

The Development of a School, Family, and Community Guideline for Risky Sexual Behavior Prevention Among Junior High School Students in a Semi-Urban Area in the Border of Thailand



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Abstract

Objective: The current study aimed to identify risky sexual behavior, develop, and assess the guideline for risky sexual behavior prevention among junior high school students, aged 12-15 years, in a semi-urban area of Mae Hong Son province, Thailand.

Materials and Methods: This development research design was divided into three phases: 1) study the risky sexual behavior among junior high school students by reviewing the literature on topics related to sexual risky behavior among junior high school students; 2) develop a risky sexual prevention guideline consisting of Ethnographic Delphi Future Research (EDFR) technique. With 19 participants including social workers, psychologists, nurses, public health specialists, secondary school administrators, and teachers; 3) study the satisfaction toward the SFC guideline by using self-administered questionnaires with 52 participants who were teachers and teachers advisors in junior high school level. Data collection consisted of semi-structured interviews, and the questionnaires. Data were analyzed using thematic analysis, and descriptive statistics. The processes were conducted between March 2018 –February 2020.

Results: The study shows that major themes related to risky sexual behavior were media access, and alcohol & drug abuse. The SFC guideline, which classifies the prevention on three levels were S: school, F: family, and C: community. The satisfaction toward SFC guideline was at very satisfactory level.

Conclusion: The SFC guideline may be an effective intervention which prevents risky sexual behavior among junior high school students in a semi-urban area. Nevertheless, the evidence of satisfaction was captured only from the school's perspective. In the future, the effects of these guidelines prevention on risky sexual behavior among junior high school students need to be investigated.

Key word: Risky sexual behavior, High school, Student, Prevention, Border, Thailand

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การพัฒนาแนวทางสำหรับโรงเรียน ครอบครัว และชุมชนเพื่อป้องกัน พฤติกรรมเสี่ยงทางเพศของนักเรียนมัธยมศึกษาตอนต้น ในเขตพื้นที่กิ่งเมืองชายแดนภาคเหนือของประเทศไทย

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บทคัดย่อ

วัตถุประสงค์: เพื่อจำแนกพฤติกรรมเสี่ยงทางเพศ พัฒนาและประเมินผลแนวทางป้องกันพฤติกรรมเสี่ยงทางเพศของนักเรียนมัธยมศึกษาตอนต้น อายุ 12-15 ปี พื้นที่กิ่งเมือง จังหวัดแม่ฮ่องสอน ประเทศไทย

วัสดุและวิธีการ: การศึกษาแบบผสมผสานจำแนกเป็น 3 ระยะ: 1) ศึกษาพฤติกรรมเสี่ยงทางเพศของนักเรียนมัธยมศึกษาตอนต้น ใช้วิธีทบทวนเอกสาร และงานวิจัยที่เกี่ยวข้องกับพฤติกรรมเสี่ยงทางเพศของนักเรียนมัธยมศึกษาตอนต้น 2) พัฒนาแนวทางการป้องกันพฤติกรรมเสี่ยงทางเพศ (แนวทาง SFC) ใช้เทคนิค EDFR มีอาสาสมัคร ประกอบด้วย นักสังคมสงเคราะห์ นักจิตวิทยา พยาบาล เจ้าหน้าที่สาธารณสุข ผู้บริหารโรงเรียน และครู จำนวน 19 คน 3) ศึกษาความพึงพอใจต่อแนวทาง SFC โดยการตอบแบบสอบถามด้วยตนเองของอาสาสมัคร คือ ครูผู้สอน หรือ ครูที่ปรึกษาระดับมัธยมศึกษาตอนต้น จำนวน 52 คน รวบรวมข้อมูล โดยใช้แนวคำถามการสัมภาษณ์แบบกึ่งโครงสร้างและแบบสอบถาม วิเคราะห์ข้อมูลโดยการวิเคราะห์เชิงประจักษ์ และใช้สถิติเชิงพรรณนา ระหว่างเดือนมีนาคม พ.ศ. 2561 ถึง เดือนกุมภาพันธ์ พ.ศ. 2563

ผลการศึกษา: ผลการศึกษาพบประเด็นที่เกี่ยวข้องกับพฤติกรรมเสี่ยงทางเพศ คือ การเข้าถึงสื่อ และการดื่มเครื่องดื่มแอลกอฮอล์ และการใช้สารเสพติด แนวทาง SFC สามารถแบ่งได้เป็น 3 แนวทาง คือ แนวทางสำหรับโรงเรียน ครอบครัว และชุมชน ความพึงพอใจต่อแนวทาง SFC อยู่ในระดับมาก

สรุป: แนวทาง SFC อาจเป็นเครื่องมือที่มีประสิทธิภาพต่อการป้องกันพฤติกรรมเสี่ยงทางเพศ ของนักเรียนมัธยมศึกษาตอนต้นในพื้นที่กิ่งเมือง อย่างไรก็ตาม ความพึงพอใจต่อแนวทาง SFC ที่ได้รับการตรวจสอบเป็นมุมมองของโรงเรียนเท่านั้น ในอนาคตควรทดลองใช้เพื่อประเมินประสิทธิผลการป้องกันพฤติกรรมเสี่ยงทางเพศของนักเรียนมัธยมศึกษาตอนต้นต่อไป

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Introduction

The World Health Organization (WHO) defines adolescents as individuals aged 10-19¹. In Thailand most of junior high school students are aged 12-15 years. Healthy sexual development and awareness in these groups are a requisite for future health status. Sexual behaviors have been studied in the context of sexual practices, sexual relationships, reproductive health, sexually transmitted infections (STIs), and contraception partners². Meanwhile, the risky sexual behavior is any behavior that increases the probability of negative consequences associated with sexual contact³. Of the 65.1 million people living in Thailand, approximately 8.7 million are adolescents aged 10–19 years⁴. Recent reports about sexual risky behavior in Thai adolescents aged 12-16 years reveal that they had their first sexual intercourse at an average age of 15.1 years when they were junior high school students. Regarding this groups, 27.6% of males, and 22.4% of females did not use a condom during the first-time intercourse. Whereas, 24.2% of males, and 21.0% of females did not rely on the use of contraceptives in their last time of sexual activity⁵. The core government's partners who are responsible for dealing with this crisis and aim to reduce sexual risk-taking behavior are the school that plays the role in a school based program⁶, and the Ministry of Public Health. However, the environmental context of this group are day to day changes. Consequently, more effective intervention for prevention is needed. Adolescents, like adults, may be prone to engaging in risky sexual behavior due to perceptions of personal invulnerability and their tendency to focus on the immediate, rather than the long-term consequences of their behavior⁷. It not only has immediate, but also long-term effects upon the lives of young people. Pregnancy among school-age youth can reduce their completed level of education, their employment opportunities, their marital stability, and can increase their welfare dependency⁸. In fact, the overall prevalence is rising⁹. Sexual behavior is a complex issue and partly influenced by a wide array of personal, social, culture, moral and legal factors¹⁰. Whereas, an exposure to sexually explicit Web sites (SEWs) was the evidence factor¹¹ of media access, and also, the new factors had emerged. The change of these factors may lead to the transformation of sexual behavioral patterns among adolescents. Previous studies show that the lack of knowledge about undesired consequences of the risky sexual behaviors coupled with poverty were factors that increased the likelihood of adolescents engaging in risky sexual practices¹², They support the findings that adolescents in underdeveloped areas or disadvantaged communities, have more chances to have higher sexual risks¹³.

Mae Hong Son province, in the northwest border of Thailand was the poorest city between 2007 through 2014, 2016 and 2018, respectively¹⁴. There were several of the ethnic minorities such as Lanna, Tai Yai, Karen, Hmong, which have a variation of knowledge, attitude, and practice about sexual behavior. For instance, the Karen have a singular, conservative sexual norm. They maintain their traditional sexual culture, including sexual sanctions supported animism, which regards premarital or free love as a transgression that's resolved in communal rituals. However, the communal ritual has declined gradually, not because there are not any breaches of sexual sanctions, but because of the influence of Christianity. Therefore, Christianity is assumed to have weakened the sexual sanctions supported rituals¹⁵, which could make people susceptible to risky sexual behavior. These semi-urban areas presented slow growth in the competitive economy and urbanization. However, they faced risky sexual behavior among adolescents and youth. With rates of teenage pregnancy higher than in other parts of Thailand throughout 2000 to 2010¹⁶. Therefore, Strategic policy and work plans have been devised for the prevention of sexual risk behaviors among adolescents, but the prevalence of teenage pregnancies, STIs and HIV infections continues to escalate in many cities¹⁷, including Mae Hong Son province. Previous research has reported on risky sexual behavior among adolescent, but has not yet clarified the themes related to risky sexual behavior. There is also lack of a guideline prevention evaluation¹⁸⁻¹⁹, from the perspective of stakeholders. This developmental research proposes to investigate the sexual risky behavior, develop and evaluate the guideline for risky sexual behavior prevention among junior high school students, which can prevent sexual risk behavior and decrease the prevalence of pregnancy, STIs, HIV among adolescents.

In the current study, risky sexual behavior is any sexual risk behavior among junior high school students in the semi-urban area of Mae Hong Son province, such as the context of sexual practices, sexual relationships, reproductive health, sexually transmitted infections (STIs), and contraception partners².

Objective

The objective of this research was to identify risky sexual behavior, develop and assess the guideline for risky sexual behavior prevention among junior high school students in Mueang Mae Hong Son district, which is a semi-urban area of Mae Hong Son province and one border city of Thailand.

Materials and methods

Study design and participants

This developmental research was conducted in three phases between March 2018 - February 2020. Phase I: consisted of reviewing the literature about risky sexual behavior among junior high school students in Mae Hong Son district. Phase II: consisted of a qualitative study, using the EDFR technique to develop a guideline for risky sexual behavior prevention. Phase III: consisted of a quantitative study, using the questionnaire for evaluating the satisfaction toward the SFC guideline. In phase II the population included the teachers, teachers' advisors, the first aid room's staff, the school administration, and the specialist about adolescents. In phase III the population included junior high school level's teachers (N=57). The random sampling technique was used to collect the samples: first selection of one from two districts, followed by sampling three from five high schools, after that each school was sampled class within grade seventh to ninth in junior high schools. Phase II, the author were used the criteria, and purposeful sampling to select and recruited the sample that included teachers' advisors, the first aid room's staff, the school administration, and the specialist about the adolescents. There were 19 participants in phase II, and inclusion criteria were workers related to adolescents: (i) the social workers, psychologists, nurses, and public health specialists, (ii) secondary school administrators, and (iii) the teacher who has more than five years teaching experience. In phase III, the simple random technique was used to select the sample of the teachers into this phase. Finally, in phase III, participants were 52 teachers of the junior high school. For all three phases exclusion criteria were 1) sudden illness 2) migration to other districts 3) withdrawal from the study, respectively.

In the current study, junior high students comprised approximately 2,735 individuals aged 11–15, studying in grades seventh to ninth in junior high schools, in the academic year 2017.

The instruments used in the current study are as follows: 1) the data record form; 2) semi-structured questions for in-depth interviews to examine and develop a guideline to prevent risky sexual behavior among junior high school students; 3) a questionnaire comprising 15 items which was constructed to investigate the satisfaction toward SFC guideline, the validity of each items used IOC check, scores higher than or equal to 0.5 of acceptable value, and the Cronbach's alpha technique of a questionnaire was 0.89.



Data collection

Phase I: information about risky sexual behavior was collected by relevant documentary research, with literature review being conducted on the topic “risky sexual behavior”, “Mae Hong Son province”, and “junior high school students” on the EBSCO, Pubmed, Science Direct, Scopus, Thaijo (Thai Journal Online), Google scholar data base, and in research reports (in Thai). Phase II: the SFC guideline development used the Ethnographic Delphi Future Research (EDFR), a powerful research technique for future research field, and other social sciences, which can be used in investigating problems of political conflicts, cross-cultural and comparative studies, and involves three rounds: 1) the first round consisted of data collected from the interviews from the participants. Ethnographic futures research (EFR); then information was analyzed, and used to construct the rating scale questionnaire, 2) the second round used the questionnaire (output of round one) to collect the data, then used descriptive statistics to analyze, interpret, and categorize the information into three components of the guideline, 3) finally, the guideline was sent back to experts to consider, making the consensus (Delphi probing)²⁰, before establishing the completed guideline. Phase III: regarding the satisfaction toward the SFC guidelines self-administered questionnaires (SAQs)²¹ were used. This study used methodological triangulation²² that included the review of the literature, interviews, and a survey to promote the trustworthiness and credibility of data analysis on development, and evaluation of the SFC guideline processes.

Ethical considerations

There was no IRB approval for this study. However, this research was conducted carefully under the Helsinki declaration and its later amendments or comparable ethical standards with the participants who voluntarily participated. Their responses are kept confidential for the research only.

Statistical analysis

1) risky sexual behavior among junior school students was analyzed by (i) descriptive statistics, used for summarizing the socio-demographic characteristics of the participants, and presenting the percentage, mean, and standard deviation (ii) thematic analysis, used for the six phases of thematic analysis on risky sexual behavior which were conducted manually. The six phases were: (I) Familiarizing yourself with the data. (II) Generating initial codes across the entire data set. (III) Searching for themes and collating codes into potential themes. (IV) Reviewing potential themes and checking. (V) Defining and naming themes. (VI) Producing the report²³. All phases were performed by the authors. The data triangulation technique was used to promote the trustworthiness and credibility of data

analysis. 2) The SFC guideline analyzed used descriptive statistics, and the interpretation criteria were as follows: (i) median is higher than 3.5 (ii) The difference between the median and the mode is not more than 1.00 (iii) the interquartile rank less or equal to 1.50. Items which presented a high feasibility level and passed the criteria according to the decision of 19 experts. 3) The analysis of the satisfaction toward SFC guidelines used (i) descriptive statistics (the mean, and standard deviation). The satisfaction interpretation was as follows: (1.00-1.49), not at all satisfied, (1.50-2.49), slightly satisfied, (2.50-3.49), moderately satisfied, (3.50-4.49), very satisfied, and (4.50-5.00), completely satisfied, respectively.

Results

The results show seven themes related to risky sexual behavior: 1) media access 2) alcohol & drug abuse 3) unplanned sexual relationship 4) peer pressure. Thematic coding identified themes related to risky sexual behavior as follows:

Theme 1: Media access

Participants reported the potential of the internet access, and technology addiction among students as playing an important role in risky sexual behavior. Examples of how these instances are reported include: *“Technology addiction among students leads to non creative behavior such as the consumption of sexually through provocative media. Whereas they have a negative attitude on sex (Sex needs to be kept as a secret, sex is an embarrassment), they make students curious. They join the internet for curiosity, and lead them to have a premature sexual intercourse.”*

Theme 2: alcohol & drug abuse

The result showed that alcohol and drug abuse were the proceeding cause of risky sexual behavior. The examples of how these instances are reported include: *“Alcohol can be purchased from the grocery stores. Some entrepreneurs sell alcoholic drinks to students, they buy and gather to drink. According to some teenage groups the amphetamine, and cigarette were also easy to access, these situations proceeded having sex.”*

Theme 3: Unplanned sexual relationship

Unplanned sexual relationship was one theme related to risky sexual behavior. The examples of how these instances are reported include: *“It is common among students in junior high school, who are in need of self-discovery. They need encouragement and love. An intimate relationship with a boy or a girlfriend leads to having sex at an early age.*



This affects was found in the students, who become more introverted and have difficulty concentrating on their studies.”

Theme 4: Peer pressure

Students' behavior was influenced by many factors and people around them. For example: *“A person, who is closest to the student, may not think seriously about sexual behavior, so premature sex can easily occur, It's not seen as a problem, which leads to the decision of having sex.”*

The development of the School, Family, and Community risky sexual behavior prevention guidelines (SFC Guidelines)

The guideline was designed to prevent risky sexual behavior, and drawn up for three components 1) school, 2) family, and 3) community. Experts found consensus on a total of 30 items out of 34 as shown next:

Guideline for schools

This part refers to specific strategies for schools and teachers who help students to acquire knowledge, competence and virtue. The 12 components were as follows:

1. Offer lectures on sexual and reproductive health. The school may invite an outsource professional to increase the knowledge of adolescents about sexual and reproductive health issues.
2. Provide skills that are important for critical thinking, controlling and protecting themselves to handle an immediate situation.
3. Bring interesting issues or materials into the learning process that are intended to modify the students' behavior.
4. Providing knowledge of relevant laws such as sex offenses and reproductive health law.
5. Set appropriate teaching schedules, and also provide an activity program to reduce risky behavior.
6. Focus on student-centered activities.
7. Encourage moral or ethical teaching into all learning processes.
8. Make a home visit program in order to understand the context of the students.
9. Set up a care and monitoring system for an individual student who shows risky behavior.
10. Draw up a screening system, to screen and separate the groups of students into normal and risky groups. Use the guideline to prevent risky behavior in the normal group, and use sports or music support for the risky group.

11. Monitoring the individual student who presents risky sexual behavior, and invite the student, their parents, and stakeholders to discuss and solve the matter.

12. Set a safe environment for both physical and mental health, and minimize risky points in the school as well.

Guideline for families

This guideline was created for the family, who provides care and closely relates to the children. There were 11 items in this part as follows:

1. Need to understand the physical, mental and emotional changes of the child.
2. Cultivate positive thinking and values in children, for example, Valentine's Day should focus on family's or friends' love more than the partner's, which can lead to intercourse.
3. Care and take time for young children.
4. Promote a good family relationship, always organize and do family activities together.
5. Encourage the chance to get closer with an older family member in order to learn the value of their experiences.
6. Let children respond some activity in their family to encourage the perceived of self-value.
7. Talk, discuss, and plan about the family's issues together.
8. Need to adjust and keep an open mind to start a conversation about sex with their children.
9. Have a good interpersonal relationship with friends of people who are close to their children.
10. Building a network with neighbors for child care.
11. Improve the knowledge and practice providing care for their children. For example, join the government or private sector's sex education courses for parents.

Guideline for the community

This part highlighted the community leader's role in need of other organizations and stakeholders' participation. There were seven items as follows:

1. Promoting activities or policies to prevent risky sexual behavior.
2. Encouraging the formation of a network among relevant sectors to work towards risky sexual behavior prevention.
3. Conducting continued activities that promote good family relationships.



4. Campaigning for activities that strengthens good community relationships to construct a care network.
5. Setting up areas such as sport areas or pavilions that serve for the family or community activities.
6. Cultivating awareness among local people to recognize the importance of family institutions.
7. Encouraging the potential well-being of living together among multi-generations in the community.

The assessment of the satisfaction toward the guideline for preventing risky sexual behavior

Socio-demographic characteristics of the participants (N=57)

There were 52 respondents. However, five of them dropped out from the study because they were sick, and some of them joined academic meetings at other places. Their demographic profile showed that around half of them were female (57.70%). Nearly half of them ranged from 33 to 41 years of age (47.10%). All of them were Buddhists. They were teacher advisors of grade 7th (36.50%), grade 8th (26.90%), and grade 9th (15.40%), respectively.

Around half of them had teaching experience of one to five years (51.90%). Over half of them had health education background (65.40%).

Table 1: satisfaction toward the guidelines for risky sexual prevention

Table 1 shows the average of the satisfaction toward the SFC guideline which was at very satisfactory level; the mean (SD) was 3.95 (0.42). The mean (SD) of three highest items were as follows: benefit for implementation at school, 4.15 (0.64); benefit for implementation at family level, 4.12 (0.70), and the need and significance of the SFC guidelines to prevent risky sexual behavior, 4.06 (0.57), respectively.

Variables	Min	Max	\bar{X}	SD	Level
1. Concepts are feasible and could prevent risky sexual behavior.	3	5	3.87	0.49	Very satisfied
2. Easy to understand	3	5	3.81	0.49	Very satisfied
3. Crucial, and needed to risky sexual prevention	3	5	4.06	0.57	Very satisfied
4. Can benefit the school upon implementation.	3	5	4.15	0.64	Very satisfied
5. Can benefit the family upon implementation.	2	5	4.12	0.70	Very satisfied

Variables	Min	Max	\bar{X}	SD	Level
6. Can benefit the community upon implementation.	2	5	3.96	0.77	Very satisfied
7. The outcome was of high value to junior high school students.	3	5	4.01	0.69	Very satisfied
8. Proper for preventing risky sexual behavior at the individual level.	3	5	3.98	0.67	Very satisfied
9. Can improve the knowledge and the practice among teachers or staff.	3	5	3.90	0.60	Very satisfied
10. Can preventing risky sexual behavior with an accuracy.	3	5	3.88	0.58	Very satisfied
11. There is a high quality for the risky sexual behavior prevention.	3	5	3.85	0.61	Very satisfied
12. Satisfaction level toward the SFC guideline at the school level.	2	5	3.88	0.62	Very satisfied
13. Satisfaction level toward the SFC guideline at the family level	2	5	3.94	0.54	Very satisfied
14. Satisfaction level toward the SFC guideline at the community level	2	5	3.87	0.60	Very satisfied
15. Overall satisfaction level toward the SFC guidelines.	2	5	3.96	0.59	Very satisfied
Average	2.87	4.80	3.95	0.42	Very satisfied

Discussion

The important themes that emerged were 1) access to media: mass media, including television, video games, music, and computers²⁴. It focused on internet access. Thailand may be the world leader for time spent on the internet and mobile internet per day²⁵. Moreover, Among 18.3 million users in 2009, the majority of internet users were aged 10-19²⁶. 2) Alcohol & drug abuse: alcohol and other drugs have been shown to decrease cognitive capabilities, such as working memory and executive functions²⁷.

Regarding the SFC guideline, it was designed for preventing risky sexual behavior, based on the participation of three sectors of stakeholders (School, Family, and community). Schools are an essential part of students' health, and also the most important predictors to tackle risky sexual behaviors. Whereas, in order to reduce risky sexual behavior, it is



necessary to focus on improving parent-child communication, family supports, family connectedness³, and family monitoring²⁸. Moreover, the family should understand the development of secondary sexual characteristics, and psychological changes. For the community sector, it is necessary to evaluate how community and parental attitudes towards sex translate into behaviors²⁹, and how the overall community should construct an environment that minimizes the probability to display or access risky sexual behavior²⁸. These were in line with previous research which developed a guideline for risky sexual prevention among adolescents that combined the parent/guardian, the school, and the community. Participants among these sectors encouraged the self-efficacy about sexual relationship, sexual negotiations and refusal, perception of self-value, and responsibility for the effect of their behavior²⁸. These were consistent with a study that points to the risky sexual intervention program among adolescents which should involve parent/guardian participation and should be based on the participants' need and concerns³⁰.

The limitations of this research were as follows: 1) this research did not have the participation of junior high school students, their parent/guardian or family, and the community in the process of SFC guideline development. Therefore, future research should focus on this point. 2) Each item of the guideline was the output from quantitative analysis method. Whereas, the other methods should be considered for more effectiveness toward the ethnic minority group. 3) The riskiest sexual behavior showed results among adolescents in Mae Hong Son province, Thailand. The situation in other contexts may be different and would thus, be subject to different criteria and results. These results may not be relevant nationwide in Thailand where different regions have different socio-economic situations, lifestyles, and cultures. Despite these caveats, the findings from this study could serve as a baseline for future studies especially in Northern Thailand.

Conclusion

Four themes are first priority which related to risky sexual behavior among junior high school students; 1) media access; 2) alcohol & drug abuse; 3) unplanned sexual relationship; 4) peer pressure. The others themes are non-use of contraception, lack of condom use, and multiple sexual partners, respectively.

The SFC guideline was the output of the four themes that emerged and EDFR technique, there were school, family, and community guideline, with a total of 30 items. Satisfaction toward the SFC guideline was at "very satisfied" level. In conclusion, this SFC guideline could be used for risky sexual behavior prevention among junior high school

students. Nevertheless, the SFC guideline which is based on the school, family, and the community need to be implemented at junior high schools in semi-urban areas of the border of Thailand in order to study its effectiveness, strength, and weakness for preventing risky sexual behavior. The user should also be aware of the students' diverse backgrounds, such as religion, unique social culture, and community folkways, especially students belonging to ethnic minorities.

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