

ประสบการณ์ความรอบรู้ด้านสุขภาพทางเพศในความสัมพันธ์ทางเพศ ของนักเรียนวัยรุ่นหญิงที่ตั้งครรภ์โดยไม่ได้วางแผน: การวิจัยเชิงคุณภาพ Experiences of Sexual Health Literacy in Sexual Relationship among Female Adolescent Students with Unplanned Pregnancy: A Qualitative Study

นิพนธ์ต้นฉบับ

Original Article

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บทคัดย่อ

วัตถุประสงค์: เพื่ออธิบายประสบการณ์ความรอบรู้ด้านสุขภาพทางเพศในความสัมพันธ์ทางเพศของนักเรียนวัยรุ่นหญิงที่ตั้งครรภ์โดยไม่ได้วางแผน **วิธีการศึกษา:** ในการศึกษาเชิงคุณภาพนี้ คัดเลือกผู้ให้ข้อมูลแบบเฉพาะเจาะจงจำนวน 20 คน ข้อมูลจึงมีตัว มีอายุระหว่าง 14 - 19 ปี ซึ่งตั้งครรภ์ขณะกำลังศึกษาอยู่ในโรงเรียน เก็บข้อมูลที่แผนกฝากครรภ์ของโรงพยาบาลชุมชน ตั้งแต่เดือนพฤศจิกายน 2561 - มิถุนายน 2562 เก็บข้อมูลด้วยการสัมภาษณ์เชิงลึกโดยใช้แบบสัมภาษณ์กึ่งโครงสร้าง, บันทึกเทปการสัมภาษณ์, การสังเกตแบบไม่มีส่วนร่วม, และการจดบันทึกภาคสนาม ใช้การวิเคราะห์แก่นสาระตามแนวคิดของ Braun และ Clarke **ผลการศึกษา:** ประสบการณ์ความสัมพันธ์ทางเพศ สามารถจำแนกได้ 3 ประเด็นหลัก คือ 1) การคบหากับเพศตรงข้าม 2) สถานการณ์ที่นำไปสู่การยินยอมมีเพศสัมพันธ์ และ 3) การแสวงหาวิธีแก้ปัญหาหลังการมีเพศสัมพันธ์ **สรุป:** ประสบการณ์ความรอบรู้ด้านสุขภาพทางเพศในความสัมพันธ์ทางเพศของนักเรียนวัยรุ่นหญิงที่ตั้งครรภ์โดยไม่ได้วางแผนที่พบนี้สามารถนำไปใช้ให้ความรู้เพื่อป้องกันกรณีเพศสัมพันธ์โดยไม่ได้วางแผนและการส่งเสริมการคุมกำเนิดที่เหมาะสม

คำสำคัญ: นักเรียนวัยรุ่นหญิง, วิจัยเชิงคุณภาพ, ความรอบรู้ด้านสุขภาพทางเพศ, ความสัมพันธ์ทางเพศ, ตั้งครรภ์โดยไม่ได้วางแผน

Editorial note

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Abstract

Objective: To describe the experiences of sexual health literacy in sexual relationship among female adolescent students with unplanned pregnancy.

Method: In this qualitative study, 20 informants were purposively sampled and interviewed until the data were saturated. They were 14 - 19 years old and got pregnant while in school. The recruitment participants at Ante natal care department of the Community hospitals from November 2018 to June 2019. Data were collected through in-depth interviews by semi-structured interview guide using voice recorder, non-participant observations, and field note. Thematic analysis of Braun and Clarke was employed to analyze the data. **Results:** The experiences of sexual relationship could be categorized into 3 groups, 1) dating the opposite sex, 2) situations leading to consent to have sexual intercourse, and 3) seeking a solution after sex. **Conclusion:** Experiences of sexual health literacy among female adolescents with unplanned pregnancy were identified. They could be used in education to promote the unplanned sex prevention and the proper use of birth control.

Keyword: female adolescent students, qualitative study, sexual health literacy, sexual relationship, unplanned pregnancy

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Introduction

The World Health Organization defines adolescence as a period of life within 10 to 19 years of age.¹ In addition, adolescence is an important period of life, particularly with regard to independent decision-making.² It is, therefore, a crucial time to arm adolescents with accurate and reliable health information, so they can develop lifelong healthy behavior.³ Especially, they are particularly vulnerable to poor sexual health outcomes of unplanned pregnancy.⁴ This is because adolescents have rapid physical changes, especially physiological and sexual hormone changes.⁵ Higher natural sexual hormone function stimulates arousal, causing

adolescents to seek or experiment with sexual needs.⁶ In addition, lovers or partners usually look for opportunities to stay closer to each other in order to mutually engage in their interested activities to satisfy their sexual emotion.⁷

Every year, approximately 21 million girls aged 15 to 19 years and 2 million girls aged less than 15 years become pregnant in developing regions.^{8,9} Thailand is one of the developing countries that remains confronting with health and social challenges due to increased sexual health problem. Among Thai adolescents, 28% of males and 23% of females enrolled in secondary schools had sexual experience. Only

25% of them consistently used condoms; the adolescent pregnancy rate in Thailand has become the second highest in Southeast Asia according to a recent report.¹⁰

Adolescent's pregnancy remains a concern in Phetchaburi province. In the western region of Thailand where Phetchaburi is situated, the teenage birthrate per 1,000 women aged 10 - 14 years and 15 - 19 in 2016 has also escalated to 2.1% and 48.8%, respectively.¹¹ These rates exceed the criteria for the indicators set by the Office of the National Economic and Social Development Board, which means no more than 1.4 and 42 teenage pregnancies per 1,000 adolescent females aged 10 - 14 years and aged 15 - 19 years, respectively.¹² This survey has reflected on the real problem as it occurs at the local level.

Moreover, based on the review of literature related to adolescent mothers aged under 20 years, many studies have found most adolescent mothers had unplanned pregnancies and were unready for pregnancy or motherhood.¹³⁻¹⁶ With no economic security, adolescent mothers need to rely on family and other assistance in raising their children.¹⁷ Furthermore, adolescent mothers are psycho-socially immature.^{16,17} In addition, adolescent mothers may have insufficient cognitive ability and skills to solve problems, particularly in those with no assistance.¹⁸

Furthermore, the effects of sexual health issues of unplanned teenage pregnancy have been found to have greater direct impact on female adolescents. For example, pregnant adolescents face health issues such as anemia, pregnancy-induced hypertension, and increased chance for delivery by Cesarean section and postpartum depression.¹⁹ There is higher incidence of postpartum hemorrhage and endometritis when compared to the adolescents with older age.²⁰ This results in the delivery mortality, sickness, adolescent disability, as well as socio-economic losses such as loss of educational opportunity. The adolescent parents have the burden to raise children despite their unpreparedness. Particularly the female adolescents need to suspend their education and may not have an opportunity to return to school.²¹⁻²³

Important contributing factors to unplanned pregnancy include inadequacy of sex education, high rate of sexual activity, limited access to contraception, lack of accurate information about correct contraceptives use, incorrect use of contraceptives, and unplanned sexual intercourse.^{9,24,25} Unfortunately, the survey revealed that 95.5% of female

adolescents aged 15 - 21 years have insufficient levels of sexual health literacy for unwanted pregnancy prevention.²⁶ Nevertheless, the aforementioned studies did not aim to understand the contexts and conditions affecting the early days of motherhood, particularly in-depth studies about perceptions on previous experiences with sexual relationship among female adolescent students with unplanned pregnancy. Consequently, the above issues could not be clarified and lacked sufficient depth to fully describe the situation of sexual relationship among female adolescents during the school years, particularly with regard to the Thai context of unplanned adolescent pregnancy and examination of adolescent perspectives. Thus, qualitative descriptive research methodology was selected for this study because the strength of this approach is it is able to provide a complex textual description of the participants' experience.²⁷ This present study aimed to describe the experiences of sexual health literacy in sexual relationship among female adolescent students with unplanned pregnancy.

Methods

Regarding the recruitment of 14 - 19 year old adolescents in Phetchaburi province, the researcher invited the potential participants and met with the potential ones at the Community hospitals in order to provide information about the interviews. Participants were recruited by a purposive sampling based on the following inclusion criteria: a) the adolescents aged 10 - 19 years counted until their expected date of confinement, b) being pregnant while in school, c) not being pregnant as a result of rape, and d) being able to read and communicate in Thai. To participate in the interviews, 18 participants aged below 18 years and with no legal marital license needed the written consent from their guardians, while the other 2 participants over 18 years old did not. A sample of 20 participants provided saturated data.

Sociocultural background of Phetchaburi province

Phetchaburi is a Thailand's western province with eight districts. In 2017, there were 28,197 persons who were 10 - 19 years old.²⁸ A reason for selecting this province was that it was one of 19 provinces with a double increase in adolescent birth rate in 2000 - 2012.²⁹ According to the Bureau of Reproductive Health¹¹, its birth rate of adolescents aged 10 - 14 and 15 - 19 years was 2.1% and 48.8% per 1,000 youths,

respectively. This exceeded the criteria of the Office of the National Economic and Social Development Board.¹²

Ethical approvals

The Research Ethics Review Committee, Faculty of Nursing, Burapha University granted the research approval with IRB Approval No. 02-09-2561. The study was also approved by the Research Ethics Review Committee of Public Health Office of Phetchaburi Province (PBEC No. 021/2561).

Instruments

The semi-structured interview was used in the study. A pilot study was implemented with three Thai adolescents who met the eligibility criteria. After the pilot study, the interview guide was slightly revised. After revision, the semi-structured interview guide was validated by three experts in the field of qualitative research methodology and the field of sexual health. Questions in the interview guide were, for example, "Could you please tell me about your previous experience with sexual health literacy before your pregnancy?," "How did you know your boyfriend?," and "How is the relationship between you and your boyfriend?" In addition, the participants were allowed to speak freely. Follow-up questions used to follow and deepen the answers were, for example, "What do you mean?" "How would you like to respond?" and "How do you feel?"

The researcher also consulted with the experts to discuss about the data analysis. In addition, a comprehensive understanding of phenomena was developed by means of data source triangulations consisting of interviews, non-participant observations and field notes. The process was repeated until the agreed conclusions were reached among the researchers and experts. The systematical compilation of various documents by the researcher was to build reliability and provide confirmability.

Data collection

From November 2018 to June 2019, the in-depth interviews in Thai language took place with an average of 30 - 45 minutes for each participant. The sample size of 20 participants was determined once the data were saturated which meant that no new information was obtained from the newly collected data. The researcher used an audio recorder, direct observation, and field notes to collect data from the in-

person interviews. Data from all media were written by verbatim transcription and subject to analysis.

Data analysis

Data analysis was based on the thematic approach of Braun and Clarke which consists of six phases as follows.³⁰ First, the investigators need to familiarize himself with the data. Our data were undergone verbatim transcription in Thai. The data were translated into English by bilingual experts fluent in both languages. Data were re-read and initial ideas were noted down. In the second step, codes were generated from the collected data. By using code names, systematic analysis on the data started. During the coding, the researcher precisely reviewed the content, then paraphrased and assigned codes to each of data sets. The researchers and the experts discussed to draw comparisons and highlight differences discovered in the coding process.

In the third step, potential themes were searched from codes. Specifically, data relevant to each potential theme were gathered. Fourth step involved linking the themes together to form the comprehensive thematic map. The researcher worked with the experts to elucidate the extracted information previously coded. In the fifth step, themes were defined and named. Finally, report of themes was produced in the sixth step. Data extracted from participant's quotations were organized by using NVivo 12TM software.³¹

Results

Twenty unplanned pregnant adolescents were interviewed. Their age ranged between 14 to 19 years. All participants had Thai nationality. Regarding marital status, 18 cases involved couples who were cohabiting but not married and 2 couples were separated. Half of the participants (50%) attended senior high school while pregnant while 40% were in junior high school and, and 10% were in vocational school. It was found that 30% of them were working and 70% were unemployed. Family income ranged between 3,000 and 30,000 Baht. Most participants (65%) had their first visit at 1st trimester and the rest 35% at 2nd trimester.

Identified themes

One theme was identified from the data. The theme reflected the female adolescents' perception and was represented by three categories, specifically "dating the

opposite sex,” “situations leading to a consent to have sexual intercourse,” and “seeking a solution after sex.”

Dating the opposite sex

The female adolescents began to feel attracted to the opposite sex from 10 - 18 years of age. Female adolescents in this study stated that when they were 10 – 12 years old they had liked the opposite sex but did not start dating. They reported that between the age of 13 – 18 years they were in ‘dating’ relationships with no sexual intercourse. Some young women however did engage in sexual intercourse and become pregnant. The period from the first meeting to entering a relationship and becoming boyfriend/girlfriend varied from one month to two years. Half of all adolescents met for the first acquaintance in the social networking of Facebook™. Six adolescents met at school because the adolescents were older or had friends in school. Two female adolescents were introduced to their boyfriend by close friends and the other two met their boyfriend at workplace when working for extra income during term breaks to pay for tuition as the young women revealed in the following statements:

“We met on Facebook when I was in the 8th grade. We talked for about 3 – 4 months. Then he came to see me at home.” (Tum, 14 years old)

“I frequently went to see him at his shop when he was working. He worked at a pork shop. When we met, he was working at the shop and I was working at another shop nearby. I was a waitress. When I was in the 9th grade about to go to the 10th grade, I needed more money for my education. He asked for my telephone number and my Facebook ID. We talked on Facebook for 4 – 5 months before we decided to see each other as boyfriend/girlfriend.” (Luck, 16 years old)

“I had my first boyfriend when I was in 7th grade. I met him when I was going to a friend’s house. My friend introduced us. Then he kept spending time with me and teasing me. He asked for my phone number and my Facebook ID. It was how we talked. Sometimes, it was through Facebook or phone calls. We talked for a long time. After three months, we agreed to see each other.” (Suta, 16 years old)

Furthermore, female adolescent was found to meet boyfriend by meeting at home and being introduced by their brother-in-law. As one of the participants expressed:

“When I was in the 8th grade, he came to the house. He was a friend of my brother-in-law. He sent his brother-in-law to ask for my number and Facebook ID. We talked on Facebook and by telephone. Before we saw each other, we had talked for a year. I had him come to see me at home. My parents let us meet at home.” (Ta, 17 years old)

In this study, female adolescents explained that they had a boyfriend because they felt happy when seeing their boyfriend. They also explained their reasons for choosing their boyfriend. Most of the female adolescents chose boyfriends because they had secure occupations, independent incomes, work diligence, talent, honesty, and faithfulness. They also took care of and supported the young women with their personal expenses when necessary. In addition, the female adolescents chose boyfriends who were able to get along with their parents and relatives. One participant reflected:

“We had been seeing each other since he was in 8th grade and I was in 9th grade. I’m one year older than him. He was nice and worked hard. He even had extra jobs when he was studying. He repairs and installs air conditioners on the weekends. We met at school and talked by telephone. When my mother asked who I was seeing, I said that I was seeing Beam. She didn’t say anything. She knew Beam’s parents.” (Wi, 17 years old)

Situations leading to a consent to have sexual intercourse

The female adolescents had significant differences in time spent until they agreed to have sexual intercourse with their boyfriend for the first time. Eight female adolescents spent 1 – 8 months and the other 12 spent 1 – 3 years. According to the findings, the situations leading to sexual intercourse consisted of going outside the house to meet elsewhere, which gave the adolescents an opportunity to be close to each other, which led to their sexual intercourse. Most of the female adolescents (14 of 20) were invited to visit their boyfriend’s homes. The boyfriends gave the excuse that they should meet his parents or that he needed to pick up something he’d forgotten, but often no one was home. In the case of four female adolescents, the boyfriends took the female adolescents to friends’ homes and workers’ lodgings when there was no one.

Two other female adolescents stayed with their boyfriend for specific reasons. While one stayed with boyfriend in his apartment room to save some rent expense while daily commuting to work far from home; the other stayed because

she was afraid of danger while travelling back home at late night. The boyfriends of these two female adolescents asked them for sexual intercourse as in the following statements from the young women:

"It was my boyfriend's house. He picked me up and brought me to his house. There was no one there that day. He said he was going to introduce me to his parents." (Wan, 17 years)

"He said it was good for me to stay at his dorm to save both of use some expenses. My house was in Wang Tako but I was working in Phetchaburi. I had to commute between my house and workplace every day. It was scary at night since the road was secluded. He said I can stay in his apartment room and he'd pay for it. It did save me a lot of money." (Luck, 16 years old)

On the other hand, some of the female adolescents reported being able to refuse sexual intercourse with their boyfriend by a few certain reasons. First they should wait until the young women graduated. Second, the boyfriends should wait if they loved the young women. Fourth, the young women also told their boyfriend that they felt unready and were afraid of getting pregnant as in the statements below:

"The first time he asked, we had seen each other for 5 – 6 months. I refused. I was afraid of getting pregnant. I was afraid of making a mistake. I wondered if I would graduate if I got pregnant. If he loved me, he should let me graduate first. If he loved me and if we were going to live together, he could wait." (Ta, 17 years old)

"He asked me to have sex after we'd been seeing each other for five months, but I told him I wasn't ready and I was afraid of getting pregnant. My boyfriend didn't say anything. He said it was alright if I didn't want to." (Rat, 15 years old)

After refusing sex for the first time, the female adolescents had waited in their relationships until they were sure they loved their boyfriend and that their boyfriend would take responsibility if they became pregnant. Once they felt sure, they had sex. The young women provided some reasons for the consensual sex. They were afraid that their boyfriend would feel upset, hurt, or felt being not loved by the young women. Moreover, the boyfriends reassured the young women that their sexual intercourse would not lead to pregnancy because they would use condoms as stated as follows:

"We were together for nine months and went out together as usual. He asked me again, and I trusted him. He told me not to worry about pregnancy because he'd use a condom and I wouldn't get pregnant." (Su, 14 years old)

"I said no to him at first. I told him my mom would be upset because she was not my real mother, but she had raised me. I was afraid he was going to feel hurt, so when he said that he would wear a condom, I let him do it." (Sri, 17 years old)

There were also young women who did not refuse the first request for sexual intercourse because they trusted their boyfriend as shown in the following statements:

"We had been together for nearly a year before we did anything. I didn't tell him no because I trusted him." (Luck, 16)

"He came to me in my room. At the time, I was working part-time in Bangkok during the term break. He came to pick me up and go out with me. After he dropped me off, he asked to do it with me. He questioned my love for him. He said that I wouldn't get pregnant and that he would use protection. I went along with him because we had been together for a long time, and he was quite nice." (Da, 19 years old)

Seeking a solution after sex

After agreeing to have sex with their boyfriend for the first time, all of the female adolescents were afraid of getting pain and getting pregnant. The young women were concerned about pregnancy regardless of the actual use of birth control. Furthermore, they were not confident in the use of condoms. Consequently, they decided to seek advice about birth control. The adolescents consulted with their own parents, teachers, and close female friends who had previous experience with sexual intercourse as in the following statements from the informants:

"I was afraid. I was worried it would be painful, but I loved him. Because I was scared of getting pregnant, I had him use a condom. Even though I was not confident. That's because I knew condoms were not 100% effective. So, I told my paternal grandmother and an older cousin about it. My grandmother was shocked that it happened. But it had already happened, so she told me to control it well and either to take birth control pills or get birth control injections. My older cousin also told me to watch out." (Su, 14 years old)

"After I reached my friend's house in the evening, I told my friend about it. My friend then went to buy emergency birth control pills for me. I asked my friend about it because she went out a lot like I did. She did a lot of the same things, but never got pregnant. It's because she used the pill." (Cha, 15 years old)

After their first sexual intercourse the young women stated that they also used online social media to search for information about birth control. Even though their boyfriend used condoms, they felt unconfident and additionally used emergency birth control pills. One participant reflected:

"He used a condom, and I took the emergency pill. I searched Google about it, and the results said to take an emergency pill. So I went to the pharmacy and bought it. The pharmacy said they had both emergency and 28-tablet packet types." (Rat, 15 years old)

After the female adolescents told their parents about the decision to have sex with their boyfriend, their parents expressed anger, sadness, shock, and disappointment in them. This was because the parents had already warned the adolescents to be careful about having sex. However, because the parents were also worried that the adolescents might get pregnant, the parents gave them the advice about birth control. The parents also consented to the official traditional marriage ceremony to avoid the neighbors' gossip as in the following statements from the informants:

"His mother was upset. She complained and asked why we didn't believe her. Then she had me go on the pill." (Ya, 16 years old)

"At first, my dad was really angry, and he wanted to hit me, but my mom stopped him. Then my mom said that it had happened so just let go. Then they had my boyfriend go through the traditional marriage ceremony. They told us not to get pregnant first and just stay together for a while, at least until after I had finished my junior high school, was more ready, could take care of a child and had a job or something of my own." (Wan, 17 years old)

In addition to looking for self-care methods after sex, some of the female adolescents experienced abnormal physical symptoms such as vaginal discharge and irritation, vaginal discharge caused by a fungal infection and endometritis. As a result, the adolescents looked for self-care methods, consulted their female parents or relatives and visited

physicians to treat their symptoms as in the following statements from the informants:

"After I had had sex with my boyfriend, the vaginal discharge increased. So, I asked my aunt if something was wrong. My aunt said it was just a discharge. At the time, I also had pain in the lower abdominal area, so I thought I was sick and went to see a doctor. My doctor asked questions and decided it was a diagnosis of leucorrhoea. The doctor kept asking questions and performed an internal examination. The discharge was caused by a fungal infection, so the doctor gave me medications for it." (Sri, 17 years)

"I told my older sister about it. The itching was getting worse and worse. And there was a foul odor. So, my older sister took me to see a doctor at the hospital. The doctor said it was a vaginal discharge caused by an infection. The doctor gave me some oral medication to get rid of the infection." (Ta, 17 years old)

Furthermore, one of the female adolescents was found to consult her female guardian and was advised to see physician. However, due to her embarrassment, she did not see the physician immediately. Instead she used online social media to search for information about the care for vaginal discharge together with abdominal cramps. Finally, such information made her confident that her vaginal discharge was abnormal and required medical attention. One participant described the following:

"After living with my boyfriend for about 2 - 3 months, I had a heavy vaginal discharge. I had never had anything like it before, and I had terrible abdominal pain. At first, it was yellowish. Then it changed into brown. I asked my aunt. She told me to see a doctor right away. I was embarrassed at first, so I searched the Internet. I typed in Google, "vaginal discharge, pain in the lower abdominal, what to do." A lot of search results popped up, but I couldn't believe the websites anymore. Every website was about the same. They said I had to see a doctor if the vaginal discharge was heavy. So I went to the hospital. The doctor told me I had endometritis. I took the medicine for about a month and it went away." (Suta, 16 years old)

Discussions and Conclusion

The adolescent girls liked the opposite sex at 10 – 18 years of age. Most adolescents met boyfriends on Facebook™ where they chatted and talked on the telephone while dating. This was consistent with psychosexual development of

adolescents aged 12 – 18 years. Dating is the first step of building romantic relationships³², while modern electronic communication allows teens to meet and share activities via social networks.³³ This was consistent with a study conducted by Lenhart who found that adolescents use mobile phones and the Internet to interact with known and unknown peers.³⁴ Some female adolescents are interested in the opposite sex, have boyfriend/girlfriend relationships and become sexually active due to nighttime outings and peers with boyfriends. This was consistent with the study by Srisuriyawet and Homsin who found that peers persuaded adolescents toward sexual activity.³⁵ Furthermore, adolescent girls based their decisions about boyfriends on income certainty. This was consistent with spouse selection principle by Kaeokangwan who stated that occupations and financial support build security in family life.³⁶

After most adolescents had relationships for a while, they informed parents. Furthermore, adolescents received recommendations about preventing sexual intercourse. This was in accordance with a study finding communication on avoiding sex during the school years to influence abstinence intention.^{37,38} Some of the adolescents told their mothers because they were sexually active, but not confident regarding birth control. Parents reprimanded adolescents but instructed them about contraceptives. This was in agreement with a study finding sexual communication with parents to increase birth control rates and lower adolescent pregnancy rates.³⁹

The adolescent girls spent between one month and three years before agreeing to have sex with boyfriends for the first time. Situations leading to sexual intercourse consisted of going outside the home, meeting at various places and having the opportunity to be close to each other as part of adolescent romantic relationship development.³³ These situations created an opportunity for the boyfriends to ask to have sex and frequently led to premature sexual intercourse. This was because adolescents tend to seek opportunities to be near each other, do things together, pay attention to each other and meet sexual needs.⁷ This was consistent with the work of Sittipiyasakul and colleagues where they found that staying alone together is a major risk factor for the first sexual intercourse of teenagers.⁴⁰

On the contrary, when men wanted sex, most of the adolescent girls refused. Men were more likely to verbally persuade women to be confident that they would use condom protection to prevent pregnancy. In addition, female adolescents were afraid that the man would become angry

and sullen, thinking that adolescent girls did not love them if they did not consent to having sex. Refusal is a personal right everyone should respect and accept. In addition, good refusal requires seriousness in gestures, words and tone of voice to clearly demonstrate the intention to refuse.⁴¹ Obviously, female teenagers lack the skills to refuse sex, leading to important factors that contribute to adolescent pregnancy.²³

Female adolescents had anxiety, fear of pregnancy after having sex and abnormal physical symptoms. Most of them performed self-care by consulting about birth control. This corresponded with parenting guidelines about raising adolescent children stating that parents should teach sex education on knowledge, sexual intercourse, sexual reactions and responses, pregnancy, birth control, sexually-transmitted diseases, and functions and responsibility after sexual intercourse.⁴²

Furthermore, most female adolescents used online social media such as Google, Facebook and YouTube. They also searched on Google and accessed web blogs such as Pantip to find pregnancy prevention information. This information was not provided by public health service agencies. The adolescent girls chose to consult with sexually active peers. This was consistent with a survey on sources of sex information which found that 90% of students learned about this from online friends. Unfortunately, information about sex from the Internet and friends is usually inaccurate.⁴³ Adolescents receive information on selecting emergency birth controls.

Emergency contraception is a method used to avoid pregnancy after unprotected sexual intercourse. It might be perceived as more convenient than the regular contraceptive methods that need to be administered before the intercourse.⁴⁴ However, it is advised to not use emergency birth control medications more than 3 – 4 times per month because frequent use can cause more menstrual fluctuations and abnormal bleeding.⁴⁵

Most of the adolescent girls tended to consult with their mothers concerning social relationships with the opposite sex. They also sought consultation before and after having sex because they were uncertain about birth control by using condoms. None of the adolescent girls were able to find information concerning sexual health services from public health officials. Thus, the girls were able to perceive overall comprehension and credibility of the information they found and applied the knowledge obtained to the performance of self-care.^{26,46,47} The adolescent girls had insufficient

knowledge to enable avoidance or refusal to engage in sex prematurely. In addition, the girls had limited information and comprehension about birth control because they had received insufficient knowledge from school and family. Furthermore, they selected unreliable sources of information from friends and online social media. This reflects their understanding of how to implement the determined plans and to rationally analyze and compare their health-related practice.^{26,47} Moreover, the adolescent girls did not have sufficient access to information about sexual health services and birth control from medical staff. Consequently, the girls were unable to select birth control methods that suit their needs. Chirawatkul et al also found that when adolescents had sex problems, they preferred consulting with friends to others.⁴⁸ Unfortunately friends of adolescents usually lack proper knowledge about sex. Therefore adolescents consult their sex problems by phone with healthcare providers with feeling less shy or ashamed. This was consistent with the Center for Disease Control of the USA which found that adolescents need regular health care services to receive comprehensive sexual and reproductive health counseling about the importance of delaying the initiation of sexual activity and their contraceptive options.⁴⁹ They need counseling on which method would be the most suitable for them, and on how to use that method correctly and consistently.

This qualitative study had a limitation. With a sample of 14 - 19 years old female adolescents from a province from the western region of Thailand, generalizability of the results to female adolescents in other regions of the country could be cautious.

However, results of our study could be used in developing sex education curriculum interventions including counseling to female adolescent students to promote knowledge and understand on dating with opposite sex. The intervention could also promote awareness of chances and consequences of unprotected sexual intercourse, effective contraception methods and continuing contraception use. The intervention should also extend to parents.

In conclusion, the experiences of most female adolescents were that they met their boyfriend on Facebook and, while dating, they either chatted via Facebook or made phone calls. After a period of dating, they made appointment to meet each other at certain places, especially at boyfriend's place. Therefore, male adolescents usually requested for sexual intercourse when staying alone together. When adolescents

began to socialize with opposite sex, most female adolescents were unable to access health service to acquire correct information of opposite-sex socialization. The sexual refusal skill was also regarded as an important cause of pre-mature sexual intercourse. Male and female adolescents failed to access the source of accurate information on the efficient birth control method and solutions for birth control pill complications. This resulted in their decision to choose the inefficient and unsuitable contraceptive method. Their inability to justify the accuracy and reliability of health information from media led to incorrect use of birth control.

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