behaviors (first sexual experience and sexual risk behaviors in the last three months); and influence of psychosocial and gender-based factors on sexual risk behaviors- i.e., sexual experience and sexual risk taking. For each outcome of interest, never/ever having sexual experience and overall level of sexual risk behaviors, two multivariate analyses were run for each of sexual risk behavior dependent variables. As most studies in Thailand have shown that there are explicit gender difference in sexual attitudes and sexual practices. Hence, all of the findings here are presented separately for young women and men. Finally, the result of what are in-depth reasons which lead adolescents to engage in high- or low-risk sexual practices among heterosexual active adolescents was presented in the last section.

The Characteristics of Respondents

Several selection criteria were employed in the restriction of the participants. The age-based restriction was necessary because the majority of items related to sexual behavior were only asked of respondents aged 15 or older (not more than 22). Moreover, the sexual outcome data gathered pertain exclusively to sexual intercourse (e.g. condom use, contraception); therefore only those respondents who identified themselves as heterosexual orientation are eligible for inclusion. This excludes consideration of sexual risk taking involved with non-coital sexual activities, including same-sex relationships. Only regular-program students in public schools and university were included in the study.

Description of Background Characteristics

With regard to responding rate in this study, there were only 3 % of participants who did not want to answer the questions related to their sexual life. Female respondents were more likely to refuse answering the questions than males (3.7 % and 2.2 %, respectively). Therefore, a total of 1,169 completed and usable questionnaires describing 596 females and 573 males aged 15 -22 years were obtained and used in this study. The background characteristics with respect to educational level, age, the grade point average (GPA), which support the money, monthly expense, perceived financial status, parent's marital status, father's highest level of education, mother's highest level of education, living status, and ever joining AIDS Project are shown in the table 4-1.

The distribution of female and male respondents was almost equal among each educational level and between age groups. The average age of the females and the males were similar (18 years). However, females were more likely to have GPA at higher level than males. Approximately 49 % of females had GPA ranged from 2.00 to 3.00, and 44 % of them had GPA at higher than 3.00. On the contrary, about 67 % of males had GPA ranged from 2.00 to 3.00, and only 15.7 % of them had GPA at higher than 3.00. Most females (81.7 %) and males (86.7 %) respondents received money from their parents. Therefore, there was not much difference in their monthly expense. Nevertheless, females were less likely to get money from their parents than males. The majority of respondents perceived that their financial status did not differ from others.

Regarding parent's marital status, the majority of female (70.5 %) and male (75.6%) respondents still had parents living together. Almost half of fathers finished primary education or lower level, while approximately 60 % of mothers finished. Three-fourth of females and male respondents were living with their parents. Most of them had never participated in any projects related to AIDS prevention.

In conclusion, there were significant differences between females and males in a few background characteristics including GPA, financial supporter, parent's highest educational level.

Table 4-1

Frequency and Percentage Distribution of Respondents with Background

Characteristics by Overall and Sex (N=1,169)

Characteristics	Overall		Female (n=596)		Male (n=573)	
	n	%	n	%	n	%
Sex						
Female	596	50.9	-	-	-	-
Male	573	49.1	-	-	-	-
Educational level						
Secondary school	379	32.4	204	34.2	175	30.5
Vocational college	429	36.7	206	34.6	223	38.9
University	361	30.9	186	31.2	175	30.5
Age						
15-18	690	59.1	361	60.6	329	57.4
19-22	479	40.9	235	39.4	244	42.6
Mean(SD)	18.14(1.47)		18.08 (1.43)		18.22 (1.52)	
Median (Min:Max)	18 (15-22)		18 (15-22)		18 (15-22)	
GPA***						
<2.00	140	12.0	41	6.9	99	17.3
2.00-3.00	678	57.8	292	49.0	384	67.0
>3.00	353	30.2	263	44.1	90	15.7
Financial supporter*						
Parents	984	84.2	487	81.7	497	86.7
Government loan & others	185	15.8	109	18.3	76	13.3
Monthly expense (Baht)						
≤ 2,000	432	37.0	227	38.1	205	35.8
2,001-3000	302	25.8	164	27.5	138	24.1
≥ 3,001	435	37.2	205	34.4	230	40.1
Perceived financial status*						
Worse than others	113	9.7	47	7.9	66	11.5
Equal to others	1,016	86.9	534	89.6	482	84.1
Better than others	40	3.4	15	2.5	25	4.4

Chi-square significance levels; *** p<.001; ** p<.01: * p < .05

Table 4-1 (continued).

Characteristics	Overall		Female (n = 596)		Male (n= 573)	
	n	%	n	%	n	%
Parent marital status						
Living together	853	73.0	420	70.5	433	75.6
Divorced	223	19.0	122	20.5	101	17.6
Widow	93	8.0	54	9.0	39	6.8
Father's highest level of education***						
Father died	57	4.9	32	5.4	25	4.4
Less than or primary school	554	47.4	292	49.0	262	45.7
High school/college degree	217	18.6	201	33.7	163	28.4
Undergraduate or higher than	194	16.6	71	11.9	123	21.5
Mother's highest level of education*						
Mother died	26	2.2	17	2.9	9	1.6
Less than or primary school	709	60.7	379	63.6	330	57.6
High school/college degree	271	23.2	135	22.7	136	23.7
Undergraduate or higher than	163	13.9	65	10.9	98	17.1
Living status						
Living with parent	918	78.5	475	79.7	443	77.3
Not living with parent	215	21.5	121	20.3	130	22.7
Used to join in AIDS project						
Never	866	74.1	445	74.7	421	73.5
Ever	303	25.9	151	25.3	152	26.5

Chi-square significance levels; *** p<.001; ** p<.01; * p < .05

With regard to respondents' health status and health risks, more than half of both females and males perceived that they had similar health condition to others (as shown in table 4-2). Male respondents were more likely to ever have taken risk behaviors than females. About 14 % of males reported that they had used addictive substances, whereas only 3 % of females did. Approximately 30 % of males ever smoked cigarettes, while only 5.1 % of female did so. Regarding alcohol drinking, about 70 % of male respondents had tried alcohol drinking, while 42 % of female did. The findings indicated that there were significant differences between females and males in their health risks including addictive substance use, cigarette smoking and alcohol drinking.

Table 4-2

Distribution of Respondents by Health Status and Risk Behaviors (N=1,169)

	Overall		Female (n= 596)		Male (n= 573)	
	n	%	n	%	n	%
Perceived general health***						
Better than others	277	23.7	110	18.5	167	29.2
Similar to others	741	63.4	397	66.6	344	60.0
Little worse than others	151	12.9	89	14.9	62	10.8
Addictive substance use***						
Never	1073	91.8	578	96.9	495	86.4
Ever	96	8.2	18	3.1	78	13.6
Cigarette smoking ***						
Never	967	82.7	566	94.9	401	69.9
Ever	202	17.2	30	5.1	172	30.1
Alcohol Use***						
Never	525	44.1	344	57.7	171	29.8
Ever	654	55.9	252	42.3	402	70.2

Chi-square significance levels; *** p<.001; ** p<.01;* p < .05

Description of Psychosocial and Gender-Based Factors

The psychosocial and gender-based factors with regard to attitudes and beliefs (sexual risk behavioral attitude, pros of sexual experience, cons of sexual experience, barrier beliefs of condom use, hedonistic beliefs about condom use); peer norms (such as sexual practices of friends, and close friend acceptance of sexual practices); perceived self-efficacy (refusal self-efficacy and safe sex self-efficacy); sexual intention; and gender-based factors (gender role perception and power in sexual relationship) are shown in the table 4-3.

It is not surprising that both female and male youth were most likely to have unfavorable attitudes towards sexual risk behaviors such as engaging in intercourse at early age, unprotected sex with their steady partners, particularly for women. Eighty % of the females and 50 % of the males responded that neither women nor men should have been taking sexual risk practices such as engaging intercourse during adolescence; not consistently using condom; and having more than one partner. The average score of sexual risk attitudes of females (26.30, SD = 3.42) was higher than that of males (23.66, SD = 3.81). It means that the females have more unfavorable attitudes towards sexual risk behaviors than the males.

In contrast to finding in pros of sexual experience, almost all females did not think that engaging in intercourse benefited them, whereas more than half of males thought that it did for them. The average score of pros of sexual experience in females (6.63, SD = 2.06) was lower than that of males (9.15, SD = 2.28). It means that female believed less strongly in the benefit of sexual experience than did the males. However, considering cons of sexual experience, almost all of the females and

males still believed in disadvantages of intercourse during adolescence. The average score of cons of sexual experience in the females (13.19, SD = 2.27) was higher than that of males (12.08, SD = 2.25). It is concluded that female believed more strongly in disadvantages of sexual experience than did the males.

With regard to condom use beliefs, more than half of the females thought that it was a large obstacle to use a condom, while more than half of the males thought it was not. In addition, more than half of the females did not have hedonistic beliefs about condoms. Also, more than half of the males still believed there were negative feelings about using condom. The average score of barrier beliefs regarding condom use in the females (13.08, SD = 3.14) was higher than that of the males (12.35, SD = 2.53). It is concluded that females believed more strongly in barrier to condom use than did males.

Considering peer norm situations, most of females and males responded that their friends had already engaged in intercourse. Especially in males, almost 40 % of them believed that up to 50 % of their friends had actual sexual practices. More than that, in term of sexual risk taking (i.e., multiple partners, unprotected sex), there was only 6 % of females and males reported that their friends mostly had engaged in safe sex activities. The average score of sexual risk behaviors of friend in the females (8.12, SD = 2.43) was lower than that of males (9.52, SD = 4.53). It is concluded that females perceived less number of their friends engaging in sexual risk practices than did males.

In regard to close friends' approval of sexual practice, about 30 % of females perceived that their close friends approved of having sexual experience but also less than half of them perceived that their close friends disapproved of such an

experience. In addition, slightly more than half of them believed that their close friends disapproved their sexual risk taking. In contrast, half of the males responded that their close friends approved of their sexual experience, and about 40 % of them reported that their close friends approved having sexual risk practices. However, about 40 % of males and 30 % of females reported that they didn't know how exactly their close friends thought about sexual risk practices. The average score of close friends' approval of sexual risk behaviors in the females (7.36, SD = 3.12) was lower than that of males (10.21, SD = 2.91). It is concluded that females perceived that their friends would approve of their sexual risk practices less than did males.

With respect to perceived self-efficacy, the distribution of female and male respondents was almost equal among each level of refusal self-efficacy. The average score of refusal self-efficacy in females (28.71, SD = 8.30) was higher than that of males (12.90, SD = 6.68). It is concluded that females reported that they had higher confidence to refuse having sex than did males. Similarly, the average score of safe sex self-efficacy in females (114.98, SD = 30.34) was higher than that of males (87.90, SD = 28.88). It is concluded that the female reported that they had higher confidence to insist having safe sex than did the males.

In regard to intention, most of females reported that they had no intention to have sexual experience during adolescence, while most of the males reported that they intend to have such an experience. Moreover, most females reported they intended to use condom if they had intercourse in the next three months, while most males reported they did not intend to use condom if they had intercourse in the next three months.

As expected, considering gender-based factors, 60 % of the females hold liberal beliefs in gender role, while 50 % of the males did so. The average score of gender role perception in females (26.33, SD = 3.70) was lower than that of males (27.48, SD = 3.78). It is concluded that females reported that they valued traditional beliefs about gender role less than did males. In addition, distribution of the females and males in each level of power in sexual relationship was quite similar. However, the average score of power in sexual relationship in females (58.12, SD = 6.29) was higher than that of males (56.46, SD = 6.25). It is concluded that the females reported that they had more relationship control and decision making dominance than did the males.

Table 4-3

Distribution of Respondents, Means, and Standard Deviations by Psychosocial and Gender-based Factors with Sex (N=1,169)

Variables	Overall		Female (n=596)		Male (n=573)	
	n	%	n	%	n	%
Attitudes &Beliefs *						
Sexual risk behavioral attitude						
Unfavorable (score ≥ 24)	786	67.2	476	79.9	310	54.1
Favorable (score <24)	383	32.8	120	20.1	263	45.9
Min-Max			11-32		11-32	
Mean, SD			26.30, 3.42		23.66,3.81	
Pros of sexual involvement						
Unfavorable (score<9)	711	60.8	485	81.4	226	39.4
Favorable (score≥ 9)	458	39.2	111	18.6	347	60.6
Min-Max			4-13		4-16	
Mean, SD			6.63,2.06		9.15,2.28	
Cons of sexual involvement						
Unfavorable(score<9)	53	4.5	23	3.9	30	5.2
Favorable (score≥ 9)	1,116	95.5	573	96.1	543	94.8
Min-Max			4-16		4-16	
Mean, SD			13.19,2.27		12.08, 2.25	
Barrier beliefs of condom						
Unfavorable (score<15)	563	48.2	261	43.8	302	52.7
Favorable (score≥15)	606	51.8	335	56.2	271	47.3
Min-Max			5-20		5-20	
Mean, SD			13.08,3.14		12.35, 2.53	
Condom-use hedonistic beliefs						
Unfavorable(score<9)	561	48.0	362	60.7	199	34.7
Favorable (score≥ 9)	608	52.0	234	39.3	374	65.3
Min-Max			4-16		4-16	
Mean, SD			8.12,2.43		9.53, 2.38	
Peer Influences*						
Perceived sexual intercourse of friends						
None (score 1)	360	30.8	204	34.2	156	27.2
< 50 %(score 2-3)	460	39.2	253	42.5	207	36.1
≥ 50% (score 4-7)	349	30.0	139	23.3	210	36.7
Min-Max			1-7		1-7	
Mean, SD			2.54,1.63		3.03, 1.76	

t-test significant levels; *** p<.001; ** p<.01.

Table 4-3 (continued)

Variables	Overall		Female (n=596)		Male (n=573)	
	n	%	n	%	n	%
Perceived sexual risk behavior of friends						
None (score ≤4)	75	6.4	39	6.54	36	6.3
< 50 % (score 5-12)	863	76.4	475	79.7	418	72.9
≥ 50% (score >12)	201	17.2	82	13.8	119	20.8
Min-Max			4-19		4-16	
Mean, SD			8.12, 2.43		9.52,4.53	
Close friend approval of sexual practice						
Disapprove (score 1,2)	298	25.5	249	41.8	49	8.5
Undefined (score 3)	402	34.4	165	27.7	237	41.4
Approve (score 4,5)	210	17.9	182	30.5	28	50.1
Min-Max			1-5		1-5	
Mean, SD			2.90, 1.31		3.75, 1.09	
Close friend approval of sexual risk behavior						
Disapprove (score 3-6)	397	33.0	309	51.9	88	15.4
Undefined (score 7-9)	425	36.4	179	30.0	246	42.9
Approve (score10-15)	347	29.7	108	18.1	239	41.7
Min-Max			3-15		3-15	
Mean, SD			7.36, 3.12		10.20, 2.91	
Perceived self-efficacy*						
Refusal self-efficacy						
Low (1st tertile)	431	36.9	203	34.1	228	39.8
Moderate (2nd tertile)	388	33.2	208	34.9	180	31.4
High (3rd tertile)	350	29.9	185	31.0	165	28.8
Min-Max			1-40		1-30	
Mean, SD			28.71, 8.30		12.90, 6.68	
Safe sex self-efficacy						
Low (1st tertile)	455	38.9	201	33.7	254	44.3
Moderate (2nd tertile)	420	35.9	202	33.9	218	38.1
High (3rd tertile)	294	25.2	193	32.4	101	17.6
Min-Max			18-160		4-160	
Mean, SD			114.98, 30.34		87.90, 28.88	
Gender-based factors*						
Gender role perception						
Liberal (score ≤ 25.5)	779	66.6	370	62.1	409	71.4
Traditional (score >25.5)	390	33.4	226	37.9	164	28.6
Min-Max			14-37		10-37	
Mean, SD			26.33,3.70		27.48, 3.78	

t-test significant levels; *** p<.001; ** p<.01.

Table 4-3 (continued)

Variables	Overall		Female (n=596)		Male (n=573)	
	n	%	n	%	n	%
Power in sexual relationship [c]			n=154		n=258	
Low (1st tertile)	147	35.7	53	34.4	94	36.4
Moderate (2nd tertile)	129	31.3	51	33.1	78	30.2
High (3rd tertile)	136	33.0	50	32.5	86	33.3
Min-Max			41-72		36-74	
Mean, SD			58.12, 6.29		56.46, 6.25	
Intention*						
Intercourse intention during his/her adolescence						
No	513	43.9	387	64.9	126	21.9
Don't know	214	18.3	103	17.3	111	19.4
Yes	442	37.8	106	17.8	336	58.6
Min-Max			1-5		1-5	
Mean, SD			2.07,1.23		3.45,1.29	
Condom use intention in the next 3 month						
No	423	36.2	43	7.3	380	66.3
Don't know	242	20.7	124	20.8	118	20.7
Yes	504	43.1	429	72.0	75	13.0
Min-Max			1-5		1-5	
Mean, SD			1.85, 1.09		2.13, 1.17	

t-test significant levels; *** p<.001; ** p<.01.

[c] Calculated from sexually experienced cases (female= 154; male =258)

In sum, to compare gender difference in all studied variable, means and standard deviations of psychosocial variables and gender-related variables are reported in table 4-3. There were significant differences in mean score on all studied variables between men and women: attitudes and beliefs; peer norms; perceived self-efficacy; gender role perception; and power in sexual relationship. This confirms that gender difference strongly influences sexuality of adolescents as discussed earlier.

Description of Sexual Risk Behaviors

The first research findings are based on the questions, "what are sexual risk behaviors among Thai adolescents?" The aim of this section is to provide an understanding of heterosexual practices among adolescents generated through analysis of quantitative data. An overview of respondents' sexual behavior is a prevalence of sexual experience, characteristics of the first sexual intercourse and level of sexual risk behaviors, as well as how it differs among female and male respondents.

Prevalence of Sexual Experiences

The overall prevalence of sexual experience was 36 % of 1,169 respondents. Sexual experiences, shown in table 4-4, were difference in age educational level, grade point average, and behavioral risks for girls and boys. Female adolescents are less likely to engage in sexual intercourse, compared to male adolescents. Almost half of males (46.2%) had sexual experience, while one-fourth (27.5%) of females did.

Considering educational levels, the largest proportion of sexual experience was among vocational females (39.2%) and male students (54.7%). In addition, it was interesting to consider that the intercourse proportion of secondary school female students (23.5%) was higher than that of university female students (18.3%), and the intercourse proportion of secondary school male students (45.7 %) was higher than that of university male students (36%). In addition, males were more likely to have intercourse when they got older. More than half of males who had experience were 19

through 22 years old, while sexual involvement in females did not depend on their age. The proportion of both females and males who reported having intercourse increased with decreasing GPA. About half of female (56.1%) and males (49.5%) who had GPA 3.00 and less than 3.00 reported ever having intercourse, while 18.4 % of females and 28. 9 % of males who had GPA higher than 3.00 reported such experiences.

Both females and males who never had behavioral risks were less likely to have had sexual intercourse, compared to those who ever had behavioral risks. Most of females (70%) and males (66.9%) who ever smoked reported having intercourse. Similarly, 41.7 % of females and more than half of males who ever had alcohol drinking had had intercourse. It is also recognized that the majority of females (83.3%) and males (75.6%) who ever used addictive substance reported having intercourse.

Table 4-4

Prevalence of Sexual Experience among Females and Males by Background Characteristics

Characteristics	Females		Males	
	N=596	n(%)	N=573	n(%)
Age				
15-18	361	102 (28.3)	329	132(40.5)
19-22	235	62 (26.4)	244	133(54.5)
Educational level				
University	186	34 (18.3)	175	63(36.0)
Secondary school	204	48(23.5)	175	80(45.7)
Vocational college	206	82(39.8)	223	122(54.7)
GPA				
>3.00	263	48(18.3)	90	26(28.9)
≤ 3.00	333	116(34.8)	483	239(49.5)

Table 4-4 (Continued)

Characteristics	Females		Males	
	N=596	n(%)	N=573	n(%)
Monthly expense (Baht)				
≤ 2,000	227	53(23.3)	205	79(38.5)
2,001-3000	164	59(36.0)	138	66(47.8)
≥ 3,001	205	52(25.4)	230	120(52.2)
Parent marital status				
Living together	420	112(26.7)	433	201(46.4)
Divorced	52	15(30.3)	101	45(44.5)
Widow	122	37(28.8)	39	16(41.0)
Living status				
Living with parent	475	132(27.8)	443	199(44.9)
Not living with parent	121	32(26.4)	130	69(53.1)
Cigarette Smoking				
No	566	143 (25.3)	401	150(37.4)
Yes	30	21(70.0)	172	115(66.9)
Alcohol Drinking				
No	344	59(17.2)	171	47(27.5)
Yes	252	105(41.7)	402	218(54.2)
Addictive Substance Use				
No	578	149(25.8)	495	206(41.6)
Yes	18	15(83.3)	78	59(75.6)

Characteristics of the First Sexual Experience

As shown in table 4-5, the description of first sexual experience was presented in the following.

Age at First Intercourse

It is also recognized that both female and male students had the same mean age of first intercourse at age 16. The youngest age of first intercourse among females was 13, compared to males (8 years). This finding supported that adolescents are more likely to initiate sexual intercourse at earlier age.

First Sexual Partner Characteristics

The majority of females (97.6%) and males (70.6%) reported that their sexual partners were their boyfriends/girlfriends or lovers. It is showed that there was explicitly rising trend of having sex with lovers among males instead of having sex with other woman, compared to the former findings (Baker et al., 2001; Srinual, 2003), which indicated that males usually had first sex with other woman who were not their lovers. Moreover, male adolescents are more likely to have sex with their friends and acquaintances (12.8% and 6.8 %, respectively) than did female adolescents. However, there were 4.5 % of male adolescents who still have first sex with sex workers.

Age of Partner

The mean age for sexual partner of first sex among female students (19 years) was higher than that of sexual partner at first sex among male students (16 years).

Courtship Time

Males were likely to take less time with first partner than female did. The shortest duration of chatting up before having intercourse among females was 1 month, while it was just one day for males.

Willingness of Having First Intercourse

One-third of female adolescents reported that they had first sex with voluntary, and about half of them accepted that they never intended to do so. Importantly, there were about 13 % of them reported that they were forced to have first sex. Unlike females, there was the majority of males (74.7 %) reported having first intercourse voluntarily and only 4.5 % of them reported having been forced to have intercourse.

Feelings

About half of female adolescents got worse impression with first intercourse than males. They usually felt hurt and suffering from first intercourse since they were not ready to have intercourse physically and mentally. In contrast, most of male adolescents felt exciting and affectionate during first intercourse.

Table 4-5

Descriptive of Respondents' First Sexual Experience Characteristics (N= 429)

Characteristics	Female (n=164) n (%)	Male (n=265) n (%)
Partner Char.		
Boy/girlfriend	160 (97.6)	187 (70.6)
Friends	1 (0.6)	34 (12.8)
Older acquaintance	3 (1.8)	18 (6.8)
Non-Acquaintance	-	14(5.3)
Sex worker	-	12 (4.5)
Age at first sex		
≤15	33 (20.1)	85 (32.1)
16-18	120 (73.2)	95 (35.8)
≥19	11 (6.7)	85 (32.1)
Mean (SD)	16.5 (1.27)	16.02(1.76)
Median (Min:Max)	16(13:20)	16(8:21)
Age of partner		
≤15	10 (6.1)	68 (25.7)
16-18	59 (35.6)	120 (45.3)
≥19	94 (57.3)	77 (29.1)
Mean (SD)	19.3(3.17)	16.7(2.38)
Median (Min:Max)	19(15: 30)	16(10: 26)
Courtship time (months)	(n=118)	(n=157)
≤ 2	10 (8.5)	24 (15.1)
3 - 6	22 (18.3)	22 (14.3)
≥7	86 (73.2)	111 (70.6)
Mean (SD)	15.8(14.52)	13.15 (15.2)
Median (Min:Max)	12(1:60)	6 (1day: 76 moths)
Willingness*	(n=162)	(n= 265)
Not intended	86 (53.1)	55 (20.8)
Forced	21 (13.0)	12 (4.5)
Voluntary	55 (34.0)	198 (74.7)

Table 4-5 (continued)

Characteristics	Females	Males
Feelings	n= 164	n =265
Hurt &Suffering	82 (50.0)	18 (6.8)
Easy going	55 (33.3)	71 (26.8)
Exciting & Affectionate	23 (14.2)	176 (66.4)
Worried & Fear	4 (2.5)	-

Underlying Reasons for Not Using/Using Condom at First Intercourse

Top five reasons for not using condom at first intercourse among female and male respondents were quite similar as shown in table 4-6. These were the followings: no intention; condom dislike; trust in sexual partner; and being forced to have sex (51%, 13.8%, 12%, 8.6%, and 5.2% respectively) among female respondents. For male respondents, no intention (66.4%); dislike condom (13.4%); trust in sexual partner (5.9%); and being afraid of buying condom (2.5%) were top five reasons for that.

Considering the reasons for using condom as demonstrate in table 4-7, the first priority of reasons for using condom in both male and female adolescents was fear of pregnancy rather than fear of AIDS. More than half of female adolescents fear to get pregnant, while about one-third of males fear to make women pregnant. Male adolescents reported that they were more concerned about AIDS epidemics (32.2%) than female adolescents (13%).

Table 4-6

Respondents' Reasons for not Using Condom at First Intercourse

Reasons	Female (n = 58)	Male (n= 119)
	n (%)	n (%)
Don't intend	30 (51.7)	79 (66.4)
Don't like	8 (13.8)	16 (13.4)
Trust in partner	7 (12.1)	7 (5.9)
Don't know	5 (8.6)	9 (7.6)
Be forced	3 (5.2)	-
Taking another protection (pill control, withdrawal)	2 (3.4)	2 (1.7)
Afraid of buying	-	3 (2.5)
Fear of hurt	1 (1.7)	-
Try	1 (1.7)	-
Afraid of speak out	1 (1.7)	-
High cost	-	2 (1.7)
Partners don't like	-	1 (0.8)

Table 4-7

Respondents' Reasons for Using Condom at First Intercourse

Reasons	Female (n=23)	Male (n=59)
	n (%)	n (%)
Fear of pregnant	13 (56.5)	21 (35.6)
Fear of AIDS	3 (13.0)	19 (32.2)
Fear of AIDS & pregnant	7 (30.5)	18 (30.5)
Fear of hurt	-	1 (1.7)

Sexual Risk Taking

Sexual Health History

As shown in table 4-8, about 1 % of female respondents who were sexually experienced (2 of 164) reported having had at least one STD in their lifetime, while about 2 % of males who were sexually experienced (5 of 265) reported having had at least one STD in their lifetime. In addition, 9 % of sexually experienced females (13 of 164) reported having been pregnant, and 7.5 % of sexually experienced male (20 of 265) reported ever having done someone get pregnant.

Three-fourth of female adolescents (74.1%) reported that they did not ask for condom use at first intercourse, while only one-third (34.7%) of males reported they used condom at first intercourse. In addition, about only one-third of sexually experienced females (33.5 %) and males (37.4 %) reported that they used condom in the last intercourse. More than that, one-fourth of sexually experienced females reported having two or more sexual partners in their lifetime and last year, while almost half of sexually experienced males reported that. The average number of sexual partners in lifetime was about 2 partners in females and 3 partners in males. When asked about sexual activity in the past 90 days, 78.1 % of sexually experienced females (128 of 164) and 66.1 % of sexually experienced males (175 of 265) reported that they engaged in sexual activities in the past three months.

Table 4-8

Frequency and Percentage Distribution of Respondents by Sexual History

Sexual History	Female	Male
	n (%)	n (%)
STD infection history	n=164	n=265
No	146(89.0)	235(88.7)
Don't know	16(9.7)	25(9.4)
Yes	2 (1.2)	5(1.9)
Pregnant history	n=164	n=265
No	145(88.4)	219(82.6)
Don't know	4(2.4)	26(9.8)
Yes	15(9.2)	20 (7.5)
Condom use at first intercourse	n=164	n=265
No	122 (74.1)	173 (65.3)
Yes	42 (25.9)	92 (34.7)
Condom use at last sexual intercourse	n=164	n=265
No	109 (66.5)	166 (62.6)
Yes	55 (33.5)	99 (37.4)
Number of partners in lifetime	n= 131	n= 189
1 partner	84 (64.1)	66 (34.9)
2 partners	30 (22.9)	36 (19.1)
> 3 partners	17 (13.0)	87(46.0)
Mean (Min :Max)	1.8(1:18)	3.2 (1:30)
More than a partner in the last year	n=164	n=265
No	119 (72.6)	131 (49.4)
Yes	45 (27.4)	134 (50.6)
Sexual active (within 3mths)	n=164	n=265
No	36(21.9)	90 (33.9)
Yes	128 (78.1)	175 (66.1)

Sexual Risk Behaviors in the Past 3 Months

As shown in table 4-9, with regard to frequency of sexual activities in the past three months, there was a large percentage of refusal response among these questions, which ranged from 5 % to 27 %. Therefore, these outcomes were excluded from the quantitative analyses. However, existing data could provide some insights of sexual activities among sexually active teens. Most of them reported having coital intercourse 1-2 times per week. Nearly half of sexually active respondents also reported having withdrawal activity with their sexual partners 1-2 times per week. Only 1.7 % of sexually active females and 6.3 % of sexually active males reported having anal intercourse 1-2 times per week.

Of those teens who sexually active in the past 3 month, only 26.5 % of female reported that their partner always used condom, while 38.3 % of males reported that they always use it. Furthermore, 56.3 % of sexually active females reported that they had never had dual protection (use of condom use with contraceptive pills), and 47.4 % of sexually active males reported that they had never had dual protection. For this group, 92.2 % of females reported having one sexual partner in the past 3 months, while 66.9 % of males did so.

Table 4-9

Frequency and Percentage Distribution of Sexually Active Respondents in the Past 3 moths with Sexual Activities (N=303)

Measure and Variables	Female (n=128) n (%)	Male (n=175) n (%)
Frequency of coital sexual activities		
1-2 times/wk	87(83.7)	89(70.1)
3-4 times/wk	13(12.5)	26(20.5)
Almost every day	4(3.8)	9 (7.1)
Every day	0	3(2.4)
Don't want to answer	24 (18.0)	48 (27.4)
Frequency of anal sexual activities		
None	118(97.5)	139(88.0)
1-2 times/wk	2(1.7)	10(6.3)
3-4 times/wk	1(0.8)	5(3.2)
Almost every day	0	4(2.5)
Every day	0	0
Don't want to answer	7 (5.4)	17(9.7)
Frequency of withdrawal activities		
None	26(24.1)	40(29.0)
1-2 times/wk	53(49.1)	59(42.8)
3-4 times/wk	20(18.5)	24(17.4)
Almost every day	1(0.9)	6(4.3)
Every day	8(7.4)	9(6.5)
Don't want to answer	20(15.6)	37 (21.1)
Condom use	n=128	n=175
Always	34 (26.5)	67 (38.3)
Sometimes	38 (29.7)	55 (31.4)
Never	56 (43.8)	53 (30.3)
Dual protection Use	n=128	n=175
Always	21 (16.4)	41 (23.4)
Sometimes	35 (27.3)	51 (29.2)
Never	72 (56.3)	83 (47.4)

Table 4-9 (continued)

Measure and Variables	Female (n=128)	Male (n=175)
	n (%)	n (%)
More than one partner	n=128	n=175
No	118 (92.2)	117 (66.9)
Yes	10 (7.8)	58 (33.1)

Level of Sexual Risk Taking

The level of sexual risk behaviors which came up with combining scores from sexual history and sexual practice in the last three months including five sexual behavior variables, namely, sexual active practices, inconsistency of condom use (at first and the recent intercourse), frequency of protective practices in the past three months (condom use and dual protection), and having multiple partner in the last year and in the last three month, was demonstrated in the table 4-10. Moreover, the levels of behavior risk were classified in three level of risk for these respondents as demonstrate in table 4-11, 4-12. About one-third of the females was identified as low (37.8%) and moderate sexual risk group (34.15 %), while almost half of the males (48.7%) were low risk group and almost one-third (32.8 %) of them was high risk group. However, considering the average score of sexual behaviors between women and men, women had significantly higher risk score than men (female 5.52, SD 2.35; male 5.09, SD 2.37). It is concluded that the female respondents who were sexually experienced have engaged in more sexual risk practices than the males did so.

Table 4-10

Summary of Scoring Aggregate Sexual Risk Behaviors (N=429)

Measure and Variables	Females	Male
	n (%)	n(%)
Sexual active practices*	N=596	N=573
No sexual exp and no sexually active behavior within last 3 moths (0)	432 (72.5)	308 (53.8)
Sexual exp. (1)	36 (6.0)	90 (15.7)
Sexual exp. and sexual active behavior within 3 moths (2)	128 (21.5)	175 (30.5)
Inconsistent condom use	N=165	n=256
Condom use at first and at most recent intercourse (0)	25 (15.2)	57 (21.5)
Condom use at first or at most recent intercourse (1)	49 (29.9)	77 (29.1)
No condom use at first and at most recent intercourse (2)	90 (54.9)	131(49.4)
Frequency of condom use in the last 3 moths	n=164	n=256
Always (0)	70 (42.7)	157 (59.2)
Sometimes (1)	38 (23.2)	55 (20.8)
No condom use (2)	29 (34.1)	53 (20.0)
Frequency of dual protection in the last 3 moths	n=165	n=256
Always (0)	57 (34.8)	131 (49.4)
Sometimes (1)	35 (21.3)	51 (19.3)
No condom use (2)	72 (43.9)	83 (31.3)
Multiple partners	n=165	n=256
One partner in last year and past 3 months (0)	117 (71.3)	121 (45.7)
More than one partner in the last year or past 3 months (1)	39 (23.8)	96 (36.2)
More than one partner in the last year and past 3 months (2)	8 (4.9)	48 (18.1)
Total score (min-max)	1-10	1-10

Table 4-11

Means and Standard Deviation (in parentheses) of Sexual Risk Behaviors Among
Sexually Experienced Respondents

Variables	Low	Moderate	High
Females			
Condom Use , Frequency*	1.13(0.33)	2.11(0.39)	2.73(0.45)
Condom Use, at first and recent intercourse	1.12(0.33)	1.63(0.64)	2.26(0.78)
Dual Protection, Frequency*	1.16 (0.41)	1.91(0.66)	2.49(0.61)
Having more than one partner, last year & 3 months	1.80(0.77)	2.0(0.86)	2.88(0.35)
Males			
Condom Use , Frequency*	0.19(0.41)	1.25(0.48)	1.75(0.43)
Condom Use, at first and recent intercourse	0.23(0.42)	0.78(0.70)	0.91(0.87)
Dual Protection, Frequency*	0.13(0.36)	1.02(0.65)	1.48(0.59)
Having more than one partner, last year & 3 months	0.46(0.66)	0.71(0.82)	1.40(0.61)

* higher numbers denote lower frequency of protective behaviors (higher risk)

Table 4-12

Number of Adolescents and Percentage (in parentheses) within Risk Group by Sexual Risk
Score and Gender

	Low	Moderate	High	Mean (SD)*
Females	62 (37.8)	56 (34.1)	46(28.1)	5.52(2.35)
Males	129(48.7)	49 (18.5)	87(32.8)	5.09(2.37)

t-test significant level;*** p<.001

Influence of Psychosocial and Gender-based Factors

on Sexual Risk Behaviors

This section is presented the multivariate analyses for sexual risk behaviors. A series of hierarchical regression analyses were conducted to evaluate the predictive role of psychosocial and gender-related variables on sexual risk taking in overall model, and a separate model for females and males. Models included some background characteristics and behavioral risks as controls since some characteristics, for example, sex, age, educational level, GPA, and behavioral risks (alcohol drinking, cigarette smoking, and addictive substance use) were found to correlate with sexual experience and risky sexual behavior. Thus, they were entered first in all regression analyses. Followed by psychosocial variables, namely, sexual risk behavioral attitudes, pros/cons of intercourse, perception of friends' sexual practices, close friends' approval of sexual practices, sexual self-efficacy, and behavioral intention were entered in the second steps. Gender-based variables (gender role perception and power in sexual relationship) were entered in the third step. Only those models with significant effects were reported in details.

As discussed earlier, the sexual risk behaviors were composed of several distinct sexual behaviors. Therefore, logistic and linear were conducted for each of sexual behavior. The entire sample (n=1,169) was included in logistic regressions examining the two dichotomous variables of ever having sex. Only respondents who had sexual experience (n= 429) were included in linear regression analyses of overall level of sexual risks, which consider consistency of safe sex (condom use in the first sex and at most recent intercourse, as well as having multiple partners in the past

year); and sexual activities in the last 3 months (i.e., having active intercourse, frequency of condom use, and frequency of dual protection, and multiple partners).

Before performing the regression analyses on each of the behavioral dependent variables, association among background characteristics, and all studied variables were examined. There were two kinds of behavioral dependent variables in this study: dichotomous dependent variables (ever/never having intercourse and having multiple partner in the past year) and continuous dependent variables (sexual risk score and infrequency of condom use). Thus, bivariate association (Crude OR) was employed for associations among all variables and dichotomous dependent variables. In addition, t-test and F-test for mean differences and correlation were employed for all variables and continuous dependent variables.

Influence of Psychosocial and Gender-based Factors

on Sexual Experiences

Relationships between Sexual Experience and Independent Variables

Table 14-13 shows bivariate analyses to describe the relationship between sexual experience and background characteristics, and behavioral risks among the overall sample and by sex. These characteristics and specific behaviors are important in understanding individual risk, which may provide different chances for individual to participate in sexual practices.

The results revealed that significant differences in sexual experiences among female and male respondents were found for age, educational level, GPA, behavioral

risks, but not for monthly expense, parent marital status, and living status. However, only age was statistically related to sexual experience among males.

Students were more likely to have sexual experience if they were studying in the vocational schools, and they had lower grade point averages. Males were more likely to have intercourse when they got older, whereas females were not. Both females and males who ever had behavioral risks were more likely to have had sexual intercourse, compared to those who never had behavioral risks, namely, cigarette smoking, alcohol drinking, and addictive substance use.
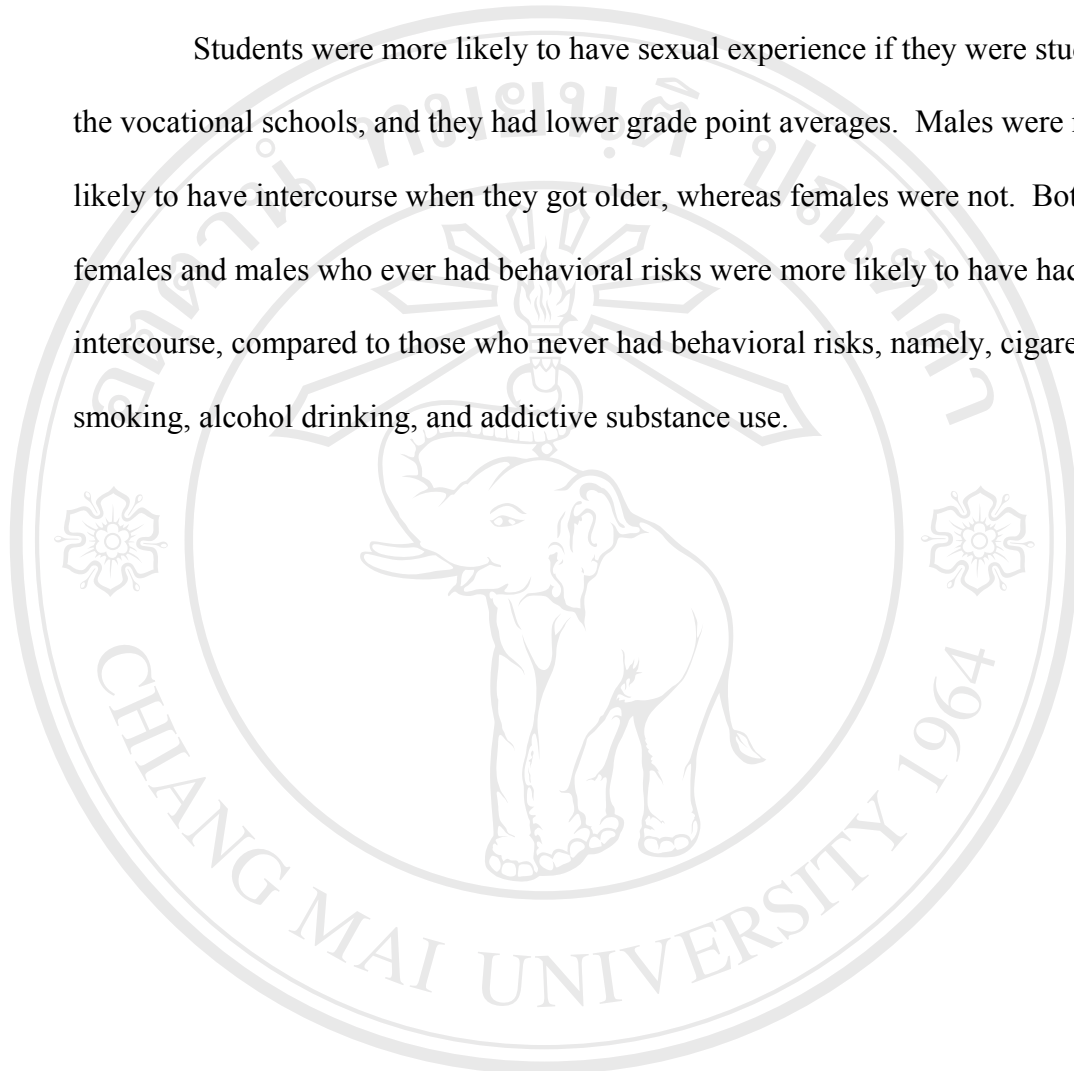
Table 4-13

Unadjusted Odds Ratios of Having Sexual Experiences for Background Characteristics

Characteristics	Total (n=1169)		Female (n=596)		Male(n=573)	
	OR	95% CI	OR	95% CI	OR	95% CI
Sex (Female/Male)	**2.27**	1.77-2.89	-	-	-	-
Educational level						
Secondary school	1.00		1.00		1.00	
University	**1.38**	1.01-1.90	0.73	0.44-1.19	1.49	0.97-2.29
Vocational college	**2.46**	1.83-3.33	**2.15**	1.40-3.29	**2.15**	1.43-3.22
Age						
15-18	1.00		1.00		1.00	
19-22	**1.38**	1.05-1.70	0.91	0.63-1.32	**1.78**	1.27-2.49
GPA						
>3.00	1.00		1.00		1.00	
≤ 3.00	**1.99**	1.39-2.84	**2.39**	1.63-3.52	**2.41**	1.46-3.96
Monthly expense (Baht)						
≤ 2,000	1.00		1.00		1.00	
2,001-3000	**1.61**	1.18-2.12	1.84	1.18-2.87	1.46	0.94-2.26
≥ 3,001	**1.48**	1.12-1.96	1.11	0.72-1.73	1.73	1.18-2.54
Parent marital status						
Living together	1.00		1.00		1.00	
Divorced	0.99	0.64-1.55	1.06	0.56-1.99	1.09	0.56-2.11
Widow	1.00	0.74-1.36	1.19	0.77-1.86	0.92	0.60-1.43
Living status						
Living with parent	1.00		1.00		1.00	
Not living with parent	1.00	0.86-1.16	1.07	0.68-1.68	0.76	0.51-1.13
Cigarette Smoking						
No	1.00		1.00		1.00	
Yes	**4.74**	3.43-6.56	**6.90**	3.09-15.41	**3.37**	2.31-4.92
Alcohol Drinking						
No	1.00		1.00		1.00	
Yes	**3.77**	2.89-4.89	**3.45**	2.36-5.02	**3.12**	2.12-4.61
Addictive Substance Use						
No	1.00		1.00		1.00	
Yes	**6.80**	4.16-11.13	**14.39**	4.11-50.42	**4.36**	2.52-7.52

Note. Bold indicates significant odds ratios.

As expected, almost all psychosocial and gender-related variables, namely, pros/cons of intercourse, perception of friends' sexual intercourse, close friends' approval of sexual intercourse, sex-refusal self-efficacy, gender role perception, and intercourse intention were significantly associated with sexual experience in both female and male respondents as shown in table 4-14. Among the numerous psychosocial factors significantly associated with sexual experiences, friend's sexual behavior and intercourse intention had the largest odds ratios. Females and males with a high number of sexually experienced friends were over 20 times more likely to engage in sexual experience than females and males with few sexually experienced friends. Females and males who intended to have sexual experience during their adolescent year were over 10 times more likely to engage in sexual experience than females and males who had never intended to do so. Youth were more likely to engage in sexual experiences if they reported a low versus a high level of refusal self-efficacy, an effect that was higher among girls (OR =14.2) than boys (OR=3.35). Girls with close friends' approval of sexual practice were 10.7 times more likely to have sexual experiences and girls in the group with perception of pros more than cons of intercourse were 4.2 times more likely to have sexual experiences. Among boys the odds ratios for these variables were 6.5 and 3.9.

With regard to gender-related factors, gender role perception was differently related to sexual experience between female and male respondents. For female respondents, those who valued low traditional beliefs in gender role were 1.4 times more likely to have intercourse, compared to those who valued high traditional beliefs in gender role. In contrast to females' findings; male respondents who valued low

traditional beliefs in gender role were less likely to have intercourse, compared to those who valued high traditional beliefs in gender role.

Table 4-14

Unadjusted Odds Ratios of Having Sexual Experiences for Psychosocial and Gender-based Variables

Variables	Total (n=1169)		Female (n=569)		Male(n=573)	
	OR	95% CI	OR	95% CI	OR	95% CI
Pros/Cons of intercourse						
Cons > Pros	1.00		1.00		1.00	
Cons = Pros	**2.53**	1.53-4.19	2.82	0.89-8.87	**1.88**	1.06-3.32
Pros>Cons	**4.99**	3.19-7.81	**4.23**	1.47-12.07	**3.88**	2.33-6.46
Sexual practice of friends						
None	1.00		1.00		1.00	
<50%	**6.47**	4.15-10.07	**6.73**	3.25-13.95	**6.80**	3.83-12.06
≥50%	**31.99**	20.16-50.75	**46.78**	21.92-99.81	**22.5**	12.47-40.53
Close friend approval of sexual intercourse						
Disapprove	1.00		1.00		1.00	
Undefined	**4.76**	3.11-7.27	**3.79**	2.19-6.57	**3.56**	1.59-7.91
Approve	**10.26**	6.78-15.53	**10.72**	6.39-18.02	**6.46**	2.92-14.26
Refusal self-efficacy						
High (3rd tertile)	1.00		1.00		1.00	
Moderate (2nd tertile)	**2.23**	1.58-3.16	**2.99**	1.57-5.70	**2.18**	1.39-3.41
Low (1st tertile1)	**5.89**	4.22-8.83	**14.16**	7.6-26.08	**3.35**	2.19-5.13
Gender role perception						
Traditional	1.00		1.00		1.00	
Liberal	1.15	0.99-1.33	**1.46**	1.01-2.10	0.68	0.47-0.99
Intercourse Intention						
No	1.00		1.00		1.00	
Don't know	**5.95**	4.00-8.85	**8.12**	4.82-13.67	**3.61**	1.90-6.86
Yes	**17.08**	12.06-24.18	**36.29**	20.36-64.68	**10.41**	5.97-18.17

Note. Bold indicates significant odds ratios.

Multiple Logistic Regression Model Predicting Sexual Experience

In the entire respondents and each group of respondents, variables were entered in three steps: background characteristics, behavioral risk, well-accepted psychosocial determinants, and gender role perception.

In the entire respondents as displayed in table E3 in Appendices, sex, age, educational level, and all behavioral risks (i.e., alcohol drinking, cigarette smoking, and addictive substance use) were significant, such that males with older age and those ever having alcohol drinking, cigarette smoking, and substance use reported higher engaging in sexual encounters.

The second step, psychosocial variables were added: pros/cons of intercourse, sexual experience of friends, and close friends' approval of sexual intercourse, refusal self-efficacy, and sexual intention were significant. That is, adolescents who still hold beliefs in pros of intercourse rather than cons; those who perceived that their friends more engaged in sexual experience; those whose close friends accept sexual intercourse; those who had low score of sex-refusal self-efficacy; and those who intended to have sex and those who intended to have intercourse had significantly higher odds of engaging in sexual intercourse, compared to being virgins. Furthermore, the effect of age, and behavioral risks were dropped in significance for ever having sexual experience; however, sex and educational level were still significant.

The last step, gender role perception was added. It revealed the same basic as model 2. The final model was significant, $\chi^{2\,(11,\,n=1,\,169)} = 589.64$, p<.001; but gender role perception did not contribute to the final model. Based on the model, 88.8% of adolescents were correctly classified into their actual sexual practice

categories. However, stratified analyses by sex is very necessary because there are found vast differences in sexual believes and practices.

For female, logistic regression examining predictors of ever having sex were summarized in table 4-15. In the first model, age, educational level, GPA, and behavioral risks (i.e., alcohol drinking, cigarette smoking, and substance use) were significant: older female; those studying in secondary school and in vocational level; those who had GPA 3.00 or less; and those ever having alcohol drinking, cigarette smoking, and substance use had significantly higher odds of being non-virgins, compared to being virgins.

Psychosocial variables added on the second step were significant: sexual experience of friends, close friends' approval of intercourse, refusal self-efficacy, and sexual intention. That is, female adolescents who perceived that their friends more engaged in sexual experience; those whose close friends accept sexual behavior; those who had low score of sex-refusal self-efficacy; and those who intended to have sex had significantly higher odds of being non-virgins, compared to being virgins. Furthermore, the effect of age, educational level, and alcohol drinking and cigarette smoking were dropped in significance for having ever sexual experience; however, GPA and substance use were still significant.

The last step, gender role perception was added. It revealed the same basic as model 2. The final model was significant, $\chi^2{}_{(11, n=596)} = 368.57$, p<.001; but gender role perception did not contribute to the final model. Based on the model, 93 % of girls were correctly classified into their actual sexual practice categories. The magnitude of association between variables and sexual experience is displayed in the final model.

Girls were more likely to engage in sexual practice if they had low grade point averages (≤ 3.00) (OR=1.93; 95% CI =1.07-3.45); if they had ever had addictive substance use(OR=11.51; 95% CI =1.74-75.88); if they believed that their friends mostly involved in sexual experiences (OR =25.88; 95% CI = 9.96-67.21); or if they believed that some of their friends engaged in sexual encounter (OR = 5.59; 95% CI =2.32-13.47) ; if they believed that their close friends approved their having sexual intercourse (OR =2.49; 95% CI = 1.41-4.39); if they believed that they had low self-confidence to refuse having intercourse with the opposite sex (OR =3.52; 95% CI = 2.06-6.15); and , if they intended having sexual experience during adolescent year (OR =14.73; 95% CI = 7.05-30.74).

For male respondents, logistic regression examining predictors of ever having sex were summarized in table 4-16. In the first model, age, GPA, and behavioral risks (i.e., alcohol drinking, cigarette smoking, and substance use) were significant: older males; those who had GPA 3.00 or less than; and those ever having alcohol drinking, cigarette smoking, and substance use had significantly higher odds of being non-virgins, compared to being virgins.

The second step, psychosocial variables were added. The results were contrast to female group: pros/cons of intercourse, sexual experience of friends, and sexual intention were significantly associated with sexual practices, but it is recognized that sex-refusal self-efficacy and close friends' approval of sexual intercourse were not significant. That is, male adolescents who still hold beliefs in pros of intercourse rather than cons, those who had more friends engaging in sexual experience; and those who intended to have intercourse had significantly higher odds

of engaging in sexual intercourse, compared to being virgins. Moreover, only age and

GPA remained in significance.

Table 4-15

Multiple Logistic Regression to Distinguish Never and Ever Having Sexual Experience
Among Female Respondents (N=596)

Variables	Model 1		Model 2		Model 3	
	OR (95%CI)		OR (95%CI)		OR (95%CI)	
Age (≤ 18 yr/ >18yr)	2.41**	(1.24, 4.58)	0.59	(0.23, 1.48)	0.59	(0.24, 1.49)
Educational Level (university)[r]						
secondary school	3.47**	(1.58, 7.62)	1.09	(0.38, 3.19)	1.13	(0.39, 3.33)
vocational	6.44***	(3.06, 13.58)	2.30	(0.85, 6.21)	2.36	(0.87, 6.39)
GPA (GPA >3.00)[r]						
≤ 3.00	1.85**	(1.22, 2.81)	2.03*	(1.11, 3.69)	2.04*	(1.12, 3.72)
Alcohol use (N/Y)	2.80* **	(1.85, 4.22)	1.07	(0.58, 1.95)	1.07	(0.58, 1.95)
Cigarette smoking (N/Y)	2.19	(0.84, 5.68)	1.15	(0.34, 3.99)	1.13	(0.33, 3.92)
Addicted substance use (N/Y)	5.87*	(1.42, 24.36)	12.27*	(1.74, 86.71)	12.40*	(1.74, 88.28)
Pros/cons of intercourse (Cons > Pros)[r]						
Cons = Pros			0.91	(0.13, 6.36)	0.89	(0.15, 6.82)
Pros>Cons			3.74	(0.76,18.25)	3.58	(0.73, 17.58)
Sexual practice of friends (none)[r]						
<50%			5.75***	(0.76, 18.25)	5.77***	(2.35, 14.15)
≥50%			27.56***	(10.21, 74.44)	27.47***	(10.17, 74.19)
Close friend approval of sexual practices (Disapproved)[r]						
Undefined			0.95	(0.44,2.03)	0.93	(0.43, 2.01)
Approved			2.27**	(1.11, 4.64)	2.26**	(1.11, 4.64)
Sex-refusal self-efficacy (high)[r]						
Low			5.88***	(2.54, 13.62)	5.98***	(2.57, 13.89)
Middle			2.28	(0.96, 5.41)	2.29	(0.96, 5.47)
Intercourse Intention (no)[r]						
don't know			3.71***	(1.90, 7.23)	3.67***	(1.87, 7.16)
yes			13.84***	(6.54, 29.28)	13.69***	(6.46, 29.05)
Gender role perception (Trad)[r]						
Liberal				-	1.12	(0.62, 2.03)
LL	-298.26		-166.36		-166.28	
Model Chi-square (LR Chi2)	107.11***		368.57***		368.72***	
% Prediction	74%		93%		93%	

[r] Reference gr. *p<.05 ** p<.01 *** p<.001

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The last step, gender role perception was added. It revealed the same basic as model 2. The final model was significant, $\chi^{2\,(11,\,n=573)} = 235.52$, p<.001; but gender role perception did not contribute to the final model. Based on the model, 84 % of men were correctly classified into their actual sexual practice categories. The magnitude of association between variables and sexual experience is displayed in the final model.

Boys were more likely to engage in sexual practices if they get older (OR =2.09; 95% CI = 1.08-4.08); if they had low grade point average ($\leq$ 3.00) (OR=2.26; 95% CI =1.25-4.10); if they believed in pros of sexual experience rather than cons (OR=2.18; 95% CI =1.16-4.09): if they believed that their friends mostly involved in sexual experiences (OR =12.27; 95% CI = 6.50-23.17) or just they believed that some of their friends involved in sexual experiences (OR =6.03; 95% CI = 3.26-11.14); and if they intended to have sexual experience during adolescent year (OR = 4.45; 95% CI = 2.39-8.27) or if they never thought about having sexual experience (OR 2.49 ; 95 % CI = 1.21-5.11).

To summarize, several variables retained in the final multiple logistic regression models were the same for boys and girls, but others were independently associated with engaging in sexual encounters. After controlling background characteristics, sexual experience of friends, and intention were independently associated with being non-virgins in both male and female groups. Interestingly, for females, close friends' approval of sexual intercourse and sex-refusal self-efficacy were independently associated with being non-virgin, while for males those variables were not. In addition, pros/cons of intercourse were independently associated with being non-virgins among a male group not females.

Regarding the effect of gender role perception, it was not significantly associated with sexual experience after controlling background characteristics, behavioral risk and psychosocial determinants in both males and females. With respect to background characteristics, it is recognized that GPA was independently associated with being non-virgin in both females and males; age was independently associated with being non-virgin in males; and addictive substance use was independently associated with being non-virgin in females.

Table 4-16

Multiple Logistic Regression to Distinguish Never and Ever Having Intercourse Among Male Respondents (N=573)

Variables	Model 1 OR (95%CI)	Model 2 OR (95%CI)	Model 3 OR (95%CI)
Age (≤ 18 yr/ >18yr)	2.97*** (1.65, 5.37)	2.09* (1.08, 4.07)	2.12* (1.09, 4.12)
Educational Level (university)[r]			
secondary school	0.51 (0.25, 1.00)	0.52 (0.23, 1.15)	0.52 (0.24, 1.16)
vocational	1.49 (0.95, 2.32)	0.92 (0.54,1.57)	0.91 (0.53, 1.54)
GPA (GPA >3.00)[r]			
≤3.00	2.39** (1.42, 4.02)	2.19* (1.19, 4.01)	2.23* (1.22, 4.07)
Alcohol use (N/Y)	2.09** (1.37, 3.21)	1.39 (0.84, 2.32)	1.40 (0.84, 2.33)
Cigarette smoking (N/Y)	1.93** (1.22, 3.04)	1.37 (0.80,2.33)	1.39 (0.69, 2.83)
Addictive substance use (N/Y)	1.97** (1.05, 3.72)	1.41 (0.69, 2.86)	1.68 (0.83, 3.41)
Pros/cons of intercourse (Cons>Pros)[r]			
Pros=Cons		1.71 (0.85, 3.45)	1.68 (0.83, 3.41)
Pros>Cons		2.28* (1.21, 4.31)	2.31* (1.21, 4.36)
Sexual practice of friends (none)[r]			
<50%		5.88***(3.16, 10.94)	5.92*** (3.17, 11.02)
≥50%		11.73***(6.17, 22.29)	11.76*** (6.18, 22.36)
Close friends approval of sexual practice (Disapproved)[r]			
Undefined		1.27 (0.46, 3.46)	1.28 (0.47, 3.48)
Approved		1.45 (0.53, 3.96)	1.45 (0.53, 3.95)
Sex-refusal self-efficacy (high)[r]			
Low		1.21 (0.72, 2.10)	1.21 (0.69, 2.09)
Middle		1.17 (0.67, 2.06)	1.18 (0.67, 2.07)
Intercourse Intention (No)[r]			
Don't know		2.35* (1.12, 4.88)	2.34* (1.12, 4.88)
Yes		4.00*** (2.08, 7.69)	3.93***(2.04, 7.55)
Gender role perception (Trad)[r]			
Liberal		-	0.84 (0.52, 1.34)
LL	-346.71	-277.79	-277.53
Model Chi-square	97.70***	235.52***	236.06***
% Prediction	72%	84 %	85%

[r] Reference gr. *p<.05 ** p<.01 *** p<.001

Influences of Psychosocial and Gender-based Factors

on Sexual Risk Taking Among Sexually Experienced Students.

Relationships Among Psychosocial, Gender-based Factors and Sexual Risk Taking

Table E5 in Appendices shows correlation matrix in the overall respondents. The result showed that there was some background characteristics significantly associated with sexual risk behavior score: GPA and substance use. However, sex, age, GPA and all behavioral risk were controlled for multivariate regression.

For all continuous independent variables, correlation matrix in both female and male respondents was performed (see table E6 and E7 in Appendices). Given the large number of variables employed in this study, there are many significant associations. Several of these are expected and well-established, such as the relation between favorable attitude toward sexual risk behaviors and close friends' approval of sexual risk behaviors (r = -.36, p<.001) among females. However, this survey of correlation analyses focuses on patterns and association with dependent variable and among specific variable of interest, such gender role perception and power in sexual relationship.

For female respondents (see table E5 in Appendices), sexual risk behavioral attitude and safe sex self-efficacy were negatively correlated with sum score of sexual behavior risk (r = -.23 and r = -.23, respectively), but hedonistic outcome expectancies of condom and sexual risk intention were positively correlated with sum score of sexual risk behavior(r = .26 and r= .43 respectively). Contrary to the expectation, gender role perception, power in sexual relationship, and other beliefs of intercourse and condom were not significantly related to sum risk. Peer norms including sexual

risk practice of friends and close friends' approval of sexual risks were also not significantly associated with sexual risk score (p≥ .05). However, it was recognized that power in sexual relationship was positively related to sexual risk behavioral attitude and safe sex self-efficacy (r = .25 and r = .39, respectively). It was also negatively related to pros of intercourse(r = -.25) and hedonistic beliefs about condoms (r = -.28). Gender role perception was positively related to cons of intercourse (r =.19), barrier beliefs of condom (r =.20), and hedonistic beliefs about condoms (r =.12).

For the male respondents (see table E6 in Appendices), as predicted, sexual risk behavioral attitude, and safe sex self-efficacy were negatively related to overall level of sexual risk taking (r = -.33; and r =-.24, respectively), but hedonistic beliefs about condoms, and sexual risk practices of friends were positively correlated with sum risk of sexual behavior (r = .21; and r = .18, respectively). Age, sexual risk behaviors of friends and gender role perception were not significantly correlated with overall level of sexual risk taking (p ≥ .05).   However, gender role perception was positively related to barrier beliefs of condom (r =. 23), hedonistic beliefs of condom (r = .31), sexual risk practices of friends (r =. 12) and close friends' approval of sexual risk practices (r = .19), but it was negatively related to age (r = -.15) and sexual risk behavioral attitudes (r = -.21). Power in sexual relationship was negatively correlated with hedonistic belief of condom (r = -.14), and it also was positively correlated with close friends' approval of sexual risk practices (r = .19).

Multiple Linear Regressions for Overall Level of Sexual Risk Taking Among Sexually

Experienced Respondents

A single score was assigned to reflect the overall levels of sexual risk taking, which include several distinct sexual behaviors: (1) recent sexual activity, (2) inconsistency of condom use as measured by condom use in the first sex and at most recent intercourse), (3) frequency of protective practices within 3 moths (i.e., frequency of condom use, and frequency of dual protection), and (4) having multiple partners (in the last year and in the last 3 months). Accordingly, sexual risk score was examined with linear regression. The variables were entered in three steps: background characteristics (GPA and behavioral risks); well-accepted psychosocial determinants, and gender-related variables (gender role perception and power in sexual relationship). GPA and all behavioral risks were included in the analyses as control variables. Interaction effect was examined. No significant interaction effect was found in these models. Only those models with main effects were reported in detail.

The overall model was presented there in order to note that sex has independent association with the level of sexual risk behaviors as shown in table E8 in Appendices. Hence, considering separate sex model is more useful.

For female respondents, the first three steps each resulted in a significant increase in R^2 (see table 4-17). At the first step, none of variables was significant. The addition of psychosocial variables significantly increased the explanation of variation in females' sexual risk taking. Only safe sex self-efficacy was significant. That is, female adolescents who had low safe sex self-efficacy were more likely to

engage in higher level of sexual risk taking. These variables in model 2 accounted for 10 % of variation in sexual risk scores for females.

The addition of gender-related variables (gender role perception and power in sexual relationship) in the third model did not significantly increase the explanation of variation in female respondents. But several significant effects emerged from this model. Condom-use hedonistic beliefs was significant (B= 0.69; p<.05) and safe sex self-efficacy (B= -0.34; p<.01) remained significant. There were marginal effects observed, also in direction of predicting level of sexual risk taking: sexual risk attitudes (B = -0.69; p = 0.06) and power in sexual relationship (B =1.08; p =.05). That is, female adolescents who had low safe sex self-efficacy; and those who had favorable hedonistic beliefs of condom were more likely to engage in higher level of sexual risk taking. These variables in model 3 accounted for 11 % of variation in overall level of sexual risk taking for females

It is important to note small sample size of sexually experienced females; these findings might be the result of random variation and therefore must be viewed and interpreted with caution.

For male respondents (see table 4-18), at the first step, only GPA was significant. That is, male adolescents who had GPA less than 2.00 were more likely to engage in higher level of sexual risk taking. The GPA and other behavioral risks in model 1 accounted for 5 % of variation in sexual risk score for male respondents.

The addition of psychosocial variables significantly increases the explanation of variation in males' sexual risk taking. Sexual risk behavioral attitudes, and safe sex self-efficacy were significant, and GPA remained significant. That is, male adolescents who had GPA less than 2.00; those who had positive beliefs towards

sexual risk behavior and those who had low safe sex self-efficacy; were more likely to engage in higher level of sexual risk taking. These variables in model 2 accounted for 16 % of variation in sexual risk scores for males.

The addition of gender-related variables (gender role perception and power in sexual relationship) in the third model did not significantly increase the explanation of variation in male respondents. All significant variables were the same as model 2.

The model 4 adding main effect of variables and interaction effect among variables was reported in details. The significant effect of power in sexual relationship emerged from the interaction model ($B=-2.89; p <.01$), and sexual risk behavioral attitudes ($B=-1.35; p<.001$), safe sex self-efficacy ($B= -1.79; p<.01$), and GPA ($B= 0.95; p<.01$) remained in significance. There was a significant interaction between safe sex self-efficacy and power in sexual relationship (SSE/SRP) ($B=0.60; p<.01$). That is, male adolescents who had a combination of a GPA less than 2.00, positive beliefs towards sexual risk behavior, low safe sex self-efficacy, and low power in sexual relationships were more likely to engage in higher level of sexual risk taking. These variables in model 4 accounted for 18 % of variation in overall level of sexual risk taking for males.

In sum, for female respondents, it can be concluded that hedonistic beliefs of condom, and safe sex self-efficacy were independently associated with sexual risk taking, while for male respondents, sexual risk behavioral attitudes and safe sex self-efficacy were independently associated with sexual risk taking after controlling for GPA, behavioral risks, peer norms and gender-related factors. Particularly, power in sexual relationship was associated with sexual risk taking under condition of the interaction effect between safe sex self-efficacy and power in sexual relationship and

controlling other variables among male group. It implied that power in sexual

relationship significantly moderate the relationship between safe sex self-efficacy and

over all level of sexual risk taking for male respondents.

Table 4-17

Summary of Hierarchical Regression Analysis for Variables Predicting Sexual Risk

Behavior Scores in a Sample of Sexually Experienced Female Respondents (N=154)

Variables	Step1			Step2			Step3		
	B	SE B	β	B	SE B	β	B	SE B	β
GPA <2.00	-.15	.41	.03	.12	.39	.02	0.15	.39	.03
Cigarette Smoking	.08	.62	.01	.18	.59	.03	0.26	.59	.04
Alcohol Use	.59	.41	.12	.22	.40	.05	0.27	.40	.06
Addictive Substance Use	.54	.71	.07	.57	.68	.07	0.59	.69	.08
SRB Attitudes				-.81	.49	-.14	-0.69	.49	-.16[†]
Hedonistic Beliefs				.61	.33	.16	0.69	.33	.18*
Safe Sex Self-efficacy				-.27	.13	-.18*	-0.34	.13	-.23**
Gender Role Perception							-0.01	.46	-.02
SRP							1.08	.68	.17[†]
R^2		.07			.14			.16	
Adj R^2		.001			.10			.11	
R^2 change		-			.11			.02	
F change		-			6.18**			1.98	

*p <0.05; ** p < .01; [†] Marginal significance p ~.05

Note: SRB= Sexual risk Behavioral; SRP = Power in sexual relationships

The Adolescent Perspectives of the Underlying Reasons for Sexual Risk Taking

The final findings are to give a clearer picture of why some adolescents have been taking sexual risk behaviors. Results from focus group discussions and in-depth interviews are elaborated upon the natures of the gender construction of sexuality of young people.

Informants included 12 men 10 women between the ages of 18 and 22, with mean age 19.11. All of informants identified as heterosexual, were single, never had children and two of the men were living in an outlaw relationship. Eighteen informants were monogamous (primary partner or other steady partners), and one woman and three men had causal sexual partners. The length of relationships ranged from 2 months to 3 years. All informants had been sexually active. Three informants had been tested for HIV-negative at some time in their lives.

Informants were equally divided between those currently lived with their parents and those who lived independently in dormitories. The mean length of time since having first sex was 2.44 years (SD = 0.95), with the range being from 1 year to 9 years. Two of the men who participated had sexual activity by age of 13, the others around 18-19 years old. After having first sex, the number of partners varied individually. Two of the men had more than seven sexual partners in their lifetime, and three of the women had 2-3 partners. A made-up name was used to describe each informant.

A variety of reasons for unprotected sex is revealed and is summarized in table 4-19. These deal with psychosocial benefits of unprotected sex, gender values,

partner characteristics and obstacles of protected sex. Additionally, the examples

from the interviews were presented to clarify their meaning and scope.

Psychosocial Benefits of Unprotected Sex

A crucial category to emerge from the data is psychosocial benefits of

unprotected sex. There was an extreme gender difference, with the young men openly

described their sexual desire and wanting sexual pleasure without using condoms and

the young women only wanted to please a partner, to express strong intimacy, trust

and love, to present a special feeling of bonding and sharing. Young women also had

ability to dissociate sexual intimacy from disease and anxiety, and pleasure.

Several female informants use their feelings to judge as safe rather than

rational evidence. Boo invokes trust to explain unprotected sex with new boyfriend

she has met 1 month beforehand:

> I love the new one more than my current steady partner whom I associated with for
> 4 years. He is immensely attractive to me. I asked for his telephone number from his
> sister…..I knew he had a girlfriend and his relationship had just been over….He
> made love with me without a condom for the first time after we met 1 month. This
> made me trust him so I did oral sex for him to pay him back. He shows me many
> things that I can trust him, for example, he told me about his past sexual
> relationship with 4 girlfriends. In particular, he told that he had HIV- negative
> blood examination in the past several months, but I never asked him for looking
> at the lab report…

Ironically, Boo noted that she did not believe him 100 % about the test. It

means that she had sex without a condom even though she would classify as unsafe.

Pui, an 18-year-old woman, described that she believes "sex can sustain her

love without condition".

I allow him to do whatever he wants or makes him happy because I think that I could keep our relationships. I supposed that he would not break up with me and loved me more. I have associated with him for a long time and we have commitments each other. He is the guy whom I will spend the rest of my life with even if I knew he used to make another girl get pregnant…..During our relationship, he once used to use a condom with me…it seems to me that he wanted to try it. Later, he never used it and he usually has withdrawal….I realized that it was risky; however, I try to ignore that feelings because I love him.

Several male informants described incidents in which feelings of strong sexual desire contributed to unprotected intercourse without any disease protections. Boo, an 18-year-old woman reflected her boyfriend's feeling when she engaged in oral sex and vaginal intercourse without a condom.

He told me that he had never had oral sex and vaginal intercourse without a condom with others before. He didn't let a woman do such an activity with him, but he allowed only me to do for him…. He said he was not going to dump me for another girl due to my sexual style. I also never ever let a partner use condom with me because I felt disgusted it and it is unnaturalistic.

Ton, a 19-year-old man, had 7 sexual partners in his lifetime. He had high sexual desire, especially with a person whom he loved, so he had a chance to attribute an unsafe sex.

I have sex with her everyday. I did oral sex for her at first and forced her to do for me, too. We had sex without a condom. I loved her so much and never thought about disease…… She always took contraceptive pills.

Bell, an 18-year-old man, had 9 sexual partners in his lifetime. He started engaging in a sexual encounter at age 12. He had both casual partners and steady partners. He appeared clean and good-looking.

I have sex with all my girlfriends. I spent time to know them about 1-3 months before moving to the sexual relationship….. At the same time, I went out at night and had sex with girls who went out at night for fun. We had no commitments. It was just for fun. I don't mind about that relationship because I believe in this saying "nokkaytaemainokjai" (นอกกายแต่ไม่นอกใจ). It means that I still love my girlfriend even though I have sex with other girls whom I don't love.

Gender Values

Given the traditional double standard pertaining to the acceptability of sexual experience and practices for men and women, there were obviously major differences in the difficulty of having protected sex. The young women expressed the view that they could not ask for using condom because they were feminine. Most of them were afraid of talking about using condom with their partner at first place. They also thought that talking about condom or sexual issues was for non-virgin girls and using condom or providing protective method were only male's responsibility. The young women acknowledged young men had to know about sexual practices better than them. Even though the young women who were sexual experienced and used to use condoms, they had to pretend ignorance, especially in the first time that they slept together. For instance:

Puk, an 18-year-old woman, had sex with an older partner and this is the first time for her. She lacks negotiating experience for condom use.

> I don't know anything…I just followed with him. He sometimes didn't use a condom. So I used to ask why?…..He was not happy and reacted against that. It seemed to me that my asking irritated him…..I should be quiet and had followed him because I don't want to be in dispute. I also trust him to be monogamous.

Kaew, an 18-year-old woman, used to have several sexual partners. She pretended ignorance about condom use. She thought that it is not female's responsibility.

> It is not my responsibility to use condom even if I has experience to use it before. I never ask my partner for using condom if he didn't want to use or he didn't prepare it. If I discussed about a condom, he might think that I used to have many sexual partners in my lifetime.

In general, sexual experience for males was common and acceptable. They used sex as a form of self-validation and experimentation. Actually, almost all of the young men reported that their first intercourse was with girlfriends. For the young, having sex with their girlfriends was seen as an important source of experience where the man could learn about sex without risk and saving during AIDS epidemics. They often discussed the experience with their friends.

The young men also used sex as means of belonging to peer group. It is socially acceptable to the groups if someone claimed to ever engage in sexual intercourse with either sexual workers or steady girlfriends.

Tang, a 19-year old man, explained of himself at 17.

I thought I was old enough to have sexual experience. It is nature for male adolescents. Particular, I had associated with this girl for a while and I accept more curiosity to have sex with her in that period in order to test whether our relationship would be moving on. I thought my girlfriend would like to experience that stuff, too, since she didn't resist my attempts to have sexual encounters with her…..we didn't get drunk…. we were conscious of what we were doing.

Klid, an 18-year-old man, told his first experience at 16.

I have first sex with my girlfriend because of our curiosity. It was over in a short time after that. Next experience I had sex with 2-3 sex workers. My cousin thought that I had never had any sexual experiences and he realized that there were the spread of media lures related to a sexual story. He also thought that it was a proper time for me to have such an experience. Thus, he took me to sleep with sex workers in order to learn how to have sex and how to use a condom from direct experience……almost all of my friends in my same age usually had already had sex. If we don't have such an experience, we can't talk in the group. In particular, without experiencing intercourse had humiliated and shamed us.

Nong, a 19-year-old man, explained how men feel proud of his sexual experience, which represents honor as a man, especially if they can get a virgin.

All men want to select virgin women if they have a choice because it is still crucial in deep feelings. They believe that experiencing with a virgin is a man honor.

In the contemporary society, both men and women would like to experience sexual behavior. Some women have not held the traditional beliefs that they can't have sexual intercourse before getting married. They also want to have sexual encounters before marriage without commitments. They believe that sex is a part of their lives. For, example, Kaew has several sexual partners and she is satisfied with these experiences

> I don't mind about my virginity. Right now, if you would like to find virgin girls, it seems to me that you are going to find a pin in the ocean. We talk about sex in a group naturally. Having several sexual partners is the way that we can learn more about men. Someone I met for fun….someone I met for money….

Some young men would like to try having intercourse without condoms due to adolescent curiosity. They wanted to get the new experience that they never had it before. For instance:

> I want to try having sex without condoms because I would like to know how differently I feel between using and not using condom….I would like to test my masculinity (Ton, male aged 18 years old).

Partner Characteristics

Other reasons for engaging in unprotected sex revolved around being occasional unprotected sex in primary relationship. Both female and male informants approve that the fact of a primary relationship (first girlfriend/boyfriend) serves as clean and safe relationship. Importantly, they believe that their relationship was monogamy.

Nung, a 19-year-old man, explained that he never thought about HIV since they had the first sexual relationship with each other.

> This is the primary relationship for us so I'm so sure it is without disease. I asked my girlfriend ..and she asked me, too before we have first sexual encounters. For me, I believe her but for her I'm not sure whether she believe me or not since I 'm

a guy who like to go out at night with friends. However, she let me have sex with her without using condom.

Pook, an 18-year-old woman, said that she had occasionally engaged in unprotected sex with her boyfriend. She doesn't think it is high risk because the incidents were infrequent

I do it once a month and most of the time he uses condom. Sometimes, he didn't use it because he didn't prepare it and he told me that he was lazy to do that. He also kept saying that it should be okay, so I feel it is safe.

Other reasons for unprotected sex were features of the partner or background. For young women, they considered HIV serostatus, and sexual background of partners, while young men pay attention on partner attractiveness, classifying a partner as "young" and "good looking", assessing young people as "safe".

Obstacles of Protected Sex

Both male and female informants described the major barriers to use condom was no plan to have intercourse such as getting drunk or lust. Indeed, some of them were afraid of buying condom or contraceptive pills because they were so young. Another risky pattern involved in pregnancy concern interfering with condom use. Most of the young men and women were concerned about pregnancy rather than disease. Most of the men who had sex frequently with girlfriends having contraceptive pills usually engaged in sexual encounters without condoms. Some of them who had sex infrequently forced girls to have emergency pills instead of using condom if girls didn't want to have pills. This is because the girls were concerned about their physical change from pill taking. They didn't realize that it was still an

unsafe practice and that using an emergency pill was going to affect their own reproductive health in the future.

Moreover, most of the young women perceived that they were not at risk of AIDS because they had sex with young men and they believed that their partners were not homosexuals as well as they have never had anal intercourse.

In contrast to mentioned above, there were some girls did not let her partners use condom with her because they had a phobia about a condom. They were willing to have emergency pills or contraceptive pills rather than using condoms.

Eff, a 19-year-old woman, described how she felt about condom. She realizes that it is unsafe but she can't accept it.

> I forbid him to use condom with me because I am afraid a condom is going to hurt me. It looks like a fake stuff….when I see it I feel disgusted…. In fact, I am thinking that I am taking a risk. Finally, I told myself that not only me but also my partner are taking a risk. Both of us were going to die together if he had AIDS... don't think too much. However, after I know his blood examination, I ensure that we are safe. I feel much happy, now.

Kaew, an 18-year-old woman, referred to getting drunk led her to an unsafe encounter.

> I think I got drunk and couldn't control myself….I lost my mind. My partner also drunk but he was drunk less. We hugged and kissed. no talking. I was not conscious of what was happening, so we didn't use condom….even we didn't try it at all…..

Table 4-18

Summary of Hierarchical Regression Analysis for Variables Predicting Sexual Risk Behavior Scores in a Sample of Sexually Experienced Male Respondents

(N=258)

Variables	Step 1			Step2			Step3			Step4		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
GPA (<2.00)	1.18	.38	.19**	0.89	.36	.15*	0.89	.37	.15**	0.95	0.36	0.15**
Cigarette Smoking	0.15	.34	.02	-0.24	.33	-.05	-0.24	.33	-.05	0.20	0.33	-0.04
Alcohol Use	0.12	.40	.03	0.06	.39	.01	-0.06	.39	.01	0.03	0.38	0.01
Addictive Substance Use	0.67	.37	.12	0.49	.38	.09	0.55	.38	.09	0.52	0.38	0.09
SRB Attitudes				-1.27	.34	-.24***	-1.35	.35	-.25***	-1.35	0.34	-0.26***
Hedonistic Beliefs				0.32	.24	.08	0.33	.25	.09	0.32	0.25	0.08
SSE				-0.19	.14	.08*	-0.19	.14	.08*	-1.79	0.13	0.08**
SRB of friends				0.17	.16	.04	0.18	.16	.06	0.18	0.16	0.07
Close friend approval of SRB				0.11	.09	-.14	0.17	.09	-.14	0.19	0.63	-1.26
Gender Role Perception							-0.44	.39	-.07	-0.49	0.39	-0.08
SRP							-0.27	.48	-.03	-2.89	1.11	-0.35**
SSE*SRP										0.60	0.23	1.17**
R^2		.06			.18			.19			.21	
Adj R ^{2}		.05			.16			.16			.18	
R^2 change		-			.11			.006			.02	
F change		5.26**			7.38***			.84			.76**	

*p <0.05; ** p < .01; *** p<.001

Note: SSE= safe sex self-efficacy; SRP = power in sexual relationship

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Table 4-19
Summary of Reasons for Unprotected Sex by Gender Expression

Category	Men	Women
Psychosocial benefits of unprotected sex	Commonly, the first reason was sexual pleasure. Trying intercourse without condom was challenging. It is an experimentation of their lives.	Sex without condom was an expression of love, trust, and strong intimacy. It represents special feeling of bonding and sharing. Young women wanted to please their partners. Someone dislikes condoms because of individual preference.
Gender Values	Condom use is only male responsibility. Condom use stigmatized fear of AIDS. Using sex as a form of self-validation Using sex as a mean of belonging to community	Providing condom and oral contraceptive are not female responsibility. Condom use stigmatized bad girls Lack of skill and practice in sexual negotiation Lack of experience with sex
Partner characteristics	Having sexual intercourse with the primary relationships Having monogamy Low frequency of sexual intercourse Partner attractiveness	Having sexual intercourse with the primary relationships Having monogamy Low frequency of sexual intercourse Knowing sexual history of partners
Obstacles of protected sex	No intention: getting drunk/lust/lack of available condom Equally concerned about pregnancy and disease. No ability to access condom or oral contraceptive pills- afraid of buying condoms,	No intention: getting drunk/lust/ lack of available condom Concerned about pregnancy rather than disease Perceived low risk of AIDS.

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