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CONTENTS

BACKGROUND

Thailand's sixth five-year development plan (1987-1991) clearly states the need to increase health and social service programs for the mounting number of Thai adolescents. Projections from the 1980 census indicate that by 1991 there will be at least twelve million Thai male and female youth aged 15 to 24 and that 72% of this group will be single (1) (2).

Meeting adolescent health needs presents one of the greatest challenges of the coming years. Single adolescents are of particular concern because of the existing vacuum in a service infrastructure that caters to young children and adults. The most obvious service gap is in the area of contraceptives and family planning. Both public and rural private family planning agencies require the husband's name and address on client service record forms implying that family planning is for married couples only. Thus, sexually active youth must rely on drug stores for contraception or use nothing at all.

In a 1984 national survey of 3,700 incomplete abortion cases in provincial hospitals 15% of the cases were single while 30% of the deaths were among single women (3).

In Thailand, adolescent pregnancy places the health and social consequences overwhelmingly on the single female. Maternal mortality is greater in the 15 to 19 age group than among women aged 20 to 30 (4). If abortion is resorted to it may be performed by an unqualified practitioner and can result in sepsis and death. In contrast, the male adolescent suffers no health effects of pregnancy and he also suffers little socially. The teenage pregnant female, if in school can rarely stay in school. If no marriage takes place her eligibility for marriage in the future is dim, not to mention the disgrace for her and her family. Finally, she and her family usually bear the greatest financial responsibility for the out-of- wedlock child.

In order to find the best ways to minimize the health and social damage to Thai female youth that results from unwanted pregnancy, information needs to be gathered on the extent of premarital sexual intercourse and use of contraception.

This report presents the results of a large field test of a survey methodology to elicit factual information about adolescent sexuality. This study draws on the experience of previous adolescent research cited below.

RELATED LITERATURE

There are four recent studies that are relevant to the current research:

(1) Knowledge, Attitude and Experience in Sex of Secondary School Students in Bangkok, Master's Thesis, Faculty of Graduate Studies, Mahidol University, Bangkok, 1984 (Thai) (5);

(2) Siriraj Hospital Adolescent Counseling Program. Data presented at a meeting held on February 13, 1986 (6);

(3) Research on Adolescent Fertility conducted by DEEMAR, 1986 (7);

(4) KAP Study about Sex, Reproduction and Contraception in Teenagers: Case Study of Khon Kaen Vocational Students, 1986 (8);

Other studies have been carried out in the 1980's and are concisely reviewed and summarized in Review of Population and Family Planning Related Needs of Adolescents in Thailand (9). The above four studies are relevant to the problem of female adolescent pregnancy because they include single women who were asked direct questions on sexual behavior and use of contraception. All four surveys used structured questionnaires to collect information; some used self - administered questionnaires (SAQ) while another used a personal interview (P.I.) by trained interviewers. Because of the

sensitive nature of premarital sex (PMS) among female respondents one indirect (and crude) measure of a questionnaire's ability to elicit information is the number of single female respondents who acknowledge ever having had PMS.

Study	Sample (single, female)	Residence	Data Coll. Method	Ever had PMS
(5)	high school	Bangkok	SAQ	1.0 %
(6)	commercial college	Bangkok	SAQ	6.4 %
(7)	household	Bangkok	P.I.	1.6 %
(8)	vocational school	Khon Kaen	SAQ	31.0 %

Obviously the difference in response rate reflects the sample as well as the methods used to collect the data. For example, study (7) included Bangkok household residents where study (8) selected vocational school students, many of whom were living in dormitories or apartments. Further, study (6) used a two-page SAQ whereas study (8) used a long SAQ, administered three times to the same individuals with classroom briefings.

While no one methodology is appropriate for all adolescents, previous research indicates that a SAQ elicits higher response for both pre-marital sex and use of the contraception than the personal interview. Combined with careful briefings for respondents, a self-administered questionnaire can result in very high response rates on sensitive questions. No conclusions can be drawn however on what portion of the difference in response rate is the result of actual behavior differences among the samples or the effectiveness of the data collection tool to evoke accurate response.

This study by the Institute for Population and Social Research (IPSR) is based on the assumption that the most useful information on adolescent sex will be gained if non-response regarding female PMS is minimized or eliminated, and that response of single females who are sexually active is maximized. Because there is no penalty for over-estimating the problem and serious consequences of underes-timation the highest level of PMS among female adolescents is assumed to be the most sensitive indicator of the level of adolescent sex. Contraceptive use and knowledge among sexually active females determines the extent of potential health problems related to pregnancy.

With the need for a standard methodology to collect information on PMS in both the rural and urban setting around the nation, the IPSR adapted the methodology of these four studies to test a cost-effective approach to adolescent sexuality research. The IPSR study has the following objectives.

OBJECTIVES

(1) To develop and test a model strategy for collecting information from single Thai youth aged 15 to 24 in rural and provincial urban areas on premarital sexual behavior (PMS), attitudes and knowledge.

(2) To determine which of two pre-questionnaire briefing models is more effective in minimizing nonresponse and maximizing female PMS response.

(3) To formulate hypotheses and predictors of PMS that can be tested through a national, stratified sample survey.

METHODOLOGY

The research team selected provincial urban and rural areas to test a data collection technique for adolescents. The data collection method consisted of a self-administered questionnaire preceeded by a small group discussion of the study and explanation of the need for complete and honest responses.

In all, a total sample of 384 was initially targetted. The sample was stratified by urban-rural residence and occupation or educational level. The youth were randomly assigned to either treatment or control groups (described later). The diagram below summarizes these divisions.

	Male		Female	
Urban	**Experimental**	**Control**	**Experimental**	**Control**
high school	12	12	12	12
vocational school	8	8	8	8
wage worker	16	16	16	16
dormitory resident	8	8	8	8
service worker	4	4	4	4
Total	48	48	48	48

	Male		Female	
Rural	**Experimental**	**Control**	**Experimental**	**Control**
high school	12	12	12	12
retail sales	12	12	12	12
villagers(farmers)	16	16	16	16
villagers(unemployed)	8	8	8	8
Total	48	48	48	48

The sample was stratified for urban-rural residence for residence because it is felt that urban youth, while generally more educated than their rural counterparts, are at greater risk of PMS because of independent living quarters, the presence of entertain-

ment establishments and lack of close social control by the community. Occupation and type of school student were stratified because they determine educational level, living quarters and exposure to the opportunity for PMS. Also, it was the intention to explore a range of Thai youth to expose the SAQ to a variety of responses.

After numerous revisions and pretests, a questionnaire of 134 items was completed and printed (seeAppendix A). Contacts were established with the Provincial Development Officers in Khon Kaen and Phrae and the District Development Officers in Kalasin and Phrae to assist in the location of adolescents. (See Appendix B for details on respondent recruitment.) Potential respondents were informed in advance that they would receive compensation for travel and lost time for participating in a questionnaire survey of contemporary adolescent life style. On a pre-arranged date the research team met the youth at an agreed upon location. In the provincial urban areas the location was a secondary school; in the rural areas the location was a youth development center in one province and a secondary school in another province.

The meetings occured on weekends and females participated in morning sessions while males attended afternoon sessions. Then

the assembled youth were randomly allocated into one of two treatments and the control. Treatment A consisted of a detailed pre-SAQ briefing by an experienced moderator. In this session a 20 - minute informal talk was given on adolescent development and sexuality, then the moderator read and explained each item in the SAQ. The moderator also answered individual questions while the questionnaire was being filled out and screened forms for nonresponse oefore the respondent had left. Treatment B consisted of a less detailed discussion of adolescent development and sexuality with no description of the SAQ items and no individual instructions or screening. Both treatments used the same flip charts to aid in the discussion. Both emphasized the confidentiality of the information and both made a direct appeal for complete and honest response. In the control group, the questionnaire was passed out with no briefing of any kind.

The youth in all three groups were required to sit apart from each other when filling out the questionnaire to preserve privacy and reduce shared response. The two moderators in the study were female and always conducted the same type of briefing. The respondents in all three groups were given refreshments while filling out the SAQ and were paid token compensation when the questionnaire was completed. No names or addresses were required on

the questionaire to ensure confidentiality.

Compensation was also paid to the provincial contacts in the form of per diem for locating the respondents and arranging the location for administering the SAQ. The field work required one day for each group of 48 males and 48 females.

RESULTS

Of the targetted 384 urban and rural adolescents a total of 361 completed questionnaires were obtained. The following diagram explains the attrition.

Targetted number of respondents	384
Did not attend the session	9
Age was over 24	9
Questionnaire forms were unusable	5
Total usable forms	361 (94%)

A completion rate of 94% in most surveys is very acceptable, however it is important to note that substitutes were recruited in the case of some no-shows and that recruitment of respondents was carried out by local officials.

The methodological objective of recruiting youth from a range of occupations and living arrangements was successful (Table 1). The majority of the sample are in school while the next largest group is farmers. More male youth are wage earners while twice the number of females work in commercial services.

Half of the respondents received one of two treatments (short or long pre-SAQ briefings) and half were assigned to the control. When the number of youth was less than the quota, the control sample was reduced. This factor and the rejection of non-usable questionnaires resulted in the slightly unequal proportions shown in Table 2. Table 3 shows that the age distributions for males and females are nearly identical though urban females aged 18 and 20 are proportionally more represented. Most of the sample is between the ages of 15 and 20.

The first section of the questionnaire consisted of neutral, easy-to-answer questions about family characteristics, schooling

and employment in order to prepare the respondent for more personal questions. Who the youth live with may be an important determinant of how much behavioral freedom they have. It is clear from Table 4 that many more urban youth, male and female, live away from parents whereas approximately 3/4 of rural youth live at home with both their parents. Most noteworthy is the large proportion of urban females and males who rent their living quarters (21% and 19% respectively).

The youth attitudes seem rather conservative (Table 5). Almost all respondents condemned use of hard drugs, marijuana and gambling. Soft drugs such as cigarettes and liquor are viewed as sinful by 3/4 of rural women but urban women seem to be adopting values close to rural and urban males and, thus, only half disapprove of smoking and drinking. The opinion that premarital sex is sinful is three times as prevalent among females than males and higher among rural respondents than their urban counterparts.

Differentials between males and females for actual risk behavior are much more pronounced than their attitudes (Table 6). Among males there is not much difference in past behavior between those living in rural and urban areas. However, urban females engage in much more risk behavior than rural females and this is

inconsistent with their similar and conservative attitude as reported in Table 5. The image this gives is of an increasingly adventurous provincial urban female who, removed from the confines of parental and community restrictions is emulating the behavior of urban male youth.

The questionnaire now begins to steer the respondent to the topic of their personal sexual experience through indirect probes. Is premarital sex with a lover acceptable to these adolescents? Seventy-five percent of males think so compared to 40% of females (Table 7). However the stipulation that the couple be engaged to be married first is an important condition for PMS in both groups of adolescents. When the respondents were asked whether they themselves would have sex before marriage, a double standard emerged, reflecting a more conservative self-opinion (Table 8). Less than 10% of females and less than 40% of males expect to have sex before marriage.

As a further "warm-up" question to more sensitive issues the next item on the questionnaire asks if the respondent ever had a boyfriend (in the case of girls), a girlfriend (in the case of boys). This item has no analytical purpose but does imply exposure to the possibility of premarital sex among the female sample. Although

the questionnaire did not probe to see how intimate the relationship was, having a boyfriend is commonplace (75%) among both urban and rural female adolescents (Table 9).

Premarital Intercourse The major objective of this research is to determine the ability of different questionnaire methodologies to elicit high response rates for the most sensitive items on the questionnaire. Assuming that the sample is large enough to approximate actual rates of premarital intercourse in the general population, responses to the two questionnaire items on history of premarital sex (PMS) can be used as an indicator of the relative effectiveness of the two experimental methodologies (long and short briefings) and the control.

Table 10 shows, first of all, that non-response is virtually non-existent in Models A and B but becomes noticeable in the control for questionnaire item 22 (which asked the respondent's age at first intercourse).

If the long briefing with close attention to respondents is effective then history of sexual intercourse should be greater in Model A followed by Model B (short briefings) and the control (no briefing before the questionnaire). For females this is indeed the

case. The rate of PMS among females in Model A is twice that of respondents in Model B and the control (15.2% versus an unweighted average of 7.5%). The response gap is progressive for questionnaire item 32.8 but uneven for item 22. Question 32.8 asked a direct question about PMS after several questions on risk behavior and would seem to be the more reliable indicator of premarital intercourse.

The higher response rate for question 32.8 could be its location in the sequence of questions, the directness of the question or the fact that it is grouped, matter of factly, with other questions on adolescent behavior rather than spotlighted as with question number 22. (See Appendix A for the questionnaire structure.)

Although the entire sample of 361 adolescents is small, and the number having sexual intercourse even smaller, it is still interesting to explore what characteristics seem to be associated with premarital intercourse. Because, as stated earlier, female adolescents suffer the most from unwanted pregnancy it is important to look more carefully at the 17 cases who said they were sexually active.

Previous research has suggested that certain characteristics of adolescents are associated with greater sexual activity. Table 11 explores some of these variables among the 17 adolescent females who answered questionnaire item 32.8 "yes" that they ever had sexual intercourse. These cases are compared with the entire female sample.

Understandably age is the most important differential among the six variables: girls age 18 and older are four times as likely to be sexualy active than those under 18. Increased sexual drive, combined with greater independence and cumulative number of boyfriends probably explains this finding.

Similarly, adolescent females who do not live with parents or relatives are four times as likely to have had sexual intercourse than those who live with close relatives. This finding is also expected given that young women who live in apartments or dormitories experience little of the social control that is so powerful in the household setting. Furthermore, independent living quarters provide a private environment for sex.

Less striking though important differentials are observed for northeastern versus northern, urban versus rural and out-of-

school versus in-school adolescents. It is surprising that urban women are only twice as likely to have had PMS than their rural counterparts. If accurate, this finding suggests that rural female sexual activity is increasing when compared with earlier research into rural adolescent sexuality. Similarly, out-of-school females are twice as likely as students to be sexually experienced but, again, this difference is lower than anticipated based on the findings from other surveys. Admittedly, there is considerable overlap between schooling and employment and this may tend to blur the distinction between the categories.

Finally, vocational school students are no more sexually active than other types of school students (e.g. high school, commercial college). This variable was investigated because of the extraordinarily high rate of PMS found in the Khon Kaen research cited earlier (4).

In sum, based on 17 cases of female adolescents with a history of PMS, certain predictors of sexual behavior can be identified. In order of importance these are (1) older age, (2) independent living quarters, (3) urban residence, and (4) not being a fulltime school student. Larger studies should include these and other variables which may more precisely describe the

characteristics of these adolescents who are at risk of the consequences of premarital sex.

Knowledge of the Risk of Conception Of direct relevance to the educational efforts of the National Family Planning Program are three questions which assess the adolescents' knowledge of the risk of getting pregnant in different situations. Table 12 shows the percent of males and females that answered these questions correctly by residence. In general, urban females are most knowledgeable and rural males are least knowledgeable about when a girl can get pregnant. Nevertheless, no more than a third of any group knows when fertilization is most likely to occur during the menstrual cycle and half of the adolescents place false confidence in withdrawal as an effective means of contraception. The highest correct knowledge ratings are for the item which asks whether a girl can be impregnated at first intercourse.

While these three questions do not necessarily predict contraceptive behavior when the adolescent becomes at risk they do point to an impressive knowledge gap which the NFPP, with its mass approach to family planning education, can effectively address.

CONCLUSIONS AND RECOMMENDATIONS

This research project set out to test whether complete and credible information on sexual behavior could be gathered from single adolescents using a self-administered questionnaire. Secondly, three different approaches were used to administer the questionnaire to determine whether detailed and personalized briefings could increase the response rate to sensitive items. Finally, the study intended to explore likely predictors of premarital sex among single adolescents.

All three of these research goals were achieved by the study. A one-hour questionnaire form consisting of 134 items was given to 384 male and female youth aged 13 to 24 in provincial urban and rural areas of north and northeast Thailand and successfully completed by 361. Approximately 100 interviews per day can .be easily managed by a team of four staff but the questionnaires were administered only on weekends to improve attendance rates. To minimize non-respnse for sensitive items, an approach which gives a detailed explanation of each question to a group of 12 individuals seems optimal based on the experience of this study.

The study found that at least 66% of males and 9% of female adolescents are sexually active. Ignorance of the risk of conception is greater among rural adolescents than urban but knowledge levels are low for all groups. Based on attitude and behavior measures it would appear that single provincial urban females are increasingly engaging in health risk behavior (e.g. sex and drugs) when compared to their rural counterparts.

The most predisposing factors to premarital sex among female adolescents are older age, living away from parents and relatives and residing in urbanized areas.

This survey was a purposive selection of youth in the provincial urban and rural environment and therefore the data do not represent Thai adolescents. A larger, nationally representative sample of non-Bangkok youth is recommended to verify the findings on conceptive awareness and risk behavior. Only then can accurate recommendations be made to the relevant government and private agencies concerning special educational programs and services for Thai adolescents.

Table 1

Education-Employment* Status by Sex and Residence

Employment category	% Males		% Females	
	Urban	Rural	Urban	Rural
In school and unemployed*	57.6	27.8	56.4	26.1
Farmer	1.2	41.1	1.1	38.0
Skilled wage earner	7.0	2.2	2.1	3.3
Unskilled wage earner	14.1	1.1	13.8	5.4
Salaried employer	2.3	_	8.5	1.1
Commercial services	9.4	_	6.4	7.6
Unemployed and not in school	5.9	27.8	8.5	16.3
Other, unknown	2.3	_	3.2	2.2
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

*Some respondents reported that they were in school and employed. These cases are listed by employed and as school students.

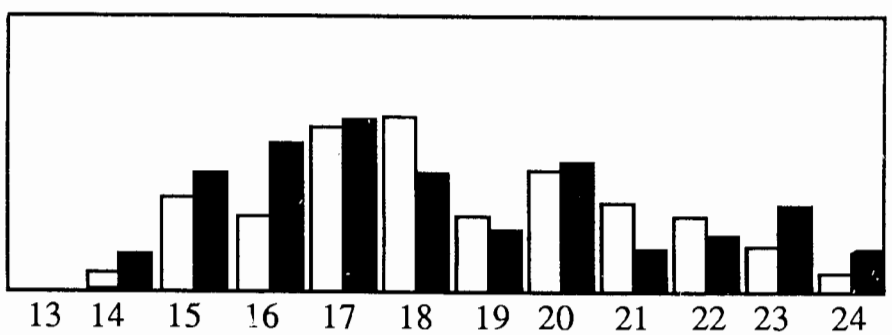
Table 2

Questionnaire Briefing Model by Sex and Residence

	% Males		% Females	
	Urban	Rural	Urban	Rural
Model A (long briefing; with group reading of questionnaire) (N)	25.9 (22)	25.6 (23)	25.5 (24)	23.9 (22)
Model B (short briefing; no group reading) (N)	25.9 (22)	24.4 (22)	25.5 (24)	26.1 (24)
Control (basic instruction; no briefing) (N)	48.2 (41)	50.0 (45)	49.0 (46)	50.0 (46)
Total (N)	100.0 (85)	100.0 (90)	100.0 (94)	100.0 (92)

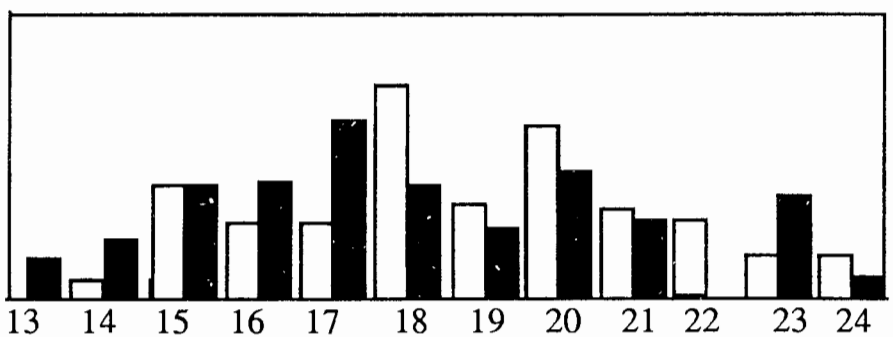
Table 3

Age Distribution by Sex and Residence



Males

	urban	rural	total
	urban	rural	total
under 19	56.4	57.8	57.1
19 and over	43.5	42.2	42.9
Total	100.0	100.0	100.0
(N)	(85)	(90)	(175)



Females

	urban	rural	total
	urban	rural	total
under 19	48.4	62.0	55.1
19 and over	51.6	38.0	44.9
Total	100.0	100.0	100.0
(N)	(94)	(92)	(186)

Note: Data on age is missing for 1 female and 2 males but is presumed to be within the range of 13-24 as age was part of the screening criteria.

Table 4

Living Arrangements by Sex and Residence

	% Males		% Females	
	Urban	**Rural**	**Urban**	**Rural**
Living with Parents or Relatives :				
Father and Mother	49.4	74.4	41.5	77.2
Father	1.2	2.2	2.1	4.3
Mother	12.9	14.4	16.0	12.2
Relative	8.2	5.6	17.0	4.3
Not Living with Relatives :				
Friend	3.5	-	1.1	1.1
Rent a room	18.8	2.2	21.3	1.1
Place of work	4.7	1.1	1.1	-
No response	1.2	-	-	-
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 5

Attitude Toward Selected Risk Behavior by Sex and Residence

Behavior	% Who Think Engaging in this Behavior is Wrong			
	Males		Females	
	Urban	Rural	Urban	Rural
Smoking cigarettes	57.6	57.8	63.8	75.0
Drinking whisky	52.9	53.3	55.3	70.7
Gambling	87.1	82.2	86.2	90.2
Pawning goods	55.3	76.7	47.9	75.0
Smoking marijuana	91.8	94.4	96.8	91.3
Sniffing thinner	95.3	92.2	96.8	92.4
Use of hard drugs	97.6	95.6	97.9	95.7
Premarital sex	17.6	30.0	72.3	80.4
Total respondents	85	90	94	92

Table 6

Percentage Who Have Engaged in Selected Risk Behavior By Sex and Residence

Behavior	% Males		% Females	
	Urban	Rural	Urban	Rural
Smoked cigarettes	78.8	78.9	37.2	23.9
Drank whisky	82.4	83.3	63.8	48.9
Gambled	83.5	77.8	48.9	38.0
Smoked marijuana	30.6	28.9	6.4	2.2
Sniffed thinner	15.3	8.9	1.1	3.3
Used hard drugs	2.4	—	—	—
Had sexual intercourse	70.6	68.2	12.8	5.4
Total respondents	85	90	94	92

Table 7

Is Premarital Sex Acceptable by Sex and Residence

	% Males		% Females	
	Urban	**Rural**	**Urban**	**Rural**
Yes, any circumstance	43.5	31.1	12.8	5.4
Yes,if with fiance	41.2	41.1	26.6	33.7
No, any circumstances	15.3	26.7	60.6	60.9
No response	-	1.1	-	-
[illegible]	100.0	100.0	100.0	100.0
[illegible]	(85)	(90)	(94)	(92)

Table 8

Response to the Question:"Do you think you will have Premarital sex?" by Sex and Residence

	% Males		% Females	
	Urban	**Rural**	**Urban**	**Rural**
Yes	38.8	35.6	8.5	2.2
No	12.9	18.9	45.7	55.4
Don't know	48.3	45.5	45.7	42.4
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 9

Percentage Who Ever had a Girlfriend (Males) or a Boyfriend (Females) by Sex and Residence

	% Males		% Females	
	Urban	**Rural**	**Urban**	**Rural**
Yes	85.9	75.6	76.6	75.0
No	14.1	23.3	23.4	25.0
No response	-	1.1	-	-
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 10

History of Sexual Intercourse by Questionnaire Briefing Model and Sex

Questionnaire Item	Experimental				Control	
	Model A (Long,detailed briefing)		Model B (Short briefing)		Model C (No briefing)	
	Male	Female	Male	Female	Male	Female
	%	%	%	%	%	%
Q.22 ("Age at First intercourse")						
Eever had intercourse	57.8	15.2	68.2	10.4	69.8	5.4
Never had intercourse	42.2	84.8	29.5	89.6	30.2	93.5
No response	0.0	0.0	2.3	0.0	0.0	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(46)	(44)	(48)	(86)	(92)
Q.32.8 ("Have you ever had sexual intercourse?")						
Eever had intercourse	55.6	15.2	65.9	6.3	67.4	8.7
Never had intercourse	44.4	84.8	34.1	93.8	29.1	91.3
No response	0.0	0.0	0.0	0.0	3.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(46)	(44)	(48)	(86)	(92)

Table 11

Comparison of Characteristics of Sexually Active Females with the Entire Female Adolescent Sample

Characteristic	Ratio Among the Entire Female Sample	Ratio Among the Sexually Active Females
> 18 yrs. : < 18 yrs.	1 : 1	4.3 : 1
not living with parents or relatives : living with parents or relatives	0.9 : 1	4.0 : 1
northeast sample : north sample	1 : 1	2.4 : 1
urban : rural	1 : 1	2.4 : 1
out-of-school : in-school	1.2 : 1	2.4 : 1
vocational school : non-vocational school (current students only)	0.9 : 1	0.6 : 1

Table 12

Knowledge of the Risk of Conception by Sex and Residence

Response to Questions	% Males		% Females	
	urban	rural	urban	rural
Q.13: "At what time during a girls' menstrual cycle is the probability of conception highest ?"				
- 14 days after the start of the cycle (correct)	30.6	20.0	35.1	25.0
- other times, don't know	69.4	80.0	64.9	75.0
Total	100.0	100.0	100.0	100.0
Q.34.3: "A girl can get pregnant even though the boy practices withdrawal."				
- True (correct)	42.4	36.7	52.1	51.1
- False, don't know	57.6	63.3	47.9	48.9
Total	100.0	100.0	100.0	100.0
Q.34.1: "A girl can get pregnant at first intercourse."				
- True (correct)	78.8	53.3	76.6	68.5
- False, don't know	21.2	46.7	23.4	31.6
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

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(1) National Statistical Office. *1980 Census of Thailand.* Bangkok

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APPENDIX

QUESTIONNALRE

Rural Adolescent Sexuality Study

Institute for Population and Social Research

Mahidol University

District ..... Province .....

Day ..... Month ..... Year .....

Please enter truthful responses.

1. How old are you ? ..... Year of birth .....

2. How many brothers and sisters?

   elder brothers .....

   elder sisters .....

   younger brothers .....

   younger sisters .....

3. Is your father still alive?

   ☐ yes ☐ no

4. Is your mother still alive?

   ☐ yes ☐ no

5. Who do you live with?

   ☐ Parents

   ☐ Father

   ☐ Mother

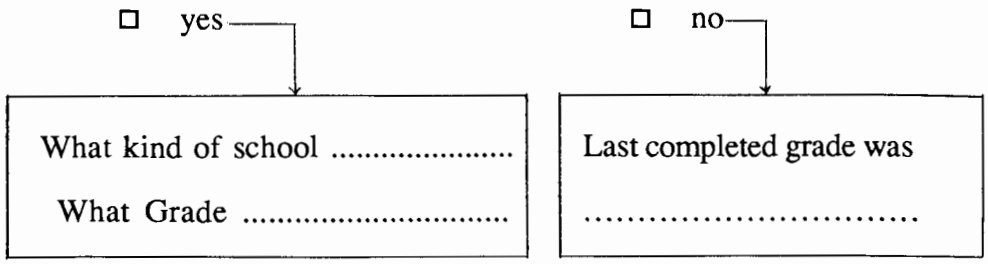
   ☐ Relative

   ☐ Friend

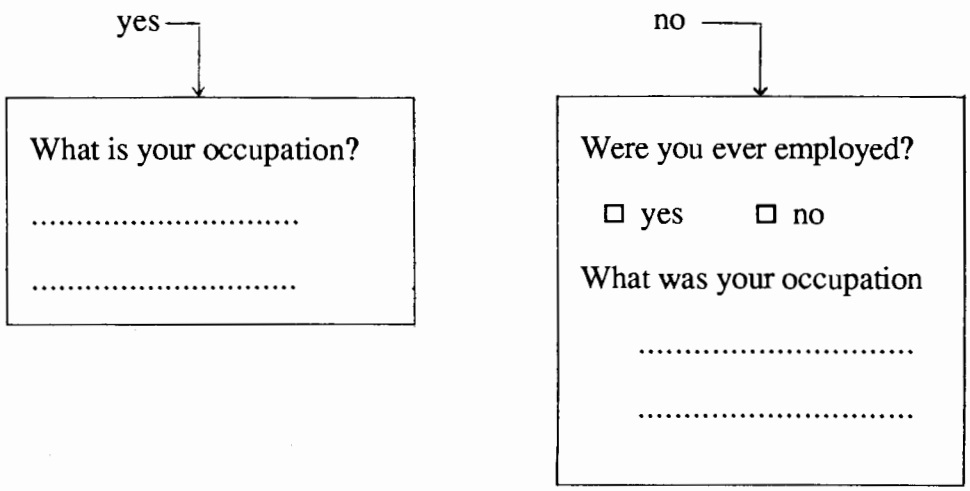
   ☐ Rent a room

   ☐ Other (specify) .....

6. Are you enrolled in school (including vocational school and night school)?



7. Are you employed?



8. How old do you think you will be when you get married? .....

9. Please indicate whether the following behaviors are sinful or not.

9.1 Smoking cigarettes

☐ sinful ☐ not sinful

9.2 Drinking liquor

☐ sinful ☐ not sinful

9.3 Gambling

☐ sinful ☐ not sinful

9.4 Pawning valuables

☐ sinful ☐ not sinful

9.5 Smoking marijuana

☐ sinful ☐ not sinful

9.6 Sniffing thinner, taking uppers or downers

☐ sinful ☐ not sinful

9.7 Using hard drugs, heroin

☐ sinful ☐ not sinful

9.8 Having sexual intercourse before marriage

☐ sinful ☐ not sinful

9.9 Playing hookey

☐ sinful ☐ not sinful

10. Please indicate whether your best friend (same sex) has done any of the following things.

10.1 Smoked cigarettes

☐ yes ☐ never ☐ don't know

10.2 Drank liquor

☐ yes ☐ never ☐ don't know

10.3 Gambled

☐ yes ☐ never ☐ don't know

10.4 Pawned valuables

☐ yes ☐ never ☐ don't know

10.5 Smoked marijuana

☐ yes ☐ never ☐ don't know

10.6 Sniffed thinner, taken uppers or downers

☐ yes ☐ never ☐ don't know

10.7 Used hard drugs, heroin

☐ yes ☐ never ☐ don't know

10.8 Had sexual intercourse before marriage

☐ yes ☐ never ☐ don't know

10.9 Playing hookey

☐ yes ☐ never ☐ don't know

Please put one √ by the statement which best reflects your attitude

11. Suppose that you are in the following situations, what would you do?

11.1 You are out on a single date with a friend in a secluded location and he tries to seduce you. What would you do?

☐ Submit

☐ Resist, but tell him nicely

☐ Resist and flee

☐ Resist, fight back, tell the police

11.2 You are out on a single date with a friend, you are both drunk and he tries to seduce you, what would you do?

- ☐ Submit
- ☐ Resist, but tell him nicely
- ☐ Resist and flee
- ☐ Resist, fight back, tell the police

11.3 You are at a party with a friend and the atmosphere is seductive. You begin to have sexual desire, what would you do?

- ☐ Submit
- ☐ Resist, but tell him nicely
- ☐ Resist and flee
- ☐ Resist, fight back, tell the police

11.4 A male friend asks you to go to see a new video movie. It turns out to be an X-rated movie and you begin to have sexual desire. What do you do?

- ☐ Submit
- ☐ Resist but tell him nicely
- ☐ Resist and flee
- ☐ Resist, fight back, tell the police

12. If you became pregnant by your boy friend and you did not want the pregnancy, who would you consult ? (Answer only one)

- ☐ Decide by self
- ☐ Consult boy friend for joint decision
- ☐ Consult close friend
- ☐ Consult parents
- ☐ Consult close relatives
- ☐ Consult teacher
- ☐ Consult a doctor
- ☐ Consult the media such as radio, T.V., newspaper, magazines
- ☐ Consult other sources (specify) .....

13. When during a women's menstrual cycle is conception most likely to occur. (Only one response)

- ☐ Equal chance for every day of the month
- ☐ Seven days after the first day of the cycle
- ☐ Two weeks after the first day of the cycle
- ☐ Seven days before the first day of the cycle
- ☐ During menses
- ☐ Don't know

14. Where did you learn the information about the menstrual cycle? (Multiple response allowed)

- ☐ At home
- ☐ From my boy friend
- ☐ From a friend
- ☐ From school sex ed course
- ☐ From printed matter
- ☐ From radio, T.V., films or video
- ☐ No previous knowledge

15. Do you have any friend who become pregnant before marriage?

- ☐ Yes, and the child is alive
- ☐ Yes, but she had an abortion
- ☐ No

16. Do you have any relative who became pregnant before marriage?

- ☐ Yes, and the child is alive
- ☐ Yes, but she had an abortion
- ☐ No

17. What do you think about someone who has premarital sexual intercourse?

- ☐ I PMS is fine whether or not they plan marriage
- ☐ PMS is acceptable if the couple is engaged
- ☐ PMS is not acceptable

18. Do you think you will have sexual intercourse before marriage?

- ☐ Yes
- ☐ No
- ☐ Never thought about it

19. What contraception would you use if you had PMS ? (Multiple response allowed)

- ☐ Pill
- ☐ Injectable
- ☐ IUD
- ☐ Condom
- ☐ Withdrawal
- ☐ Safe period
- ☐ Other (specify) .....

20. Have you ever had a boy friend?

☐ Yes → ☐ never

20.1 Have you ever considered marriage

- ☐ no
- ☐ yes, only I
- ☐ yes, and discussed this with my boyfriend
- ☐ yes and we agreed to get married

21. At what age should a girl first have sex? .....

22. At what age did you first have sex?

- ☐ ..... years old
- ☐ I never had sex

23. Has your boyfriend ever asked to have sex?

- ☐ Yes
- ☐ Never
- ☐ I never had a boyfriend

24. Have you or your boyfriend ever used contraception?

- ☐ Yes
- ☐ No
- ☐ I never had sex before

25. What contraception did you use?

- ☐ I never had sex
- ☐ Pill
- ☐ Injection
- ☐ IUD
- ☐ Condom
- ☐ Withdrawal
- ☐ Other (specify) .....

26. Who advised you to use that contraceptive method?

- ☐ I never had sex
- ☐ Decided by ourselves
- ☐ Boyfriend
- ☐ Parents
- ☐ Other relative
- ☐ Friend
- ☐ Teacher
- ☐ Medical person
- ☐ Other (specify) .....
- ☐ We did not use any contraception

27. Where did you obtain the contraceptive?

- ☐ I never had sex
- ☐ Drugstore
- ☐ Hospital
- ☐ M.D./Clinic
- ☐ Friend
- ☐ Other (specify) .....
- ☐ We did not use any contraception

28. Did you use any contraception at first intercourse?

- ☐ I never had sex
- ☐ Yes
- ☐ No

28.1 Why didn't you or your boyfriend use any contraception?

- ☐ I didn't think we were going to have sex
- ☐ I was ignorant of contraception
- ☐ I didn't think pregnancy was possible
- ☐ I couldn't find any contraceptives
- ☐ I was not confident of the safety of the contraception
- ☐ My boyfriend didn't want me to use anything
- ☐ I wanted to get pregnant
- ☐ Other (specify) .....
- ☐ I never thought about contraception at the time

29. When you had sex without contraception were you worried?

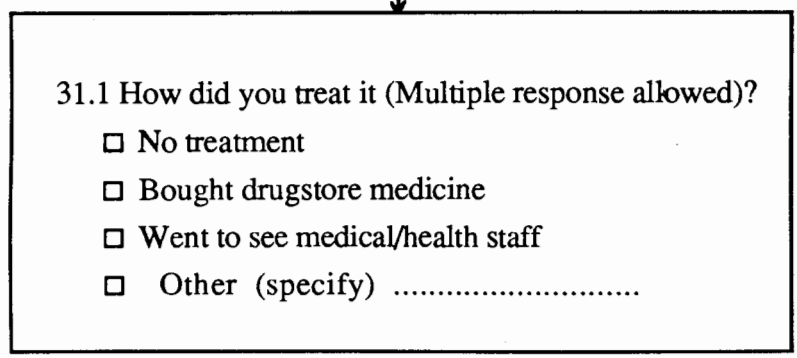
- ☐ I never had sex
- ☐ I never worried
- ☐ I worried somewhat
- ☐ I worried a lot
- ☐ We used contraception each time

30. Was your boyfriend worried about having sex without contraception?

- ☐ I never had sex
- ☐ He never worried
- ☐ He worried somewhat
- ☐ He worried a lot
- ☐ I don't know
- ☐ We used contraception every time

31. Have you ever had STD?

- ☐ I never had sex
- ☐ No
- ☐ Yes



32. Please indicate which of the following behavior you have done.

32.1 Smoked cigarettes

☐ yes ☐ never

32.2 Drank alcohol

☐ yes ☐ never

32.3 Gambled

☐ yes ☐ never

32.4 Pawned valuables

☐ yes ☐ never

32.5 Smoked marijuana

☐ yes ☐ never

32.6 Sniffed thinner, taken uppers or downers

☐ yes ☐ never

32.7 Used hard drugs, heroin

☐ yes ☐ never

32.8 Had sexual intercourse

☐ yes ☐ never

32.9 Played hookey

☐ yes ☐ never

33. Please indicate whether you have done any of the following with male friends.

33.1 Went out on a group date

☐ yes ☐ never

33.2 Went on a single date

☐ yes ☐ never

33.3 Talked together in a secluded place

☐ yes ☐ never

33.4 Hugged and kissed

☐ yes ☐ never

33.5 Slept overnight together

☐ yes ☐ never

33.6 Had sexual intercourse together

☐ yes ☐ never

34. The following are questions about your attitudes toward pregnancy and contraception.

34.1 Can a girl get pregnant the first time she has sex?

☐ yes ☐ no

34.2 Does a girl have to be sexually aroused to get pregnant?

☐ yes ☐ no

34.3 A girl can get pregnant even if withdrawal is practiced correctly.

☐ yes ☐ no

34.4 A girl can prevent pregnancy effectively by douching.

☐ yes ☐ no

34.5 Should a girl ask a boy if he is prepared to prevent pregnancy before having sex?

☐ yes ☐ no

34.6 Should a boy ask a girl whether she is prepared to prevent pregnancy before having sex?

☐ yes ☐ no

34.7 For the pill to be effective it must be taken everyday.

☐ yes ☐ no

34.8 Taking the pill can cause body changes.

☐ yes ☐ no

34.9 Do you think that condoms reduce sexual pleasure for the boy and that boy don't like to use them?

☐ yes ☐ no

34.10 Do you think that condoms reduce a girl's sexual pleasure?

☐ yes ☐ no