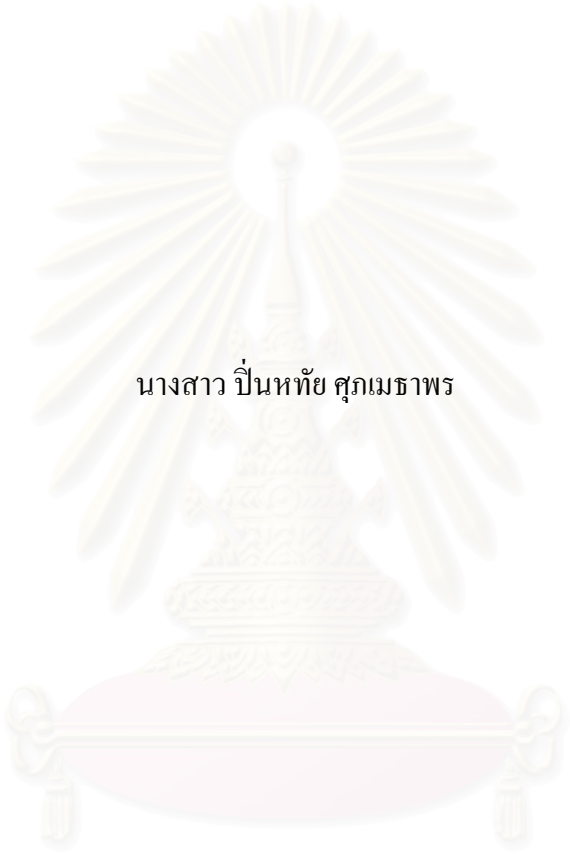
กระบวนการละเว้นการเริ่มมีเพศสัมพันธ์ในเยาวชนหญิงไทย

นางสาว ปิ่นหทัย ศุภเมธาพร



วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตรปริญญาพยาบาลศาสตรดุษฎีบัณฑิต
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REMAINING SEXUALLY ABSTINENT PROCESS AMONG YOUNG THAI WOMEN

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A Dissertation Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy Program in Nursing Science
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นางสาวปิ่นหทัย ศุภเมธาพร: กระบวนการละเว้นการเริ่มมีเพศสัมพันธ์ในเยาวชนหญิงไทย (REMAINING SEXUALLY ABSTINENT PROCESS AMONG YOUNG THAI WOMEN). อ. ที่ปรึกษา: ผศ. ดร. ประนอม รอดคำดี, ผศ. ดร. วราภรณ์ ชัยวัฒน์, 158 หน้า.

การละเว้นการเริ่มมีเพศสัมพันธ์ในเยาวชนหญิงเป็นกลวิธีสำคัญในการสร้างเสริมสุขภาพทางเพศของวัยรุ่นไทย แต่กระบวนการละเว้นการเริ่มมีเพศสัมพันธ์ในเยาวชนหญิงไทยเป็นอย่างไร ยังไม่มีรายงานการศึกษาและทฤษฎีที่เหมาะสมกล่าวถึง การศึกษาครั้งนี้จึงมีวัตถุประสงค์เพื่อศึกษากระบวนการและทฤษฎีเชิงสาระของการละเว้นการเริ่มมีเพศสัมพันธ์ในเยาวชนหญิงไทย ใช้วิธีการวิจัยเชิงคุณภาพแบบการสร้างทฤษฎีจากข้อมูลพื้นฐาน ผู้ให้ข้อมูลสำคัญในการวิจัยครั้งนี้ คือ เยาวชนหญิงไทยอายุระหว่าง 18-23 ปี จำนวน 19 คน เก็บข้อมูลโดยการสัมภาษณ์แบบเจาะลึกและการบันทึกเทป นำข้อมูลมาถอดความแบบคำต่อคำ วิเคราะห์ข้อมูลตามวิธีการสร้างทฤษฎีจากข้อมูลพื้นฐานของ Glaser (1978).

ผลการศึกษาพบว่า "การสร้างแบบแผนทางเพศเพื่อความมั่นคงของชีวิต" เป็นกระบวนการที่เยาวชนหญิงไทยใช้ในการละเว้นการเริ่มมีเพศสัมพันธ์ เป็นกระบวนการที่เยาวชนหญิงไทยสร้างแบบแผนการวางตัวของตนเองขึ้นเพื่อบรรลุการมีชีวิตที่มั่นคงในอนาคต กระบวนการนี้ประกอบด้วยระยะต่าง ๆ สามระยะ คือ ระยะการเรียนรู้การวางตัวที่เหมาะสม ระยะการวางแผนวิถีชีวิตทางเพศ และระยะการสร้างแบบแผนการวางตัวของตนเอง ในระยะการเรียนรู้ เยาวชนหญิงไทยได้รับความรู้ความเข้าใจและตระหนักรู้เกี่ยวกับการวางตัวที่เหมาะสมต่อเพศชาย ผลลัพธ์ของการวางตัวที่ไม่เหมาะสม ธรรมชาติของเพศชาย และการคิดใคร่ครวญด้วยความระมัดระวัง การตระหนักรู้ว่าพ่อแม่รักเป็นภาวการณ์ร่วมที่เกิดขึ้นในระยะนี้ ระยะการวางแผนวิถีชีวิตทางเพศ ซึ่งเป็นระยะที่สอง เป็นช่วงเวลาที่เยาวชนหญิงไทยวางเป้าหมายเพื่อความมั่นคงของชีวิต และตระหนักรู้ว่าการละเว้นการเริ่มมีเพศสัมพันธ์และการรับผิดชอบต่อหน้าที่เป็นกลวิธีที่จะบรรลุเป้าหมายที่ตนเองวางไว้ ระยะที่สามเป็นระยะของการกำหนดขอบเขตความสัมพันธ์ทางเพศ และการปรับเปลี่ยนขอบเขตความสัมพันธ์ทางเพศนั้น จนทำให้เยาวชนหญิงไทยสามารถสร้างแบบแผนการวางตัวที่เหมาะสมเพื่อการละเว้นการเริ่มมีเพศสัมพันธ์ของตนเองได้

ทฤษฎีเชิงสาระที่ได้จากการศึกษาครั้งนี้ทำให้เกิดความรู้และความเข้าใจกระบวนการละเว้นการเริ่มมีเพศสัมพันธ์ในเยาวชนหญิงไทยได้อย่างลึกซึ้ง ความรู้นี้สามารถใช้เป็นแนวทางในการพัฒนาโปรแกรมส่งเสริมการละเว้นการเริ่มมีเพศสัมพันธ์ก่อนวัยอันควรในเยาวชนหญิงไทย

สาขาวิชา.....พยาบาลศาสตร์..... ลายมือชื่อนิสิต.....

ปีการศึกษา..... 2549..... ลายมือชื่ออาจารย์ที่ปรึกษา.....

ลายมือชื่ออาจารย์ที่ปรึกษาร่วม.....

4577973036 : MAJOR NURSING SCIENCE
KEY WORD: REMAINING SEXUALLY ABSTINENT PROCESS/ SEXUAL ABSTINENCE / YOUNG WOMEN/ GROUNDED THEORY

PINHATAI SUPAMETAPORN: REMAINING SEXUALLY ABSTINENT PROCESS AMONG YOUNG THAI WOMEN. THESIS ADVISOR: ASST. PROF. BRANOM RODCUMDEE, THESIS CO-ADVISOR, ASST. PROF. WARAPORN CHAIYAWAT, 158 pp.

Remaining sexual abstinence among young women is an important strategy for promoting sexual health in Thai adolescents. However, little is known about remaining sexual abstinence among young Thai women. Thus the purpose of this study was to explore the process and to discover a substantive theory of remaining sexual abstinence among young Thai women. A grounded theory methodology was applied in the study. Participants were 19 young Thai women, aged between 18-23 years. Data were collected by in-depth interview. The interviews were tape-recorded and transcribed verbatim. The grounded theory analysis method by Glaser (1978) was applied for data analysis and theory development.

The findings indicated "The establishing sexual pattern for life security" is the basic social process in which the young Thai women used to remain sexual abstinence. The process consists of three stages –Learning proper sexual manners, planning life sexual path, and establishing own sexual manners. In the learning proper sexual manners stage, the young Thai women acquired knowledge and value of as well as recognized about proper sexual manners, the consequences of improper manners, the nature of males, and using careful considerations. In this stage, recognizing parental love emerged as an important covariate condition. The second stage, planning life sexual path, was a period in which the young Thai women set goals of life security and determining means for goal achievement. The final stage, establishing own sexual manners, was a state in which the young Thai women set sexual boundaries and modified sexual boundaries in order to remain sexual abstinence for life security.

This substantive theory suggests a new knowledge and insights into remaining sexually abstinent process among young women. It can be applied as a guideline to develop interventions to promote remaining sexual abstinence until the right time in young Thai women.

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Field of study…..Nursing Science… Student's signature Pinhatai Sup

Academic year…2006…….. Advisor's signature Branom Rodcumdee

Co-advisor's signature Waraporn Chaiyawat

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CHAPTER I

INTRODUCTION

This chapter introduces the overview of sexual abstinence, and the effects on young women's health due to physical, mental, social, and spiritual aspects, which provide the study background and rationale for this study. A lack of well-developed theories exists to explain how individual young Thai women remain sexual abstinence. Furthermore, this chapter will present the significance of the problem including the gap in knowledge on remaining sexual abstinence in young Thai women, the purpose of the study, the research question, and the definition of the terms.

Background and significance of the study

Sexual abstinence, which is unanimously defined as voluntarily refraining from sexual intercourse (Goodson, Pruitt, & Wilson, 2003; Haglund, 2003; Haignere, Gold, & McDanel, 1999; Norris, Clark, & Magnus, 2003), plays a major role as an important strategy for promoting sexual health in female adolescents. By remaining sexually abstinent, female adolescents eliminate the possibility of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndromes (AIDS), sexually transmitted diseases (STDs), unplanned pregnancy and sexual coercion as well as their negative health and social outcomes (Flora & Thoresen, 1988; Francis & Chin, 1987; Haignere, Gold, & McDanel, 1999; Hearst, Stephen, & Hulley, 1988). Also, previous research has illustrated

a positive association between remaining sexually abstinent until aged 17-18 and other health-related outcomes. Young women who initiated sexual intercourse at or after age 17 reported a lower number of lifetime and multiple sex partners (Greenberg, Magder & Aral, 1992; Klitsch, 1993; Seidman, Mosher, & Aral, 1994), and more adequate contraceptive practices during their first experience of intercourse than those who initiated in sexual intercourse before this age (Manning, Longmore, & Giordano, 2000; Svare et al., 2002).

As sexuality for women in Thailand is socially constrained within marital relationships, and virginity at marriage is still valued to a large extent in this traditional society (Pinyapong, 2001; Thianthai, 2004), thus remaining sexual abstinence during adolescence is common and socially expected. Numerous studies have illustrated that more than 80 percent of single young Thai women (aged 15-24) were the primary sexual abstainers (Attaveelarp, 2001; Duangkaew, 1996; Ford & Kittisuksathit, 1996; Isarabhakdi, 2000; Opatsawat, 1995; Soonthorndhada, 1996), and that most of them have acknowledged and are committed to the value of remaining sexual abstinence until marriage or after becoming more independent (Ford & Kittisuksathit, 1996; Isarabhakdi, 2000; Pinyapong, 2001; Soonthorndhada, 1996). This cultural condition allows girls who practice sexual abstinence to develop positive psychological and intellectual well-being as well as actualizing their health potential, such as a sense of maturity, and the ability to identify and avoid situations that might end in trouble as found in previous literature (Haglund, 2002). In addition, the social health potential is also actualized in sexually abstinent girls when they can maximize individual courses in life that include taking part in higher education (Schvaneveldt et al., 2001), and paid employment, more so than the

sexually active girls. Sexual abstinence thus plays a critical role as a strategy for promoting sexual health in female adolescents.

Despite an increased emphasis on the advantages of remaining sexual abstinence during adolescence, current data suggests the proportion of sexually experienced teenagers has increased, and the first sexual experience for female Thai adolescents occurred at an increasingly early age. In 1996, approximately 2 percent of young women aged 15-16 were reported to be sexually active (Ford & Kittisuksathit, 1996). A recent youth risk behavior survey conducted by the Bureau of Epidemiology of Thailand indicated that 21 percent of girls aged 16-17 were sexually active, and among these sexually active girls, approximately 7 percent initiated their first sexual intercourse before the age of 15 (Matichon Daily Newspaper, Tuesday 30th, 2004). Second, several surveys conducted during the 1990s and 2000s illustrated the average age at first sexual intercourse for young Thai women has decreased from 21 years (Sittitrai et al., 1992) to 15-16 years, ranging from 9 to 23 years (Khorneawklang, 2004; Mo-suwan et al., 2004). Third, less than 50 percent of these sexually active teenagers reported condom use during their first sexual experience (Podhisita & Pattaravanich, 1995) and consistent condom use during the involvement of their sexual activities (Mo-suwan et al., 2004; Patiyoot, 1998). Finally, these negative changes cause adolescent Thai women to encounter greater risks of sexual health-related problems.

Evidence that rates of HIV/AIDS, STDs, unplanned pregnancy and abortion among female Thai adolescents have been increasing dramatically nowadays. Through March 2004, the Bureau of Epidemiology, Ministry of Public Health of Thailand reported the cumulative numbers of AIDS patients aged 10-19 increased from zero cases in 1984

to 2,299 cases in early 2004. In addition, a recent survey conducted by the Ministry of Public Health of Thailand demonstrated that approximately 70,000 young people (age 15-24) were reported with the HIV infection and 68 percent of these infected persons were young women who contracted the infection via sexual transmission (Matichon Daily Newspaper, Tuesday 30th, 2004). The rate of STDs infection is also alarming in this age group. Several surveys reported 2-6 percent of young people had contracted STDs (Duangkaew, 1996; Kosit, 1993; Paz-Bailey et al, 2003; Thato et al., 2003).

Furthermore, the rate of teenage pregnancies has risen sharply higher in Thailand. Between 1998 and 2002, approximately 100,000 women or 11 percent of all births were to teenage women (age 15-19) (National Statistical Office, 2003). The World Health Organization (2003b) reported that one-third of teenage pregnancies are unplanned and many adolescents who experience an unplanned pregnancy resort to abortion. Recent surveys in Thailand reported 0.3-29 percent of single young Thai women had problems related to pregnancy and abortion (Manopaiboon et al., 2003; Piya-Anant, Chiravacharadej & Patcha, 2002; Siriwattanakan, 1998; Thato et al., 2003). All of these sexual health problems can contribute to negative health and social outcomes resulting in a decrease in the quality of life and well-being in young Thai women. Thus it is vital for health professionals to prevent the problems and promote wellbeing in adolescents.

Professional nurses, especially in the field of community health have a current and potential role in providing health-promotion and disease prevention services, providing information concerning sexual health available to adolescents, and to help them consider remaining sexually abstinent during adolescence as a significant strategy for promoting their sexual health. Once the girls are prepared to listen to information about

the involvement in sexual activity and use of contraception, nurses should provide them knowledge and help them select the behavior and method (s) that best fits their needs and their culture for ease, respect and safety as well as efficacy at preventing HIV/AIDS, unplanned pregnancy and STDs and enhancing well-being. Nurses also usually have to work with parents, school staff and the community to address the concerns and /or problems about adolescent sexual health and development, to create a more supportive healthy family, school or community environment, and to supply the family, school and community members with support nursing services inside and outside those environments. Thus nurses are necessary to provide information and knowledge into remaining sexual abstinence in female adolescents, in order to use them as a foundation for tailoring and developing appropriate interventions for promoting female sexual health.

However, little is known about how to promote remaining sexual abstinence in female Thai adolescents. To date, research on sexual abstinence has focused primarily on survey studies of individual and family characteristics related to sexual abstinence (Lacson et al., 1997; Lammers et al., 2000; Long-Middleton, Burke, & Blanchard, 2002; Loewenson, Ireland & Resnick, 2004; Paul et al., 2000; Raine et al., 1999), but all of these studies have been conducted outside the traditional Thai context and the findings cannot be appropriate when applied to Thai culture. Thus salient variables contributing to sexual abstinence have not been identified, especially in young Thai women, and no well-developed theories exist to explain how individual young women practice sexual abstinence from their perspectives. Therefore the purpose of this study is to explore and describe how young Thai women remain sexually abstinent, and grounded theory

methodology is well-suited to explicate the social and psychological process through which young Thai women move as they advance their sexual abstinence in this research study.

This grounded theory study investigated the perceptions of female adolescents in remaining sexually abstinent in their everyday lives to add to the understanding, strategies, and promotion of this behavior as well as to prevent some very serious sexual health problems. Therefore, this study can provide knowledge that can be tailored to and guide clinical interventions for individuals seeking healthcare. Grounded theory methodology is particularly suited to this research study of young women's remaining sexually abstinent process.

Purpose of the study

The purpose of this study was to explore and describe remaining sexually abstinent process among young Thai women.

Research question

In an attempt to discover a remaining sexually abstinent process among young Thai women, the following research question was examined:

What was the process by which young Thai women experience as they remain sexual abstinence throughout their life?

Definition of terms

The remaining sexually abstinent process is defined as an individual experience of refraining from having sexual intercourse for the first time, including responses in perception and management of a sexually abstinent lifestyle.

A young women is defined as a female, young Thai person whose age between 15-24 years old

Summary

This chapter addresses the background and significance of the study, the broad initial research question, the purpose of the study, and the definitions of terms. The sexual abstinence literature is plagued with problems and controversies; there is an absence of a well developed theoretical / conceptual framework upon which to base a study on remaining sexual abstinence during adolescence, and there is a dearth of information from the young Thai women' s perspective. Grounded theory methodology is also particularly suited to this research study.

CHAPTER II

LITERATURE REVIEW

This chapter presents selected literature relevant to the current study. The literature review consists of development of adolescent sexual health, promoting adolescent sexual health, the situations of adolescent sexual health, and sexual abstinence as a strategy for promoting sexual health.

Development of adolescent sexual health

Adolescence, according to the definition used by the World Health Organization, is the period of life between the ages of 10 and 19 years old, in the transitional process from childhood to adulthood (WHO, 1986, 2003a). Underlying this is a critical time for adolescent sexual development which involves in physical, psychological, social and intellectual changes associated with puberty, and a preparation for the sex roles and sexual responsibilities of adulthood (Medinnus & Johnson, 1969; WHO, 1975a, 1986, 2003a).

Growth and development of the adolescents

Growth and development of the adolescent is best understood when it is divided into three stages: early adolescence (11-14 years), middle adolescence (15-17 years), and late adolescence (18-21 years) (Ashwill, 1997). Each of these distinct stages of development is marked by the mastery of new physical, psychosocial and cognitive changes, and these changes are also needed different kinds of care. Ashwill (1997) explained adolescent in each stage as follows:

Early Adolescence

The early adolescent (11 to 14 years) has intense feelings about body image and the many physical changes taking place. Less confident with members of the opposite sex, early adolescents tend to group together and have best friends of the same sex. One only has to visit the local mall or movie theater to see groups of young teens of the same sex, observing but rarely speaking to groups of the opposite sex. The early adolescent is very egocentric and may go from obedience to rebellion with respect to parental authority. Parents are often shocked at the sudden turn of events and are hurt by the teen's rejection. Providing parents with anticipatory guidance regarding age-specific developmental changes is a primary nursing function. Because young teens are so audience conscious, they see themselves as unique and tell themselves a "personal fable" that supports feelings of invulnerability. Early to middle adolescence is characterized by

behavior that suggests that adolescents believe negative consequences only happen to others. Adolescent suicide attempts serve as a dramatic message to others, but young teens often do not realize the very final consequences of their actions.

Middle Adolescence

Middle Adolescence (15 to 17 years) is often described by parents as the most frustrating period of adolescent development. The imaginary audience is gradually replaced by the real audience, and teens become even more introspective and narcissistic. Conformity to peer group norms becomes even more important, and conflicts between teenagers and parents often escalate. Testing of limits, sulky with regard to curfews, friends, activities, appearance, cars, and money. It is important for nurses to counsel parents to negotiate choices where possible and set limits that are perceived as reasonable by the adolescents. Consistent discipline and structure actually make adolescents feel more secure and assist them with decision making. With parental guidance, adolescents are able to make decisions that will result in desirable outcomes. However, adults must keep in mind that middle adolescents are impulsive and impatient. Parental concern may be seen as interference rather than guidance and be met with resistance and resentment.

Feelings about self-image and social relationships are intense. Middle adolescence is a transition period from same sex friendships to an extreme interest in the opposite sex. Independent dating occurs and sexual experimentation is common. According to Podhisita and Pattaravanich, (1995) dating among young Thai people begins fairly early,

just a few years after reaching puberty. The mean age of onset of the first courting is about 16 for both boys and girls. For all of them, by the time they reach the age of 15-16 about half already had their first courting. Approximately 51.75 percent of the young women and 68.4 of men, aged 15-19 reported ever having dating. Regarding first sex, Khorneawklang, (2004) found that the average age of first time intercourse of young Thai women is 16 years, ranged from 10 to 19 years old.

Sexual activity is often related to peers pressure and self-esteem issues. Adolescents with the poorest self-esteem are more vulnerable and are apt to engage in negative risk-taking activities associated with sexuality. Decisions about sexual activity are often impulsive and made with little regard to later consequences or prior preparation.

Nurses may help by providing accurate information to assist adolescents in making appropriate sexual choices. Parents need encouragement to maintain open communication and guide teenagers in sexual behavior is not an easy task during middle adolescence, when privacy is of extreme importance and communication with parents tends to decrease. Additionally, some parents may find sexual behavior a difficult topic to discuss and often avoid communication with teens regarding sexual issues.

In the initial stages of establishing a vocational identity, adolescents are more likely to experience role diffusion and have unrealistic expectations of themselves. Some adolescents will identify a role that holds their interest, while others will experiment with many roles, moving quickly from one role to another. Overidentification with glamorous roles takes precedence over reality and is enriched by daydreams and fantasy. It is not unusual for a 15-year-old girl to spend time with her friends describing her future as a favored media star, while failing to fold the laundry or do the dishes.

Late Adolescence

Late Adolescence (18 to 21 years) is characterized by the ability to think abstractly, conceptualize verbally, and express one's thoughts and feelings about various aspects of life. Late adolescents tend to be idealistic about love, social issues, ethics, and lifestyles until their experiences modify their beliefs. Conformity becomes less important as teens progress through late adolescence. With the development of one's unique identity, self-esteem increases and adolescents are able to resist group pressure if it's not in their best interest. This is less turbulence with parents unless values clash, and relationships with both friends and family are maintained.

Emancipation (leaving home) is a major issue; late adolescents prepare themselves to meet this task by education and/or vocational training. The identification of realistic career goals is important, but many adolescents are not quite ready to make lifelong commitments. Changing career goals is not uncommon, but the nurse should observe for those adolescents who have set no career goals, demonstrate apathy about the future, and appear only committed to the present. Boredom and apathy are often symptoms of a greater problem with depression. Lack of goal orientation is related to high-risk behaviors and a sense of failure.

Social relationships are more mature although partner selection often continues to fluctuate. Friendships developed in late adolescence may last a lifetime, and expectations of friends and lovers become more realistic and less self-serving. The ability to consider

others' needs increases, and recognition of societal needs is more apparent as the adolescent moves from adolescence to adulthood.

Failure to achieve identity formation may leave adolescents in role confusion and impede the successful mastery of the tasks of young adulthood. A positive ego identity depends on the adolescent's ability to accept the past, learn from experience, and become engaged in the future. Most adolescents move through the identity versus role confusion stage of development with minimal difficulty.

Promoting adolescent sexual health

Sexual health is a complex and multifaceted concept, which was first developed in a 1975 conference of the World Health Organization (WHO) for understanding human sexuality and promoting healthy sexually characteristics in sexual life. Presently, it is abundantly used to guide in conducting contemporary research and in providing health care services (Flowers, Hart & Marriott, 1999; Haffner, 1995; Healthlink Worldwide, 1998; Robinson et al, 2002). This application illustrated two major critical attributes of sexual health: state and process of sexual well-beings. The former, which is a position independent from physical and mental harms, includes (a) freedom from organic disorders, diseases, and deficiencies that interfere with sexual and reproductive functions (b) freedom from sexual exploitation, oppression, discrimination, assault, coercion, violence and abuse and (c) freedom from fear, shame, guilt, false beliefs, and other psychological factors inhibiting sexual response and impairing sexual relationship. The

latter is a set of powers supporting to gain that state of well-being comprising capacities to (d) understand and weigh the risks, outcomes and impact of sexual action, and responsibilities for oneself and others (e) appreciate one self and (f) express love, affection and intimacy in accordance with a social and personal ethic and in refrain from physical and mental harms, and interact with both gender in respectful and appropriate ways.

Health professionals as well as others adults in the society expect all adolescents enable to pass adolescence period of life with positive sexual health. The adolescent who achieves sexual health is the person who learns well and has a specific set of characteristics used to gain and promote a healthy sexual life. The set of healthy sexual characteristics used to imply and enhance positive sexual life includes (1) a state of freedom from physical and mental harm such as Human immunodeficiency virus (HIV)/Acquired immunodeficiency syndromes (AIDS), sexually transmitted diseases, unplanned pregnancy including their negative consequences. and (2) the specific capacities leading to achieve that state which includes capacities to understand and weigh the risks, the outcomes and impact of sexual actions, and responsibilities for oneself and others, to appreciate oneself and others, and to express love, affection and intimacy in accordance with a social and personal ethic, interact with both genders in respectful and appropriate ways, and in avoiding physical and mental harm (Aggleton & Campbell, 2000; Chilman, 1990; DeLamater, 2002; Fogel, 1990; Lottes, 2000; Maddock, 1989; Robinson et al., 2002; Sartcher, 2000; United States Surgeon General, 2001; WHO, 1975a).

Satcher (2001) recommended ways for promoting adolescent sexual health in Surgeon General's Report. He said that adolescents need education, skills training, self-esteem promoting experiences, and appropriate services related to sexuality, along with positive expectations and sound preparation for their future roles as partners in committed relationships and as parents. Thus the promotion of adolescent sexual health involves providing young people with the relevant knowledge, motivation, and behavioral skills to enhance sexual health and avoid sexual health related problems. A broad conceptualization of adolescent sexual health implies attention to a wide range of issues including sexual attitudes, sexual behaviors, and the personal and social factors that influence them. The sexual health indicators used in this research are minimalist in scope, focusing on epidemiological. The concept of sexual health is currently being used to set up framework for solving public health problems such as HIV/AIDS epidemic including STDs, unplanned pregnancy and abortion among adolescents, and also for enhancing adolescent sexual development in positive ways.

The situations of adolescent sexual health

In Thailand, adolescents comprise 17 percent of the total population (National Statistical Office, 2002). The sexual health of adolescents has become a critical issue. There is increasing evidence of sexual health problems including poor sexual health development attacking our adolescents in contemporary world, and the need for helping these young people is alarming.

Sexual health related problems

There is increased evidence in Thailand that rates of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndromes (AIDS), sexually transmitted diseases (STDs) and unplanned pregnancy are higher among adolescents, particularly in young women. Through March 2004, the Bureau of Epidemiology, Ministry of Public Health of Thailand reported the cumulative numbers of AIDS patients aged 10-19 years increased from zero cases in 1984 to 2,299 cases in early 2004. Although adolescents comprise less than 1 percent of all reported AIDS cases, the long-time interval between initial HIV infection and the development of AIDS-defining conditions suggest that many Thai people who are diagnosed with HIV or AIDS in the 20-to-29-year-olds age bracket may have contracted the virus as teenagers (Limpakarnjanarat, Rungsin & Tansupasawat, 2001). This age range 15-29 includes approximately 25-30 percent of the accumulative numbers of AIDS patients in Thailand. The AIDS incidence is relatively higher in males than females, but in patients aged 15-19, females dominate over males. A recent survey conducted by the Ministry of Public Health illustrated that approximately 70,000 young people aged 15-24 were reported to have the HIV infection and 68 percent of those infected were women. They contracted the infection via sexual transmission (Matichon Daily Newspaper, Tuesday 30th, 2004).

The rate of STD infection among young Thai people is also alarming. Several surveys found that 2-6 percent of young people became infected with STDs (Duangkaew, 1996; Kosit, 1993; Paz-Bailey et al., 2003; Thato et al., 2003) and the trend of infection among young women has increased. A study for HIV surveillance in Thailand

demonstrated that the prevalence rate of STD infection among females of eleventh grade students developed from 0.1 percent in 1996 to 0.6 percent in 2003 (Department of Disease Control, Ministry of public Health of Thailand, 2004). Regarding unplanned pregnancy, the rate of teenage pregnancy has risen in Thailand over the last 5 years. Between 1998 and 2002, approximately 100,000 women or 12 percent of all births were to teenage women age 15-19 (National Statistical Office, 2003).

The adverse outcomes of sexual health related problems

The HIV disease has terrible consequences for the individual, causing serious illness and eventual death. People with HIV/AIDS routinely experience discrimination and stigmatization (Auer, 1996; Malcolm et al., 1998). With young women, who are at the start of their reproductive life, undiagnosed and untreated STDs may result in pelvic inflammatory disease (PID), an increased risk for ectopic pregnancy, infertility, devastating congenital infections in infants born to infected women (Hutchinson & Sandall, 1995), and cervical cancer (Donovan, 1997).

In teenage pregnancy, early childbearing has been found to have negative effects on the health and life course of both mothers and infants. Women who are pregnant between the ages of 15-19 are in four times greater danger of death from pregnancy and childbirth complications than women who are between 25-29 years old. Young mothers are at increased risk of cephalopelvic disproportion because the birth canal does not complete its bone growth until two to three years after growth in height has stopped (Harrison et al., 1985). Difficult deliveries among young women, caused primarily by an

immature birth canal, prolong labor and increase the risk of vesicovaginal fistula. Regarding the health of infants, among the most serious health risks reported about infant health are: (1) adverse birth outcomes associated with higher rates of low birth weight (LBW) and premature births in infants of adolescent mothers (Chandra et al., 2002; Ventura et al., 1997; Wannawong, 1985; WHO, 1975); (2) congenital anomalies such as anencephalus, spina befida, and occipital meningocele are more likely to occur in infants born to teenagers and women over 40 years of age, than in those born to women in other age groups (WHO, 1975b); and (3) higher rates of unintentional injuries and illnesses in infants and young children of these mothers, requiring hospitalizations and emergency room visits (McClure-Martinez & Cohn, 1996).

The World Health Organization (2003b) estimates that between one-third and two-thirds of teenage pregnancies are unplanned and many adolescents who experience an unplanned pregnancy resort to abortion, often under unsafe conditions. Nevertheless, induced abortion in Thailand is a crime under Articles 301-305 of the 1957 Panel Code of Thailand where both the women and the person terminating the pregnancy are subject to legal penalties. Therefore, precise reports of unplanned pregnancy, including abortion, are abundant in the mainstream and vary between each study. Some studies indicated 0.3 per cent of school students (aged 11-20 years) in Bangkok (Piya-Anant, 2002), 12-29 per cent of vocational or informal students (Manopaiboon et al, 2003; Siriwattanakan, 1998; Thato et al., 2003) had problems related to pregnancy and abortion. According to a nationwide survey concerning induced abortion in Thailand (Boonthai & Warakamin, 2002), nearly 30 per cent of all induced abortions were teenage pregnancies. Moreover, the people who carried out the procedure of these abortions were incompetent

practitioners (Chareonphat, 1979; Patikorn, Srisupan, & Limtrakul, 1980) which resulted in common complications of abortions including hemorrhage, septicemia, anemia, cervical and vaginal lacerations, pelvic abscess, perforation of the uterus or bowel, tetanus, and secondary sterility (Patikorn, Srisupan, & Limtrakul, 1980). Boonthai & Warakamin's (2002) study indicated that nearly half of the cases of induced abortions in Thailand had serious complications such as severe hemorrhage, septicemia, peritonitis and tears or perforations of the uterine, and 0.3 percent died. Moreover, within such social pressure, adolescent parents sometimes may make wrong decision to commit the crime of killing their babies, as often seen in daily tabloid journalism. This troubling experience will have a negative influence on the virtue and moral development of both the adolescents themselves and society itself.

Furthermore, female adolescent parenthood is also a serious social problem with enduring consequences for the teenager and her child. Unwed teenagers who give birth are more often prone to depression (Hamburg, 1986). Pregnant teenagers also have lower achievement rates in school (Card & Wise, 1978; Wellings et al., 2001) and are less likely to complete high school and enter the labor force (Hamburg, 1986), resulting in the limited earning ability of these young mothers, and may add to their preexisting socioeconomic disadvantage and limit their access to health care.

Age at first sexual intercourse

Several surveys conducted between 1990 and 2004 illustrated that the average age of initial sexual intercourse for Thai women occurred increasingly early. It has decreased

from 21 years of age (Sittitrai et al., 1992) to 17-18 years in rural areas (Isarabhakdi, 2000; Podhisita & Pattaravanich, 1995) and to 16 years in Bangkok (Khorneawklang, 2004). This change makes the proportion of sexually experienced teenage females higher. In 1996, approximately 2 percent of young females aged 15-16 were reported to be sexually active (Ford & Kittisuksathit, 1996). However, a recent youth risk behavior survey conducted by the Bureau of Epidemiology of Thailand indicated that 21 percent of girls aged 16-17 were sexually active, and among these girls, approximately 7 percent initiated sex under the age of 15 (Matichon Daily Newspaper, Tuesday 30th, 2004).

Early initiation into sexual intercourse is identified as a significant predictor for teenage pregnancy, as well as for the transmission and acquisition of sexually transmitted diseases including acquired immunodeficiency syndromes (Coker, et al., 1994; Greenberg, Magder & Aral, 1992; Klitsch, 1993; Krantz, Lynch, Russell, 2002; Manopaiboon et al., 2003; Parrillo, Felts, & Mikow-Porto, 1997; Sturdevant et al., 2001). The Joint United Nations Programs on HIV/AIDS suggests that early sexual activity is an important indicator for HIV monitoring (UNAIDS, 2000). Numerous studies indicate that young women who initiate in sexual intercourse before the age of 16 reported a higher number of multiple sex partners than those who initiated in it at a later date (Coker et al., 1994; Durbin, et. al., 1993; Greenberg, Magder & Aral, 1992; Parrillo, Felts & Mikow-Porto, 1997; Rosenthal et. al., 2001; Seidman, Mosher & Aral, 1992), but are less likely to have protected intercourse in there first experience (Felton & Bartoces, 2002; Manning, Longmore & Giordano, 2000; Svare et al., 2002; Zabin, Kantner, & Zelnik, 1979) as well as in protected subsequent experiences of intercourse (Coker et al., 1994; Smith, 1997), increasing the probability of exposure to STDs, including HIV and

unplanned pregnancy (Coker et. al., 1994; Duncan et al., 1990; Futterman et al., 1993; Greenberg, Magder & Aral, 1992; Joffe et. al., 1992; Klitsch, 1993; Krantz, Lynch & Russell, 2002; Manopaiboon et al., 2003; Niccolai et al., 2004; Parrillo, Felts & Mikow-Porto, 1997; Rosenthal et al., 2001; Sturdevant et al., 2001; Wellings et al., 2001). Furthermore, engaging in sexual intercourse at an earlier age also related to more risk behaviors such as smoking, alcohol and drug use (Coker et al., 1994; Kraft, 1991; Parrillo, Felts & Mikow-Porto, 1997), and other sexual health problems such as sexual coercion in their first sexual encounter (Dickson et al., 1998; Manopaiboon, 2003; Rosenthal et al., 2001), pelvic inflamatory disease (PID) (Suss et al., 2000), and human papillomavirus (HPV) infection (Kahn et al., 2002) including cervical cancer (Andersson-Ellstrom, Forssman & Milsom. 1996; Moscicki et al., 1989; Reeves, Caussy & Brinton 1987).

Safer sex

Regarding the values opposing premarital sex for young women in traditional Thai society, almost all parents and teachers do not talk about sex with their children. Thus, the knowledge about how to protect themselves from HIV/AIDS, STDs and unplanned pregnancy does not reach adolescent women. In contrast, they often derive sex information, pornography for example, from public media such as magazines, the internet and their peers, which often arouse their sexual desires but do not teach them how to protect themselves from unsafe sex. A lack of information and skills concerning protected sex causes sexually active adolescent women to be at greater risk from those

sexual health problems. A survey of sexual activity among young Thai people found that among women who engaged in first sex, 74.7 percent had unprotected first sex (Podhisita & Pattaravanich, 1995). Approximately 4 percent of young women (Ford & Kittisuksathit, 1996) and less than 20 percent of sexually active young people (Khorneawklang, 2004) reported always using condoms. Moreover, young Thai people also have multiple sex partners. Isarabhakdi (2000) found that 30.6 percent of young men had multiple sex partners, girlfriends and prostitutes, and girlfriends and friends, as well as sexually available girls. Regarding young women, a recent survey found that 5 percent of sexually active young women aged 16-17 had more than 2 partners in the last year (Matichon Daily Newspaper, Tuesday 30th, 2004).

For these reasons, the prevention of HIV/AIDS, STDs, unplanned pregnancy and their negative consequences, and the promotion of positive health development among young Thai women are based on strategies for providing sex education for simultaneously delaying encounters of first sexual intercourse or practicing sexual abstinence, and promoting condom use to this target group.

Sexual abstinence as a strategy for promoting adolescent sexual health

It has been surmised that there is not an efficient vaccine for the prevention of HIV/AIDS, therefore, it appears to public health nurses that one of the most efficient ways for preventing the acquisition of this sexual health-related problem, including STDs and unplanned pregnancy, is to change individual sexual behavior. Engaging in sexual intercourse with unprotected sex, having multiple sex partners and non-consistent

condom use has been identified as a causal factor for sexual health problems (Coker, et al., 1994; Futterman et. al., 1993; Heffernan, Chiasson & Sackoff, 1996; Siriwattanakan, 1998; Thato et al., 2003). Therefore, these sexual health-related problems can be avoided if during intercourse, effective barrier techniques such as condoms are used, while there is no risk of sexual acquisition of the problems for those who practice sexual abstinence (Flora & Thoresen, 1988; Francis & Chin, 1987). Promoting sexual abstinence and increasing condom use are identified as two major public health priorities for solving these sexual health problems worldwide (Betz, 2002; The Committee on Pediatric AIDS and The Committee on Adolescence, American Academy of Pediatrics, 2001; Flora & Thoresen, 1988; Francis & Chin, 1987; Hearst, Stephen, & Hulley, 1988). As public health nurses have a significant role to play, including the responsibility to promote sexual health, a challenge for them is to motivate and facilitate these two health behavior changes.

In the past, condom use strategies, which involve using an effective barrier technique to reduce the transmission and acquisition of HIV/AIDS and STDs, as well as unplanned pregnancy, has been widely promoted without the notification of its limitations. Evidently, although scientific knowledge based on condom use has been well developed, and effective research interventions for increasing condom use in adolescents are abundant (DiClemente & Wingood, 1995; DiClemente et al., 2004; Jemmott, Jemmott & Fong, 1998; Kamb et al., 1998; Stanton et al., 1996; St. Lawrence et al., 1995; Walter & Vaughan, 1993), sexual health-related problems among young people have still not been eliminated, and a healthy sexual lifestyle has not been promoted either.

Underlying the insufficiency of condom use strategy for promoting adolescent sexual health are its limitations.

Indeed, sexual intercourse with condoms may not be truly safe (Gotzsche & Hording, 1988; Hearst, Stephen & Hulley, 1988; Kelly & St. Lawrence, 1987). The principal argument presented for this statement is the possibility of condom failure rates. Several studies indicated condoms may reduce the risk of HIV infection and the prevention of pregnancy by 69-87 percent, due to the true impermeability rates of condoms against HIV and rates of user failure (Gotzsche & Hording, 1988; Kelly & St. Lawrence, 1987; Trussel & Kost, 1987; Weller, 1993). It is significant to acknowledge that although promoting 100 percent condom use, it would not be enough for a 100 percent avoidance rate of HIV/AIDS, including STD and pregnancy.

Not only sexual health involves in reducing rates of HIV/AIDS, STDs and unplanned pregnancy, but also deals with avoiding other physical and mental forms of harm, including promoting healthy sexually capacities in human beings. Evidence is also emerging that not only do condoms not protect early sexually active starters from human papillomavirus (HPV), genital warts and cervical cancer (Cates & Stone, 1992), but also cannot eliminate the risk of exposure to a greater number of lifetime and multiple sex partners and the frequent sexual activity of these young people. Furthermore, there is an increasing rate of sexual coercion and experience of curiosity among women who are of a younger age at their first encounter of intercourse (Abma, Driscoll & Moore, 1998; Dickson et al., 1998; Isarabhakdi, 2000, Opatsawat, 1995; Rosenthal et al., 2001). This indicates that many early female starters have sexual dissatisfaction with their first experience of intercourse. It also exemplifies the position that early starters are not

looking for sex or have the nature for sex, but are looking for romantic love (Isarabhakdi, 2000, Opatsawat, 1995) and need to explore themselves and their environments to solve their conflicts that are naturally emerging during this period of life (Erikson, 1986). Therefore, it can be summarized that sexual health campaigns in the past have deliberately downplayed the fallibility of condom use on the basis that any doubts about their effectiveness would trigger a rise in HIV. However, HIV is the tip of the iceberg in terms of sexually transmitted diseases. AIDS is fatal, but so is HPV, cervical cancer, sexual coercion and unhappy conditions which occur during early sexual encounters, and condoms offer no protection and promotion towards this. Increasing condom use without the concern of other perspectives cannot completely enhance a healthy, adolescent life.

Moreover, evidence suggested that the implementation of a condom use strategy in Thai society may be ineffective and less successful, because it is contradictory to Thai social norms. Rates of condom use among Thai adolescents, in both initial and subsequent experiences of sexual intercourse are very low. Podhisita & Pattaravanich (1995) studied 2,180 youths aged 15-24 years old and found that approximately 75 percent reported having an unprotected first sexual encounter because of “not having known,” “not being prepared,” and “trusting her lover”, and less than 20 percent have consistent condom use during subsequent intercourse (Mahuttano, 1996; Khorneawklang, 2004; Patiyoot, 1998), especially when only 4 percent of young women reported always using a condom (Ford & Kittisuksathit, 1996). Premarital sex, particularly in female Thai adolescents is unacceptable for Thai traditional norms (Ford & Kittisuksathit, 1996; Isarabhakdi, 2000; Yamarat et al., 1991). Hence, most of Thai parents and teachers do not naturally discuss sexual relationships and safer sex such as condom use, with their

children, leading to them having inadequate knowledge and skills towards awareness and negotiation over condom use among these young people. In addition, promoting condom use, which also implies supporting an increased number of sexual activities, including a mean for prostitutes, also contradicts Thai social beliefs, resulting in ignorance and confusion for those participating in this strategy of both Thai adults and the adolescents themselves. Promoting condom use, therefore, is considered as an inappropriate strategy for promoting sexual health among female Thai adolescents.

Defining sexual abstinence

In western literature, sexual abstinence is unanimously defined as a set of behaviors used to refrain from sexual intercourse (Goodson et al., 2003; Haglund, 2003; Norris, Clark, & Magnus, 2003). However, this essential attribute comes close to the concept of *Rug Nuan Sa Nguan Tou* in traditional Thai society.

In the Thai language, the term *Rug Nuan Sa Nguan Tou* refers to women's strategies which are used to protect themselves from conducting improper sexual relationships with men. It is a proverb which stems from a series of Thai poems included in *Subhasit Son Ying Kom Klon.* These poems are masterpieces of Thai literature with regards to training women to have the manners of 'good Thai girls' and to refrain from practices of 'bad Thai girls'. The ideal image of 'good Thai girls' often includes being a virgin before marriage, avoiding allowing more than one man to have access to their body, and not expressing their sexual desires and knowledge (Harrison, 1999; I-

Yarawong, 1978). The image of Thai ‘bad girls’ on the other hand implies being promiscuous and sexually skilled in how to allure men (Harrison, 1999; I-Yarawong, 1978). These values have been transformed to young Thai women by the socialization process in which they are growing up in. During this process, the idea of remaining sexually abstinent has been formed until it can play a major role in manners for practice in every day life.

Descriptions emerging from literature provide the norm that being *Rug Nuan Sa Nguan Tou* is composed of protecting one’s actions and thoughts from both positive and negative expressions of love in congruence with Thai traditional values of good and bad girls. For example, according to this value, although a young woman falls in love with a man, she should not hug or kiss him in public or have sexual intercourse with him. It is because this behavior is considered as an overly positive expression of love within Thai culture and, furthermore, it is considered to be immoral conduct; i.e., ‘bad girl’ characteristics. On the other hand, young women need to limit expressing their emotions if they don’t like a man. For example, if a man falls in love with her and says anything relevant about courtship, she should decline politely using no rude words to him. Showing anger or voicing impolite language at a man that she doesn’t love is inappropriate and may bring her bad fortune. In addition, there are three functions of this value within traditional Thai society : (a) adding higher values to various people in Thai society: young women themselves, their parents and future husbands (b) being representative of a good wife, and a repayment of daughters to their parents, and (c) avoiding individual harm and social blame.

Remaining sexually abstinent during adolescence and health

Female adolescents, who abstain from sexual intercourse, eliminates the possibility of human immunodeficiency virus (HIV)/ acquired immunodeficiency syndromes (AIDS), sexually transmitted diseases (STDs), unplanned pregnancy and sexual coercion as well as negative health and social outcomes (Flora & Thoresen, 1988; Francis & Chin, 1987; Haignere, Gold, & McDanel, 1999; Hearst, Stephen, & Hulley, 1988). Recent research in the area of sexual abstinence has illustrated a positive association between remaining sexually abstinent until aged 17-18 and health including health-related outcomes. Young women who initiated sexual intercourse at or after age 17 reported a lower number of lifetime and multiple sex partners (Greenberg, Magder & Aral, 1992; Klitsch, 1993; Seidman, Mosher, & Aral, 1994), and more adequate contraceptive practices during their first experience of intercourse than those who initiated it before (Manning, Longmore, & Giordano, 2000; Svare et al., 2002). For these reasons, remaining sexually abstinent during adolescence is a key factor in decreasing the risks of HIV/AIDS, STDs, unplanned pregnancy and their negative outcomes among young adults.

Psychological and spiritual health relevant to sexual abstinence has been poorly described and understood in the previous research. It is because little research has explored the natural process and motivation underlying sexual abstinence. As remaining sexually abstinent is related to cultural image of Thai ‘good’ girls, the sexually abstinent girls and their families are more respectful in the society than the sexually experienced ones. This cultural environment supports the girls, who practice sexual abstinence in their

everyday life, to develop their positive psychological and intellectual well-being and to actualize health potentials, such as a sense of maturity, and the ability to identify and avoid situations that might end in trouble as found in previous literature (Haglund, 2002). In addition, social health potential is also actualized in sexually abstinent girls when they can maximize individual courses in life that include taking part in higher education (Schvaneveldt et al., 2001), and paid employment more than the sexually active girls. Therefore, it can be concluded that sexual abstinence plays a critical role as both a health preventive and health promoting behavior that can enhance female adolescent health.

Biological, psychosocial and intellectual maturity provides a number of explanations for the relationship between remaining sexually abstinent until aged 17-18 and the potential for a decreased risk of HIV/AIDS, STDs, unplanned pregnancy and their negative health and social outcomes as well as an increased healthier life. First, the mature women or the older female adolescents have less biological susceptibility to STDs including HIV pathogens and other complications than young girls, due to the physical and hormonal maturity of the female genital tract (Braverman, 2003; Harrison et al., 1985).

Second, the older female adolescents have a greater cognitive ability and moral reasoning for promoting responsible sexual activities than the younger ones. More intellectual maturity helps the older adolescents to gain more knowledge and judgment in making informed choices about sexual responsibilities which include methods to protect and care for themselves and others from ominous possibilities or to grapple with adverse outcomes due to their sexual activity. Previous studies suggested more cognitive maturity and problem solving skills are related to an increased capacity of condom and

contraceptive use (Abel, Adams, & Stevenson, 1994; Felton & Bartoces, 2002; Sachs, 1985). According to theories of human development, adolescents at age 17-18 begin to increase cognitive capabilities at an abstract level (Piaget, 1965) as well as moral reasoning (Kohlberg, 1976, 1984). Abstract thinkers also make more health promoting decisions than concrete thinkers (Hammes & Duryea, 1986) including in contraceptive decision-making (Sachs, 1985). Regarding moral reasoning, as theoretically predicted, the older adolescents have higher stages of moral reasoning concerning protecting and caring about STDs than the younger ones. Jadack and associates (1995) reported young people aged 18-years-old reasoned at a lower moral stage level than 22-year-olds. Typically, an 18-year-old's reasoning to tell or not tell a partner about an STD were generally focused on the risk or probability of acquiring a disease. For the older age group in this study, typical reasoning extended into topics of responsibility and obligation in relationships which is of a higher moral stage level than that of the 18-year-olds. Therefore, the older the adolescent, the more intellectually mature and skilled in promoting health the adolescent is. Third, those who become sexually active at a later age have a shorter risk time during which they may be exposed to transmissible agents from increasing numbers of lifetime and multiple sex partners.

Literature related to sexual abstinence

Sexual abstinence usually refers to having virgin status in several studies (Biro et al., 2001; Lacson et al., 1997; Lammers et al., 2000; Paul et al., 2000). Almost all of the existing literature related to sexual abstinence is generally derived from the Western

context. These are little studies related to this topic conducted in Thai context. Several factors towards sexual abstinence emerging in previous studies include; religiosity (as attending church regularly, religious emphasis on family, being continually involved in religious activities) (Biro et al., 2001; Lacson et al., 1997; Lammers et al., 2000; Paul et al., 2000); communication with the mother (Karofsky, Zeng, & Kosorok, 2000); dual-parent families and higher socio-economic status (SES) (Lammers et al., 2000; Raine et al., 1999); psychological factors such as fear of pregnancy, sexually transmitted diseases or pregnancy (Long-Middleton, Burke, & Blanchard, 2002; Lowenson, Ireland, & Resnick, 2004; Sprecher & Regan, 1996), not feeling ready (Long-Middleton et al., 2002) or fear of parental objection (Lowenson et al, 2004). These findings cannot be appropriate to apply in Thai culture. Sexual abstinence among female Thai adolescents has its specific causal factors, relationships and meanings within a specific Thai context itself that also differs from western environments. Therefore, the first step in the development of knowledge in this area is to explain and understand sexual abstinence behavior among female Thai adolescents within a Thai context, and especially from an adolescents' perspective.

Regarding to sexual abstinence intervention, Jemmott, Jemmott, & Fong (1998) evaluated the effects of abstinence intervention on young inner-city African American adolescents; in middle schools in Philadelphia, Pa. They found that abstinence intervention participants were less likely to report having sexual intercourse in the 3 months after intervention than were control group participants. Also Rector (2002) evaluated the effectiveness of abstinence education program in reducing sexual activity among youth. These evaluations indicated that real abstinence education programs

(which do not provide contraceptives or encourage their use) were effective in reducing participants' sexual activity.

Summary

Literature reviews have identified the scope, range, intent and type of research that has been done in the area of adolescent sexual health and sexual abstinence; and the extent of what is known about adolescent sexual abstinence, has established this grounded theory study's background, significance and purposes.

CHAPTER III

METHODOLOGY

This study aimed to explore and describe the remaining sexually abstinent process in young Thai women by using the grounded theory method. Issues of methodology and the concerns raised are addressed in this chapter. First, the participants are described. Next, the subject recruitment, instrumentation and protection of human subjects are presented. The process of data collection and analysis are explained. Finally, the controls in the research procedures are discussed.

Participants

The participants in this study were 19 young women. The researcher found more cases through introductions and recommendations from some participants. Initial inclusion criteria were as follows: (a) being Thai women aged between 18 -24 years (b) clarifying themselves as never having had sexual intercourse (c) voluntarily participating in this study, and (d) living within Bangkok.

As grounded theory involved in theoretical sampling, the subsequent participants when the study evolved and the sample size were depended on the need to collect adequate data to examine categories and their relationships (Chenitz & Swanson, 1986). Thus, the next interviews expanded to include some young women who had more various backgrounds, such as being sexually experienced.

Nineteen young Thai women were willingly to participate in this study. Seventeen were sexually inexperienced or abstinent but two sexually experienced were included because of theoretical sampling. The demographic characteristics of the young women are described and presented in Table 1. The young women ranged in age from 18 to 23 years old. Eleven of them were 18 to 19 years old, and others were 20 years old or more. The average age of participants was 19.6 years old.

A majority of the participants were students. Six participants were public university students. Four participants were private university students. Two participants were open university students. Three participants were vocational students. Two participants were secondary school students and the other one participant was a master degree student. Only one participant described herself as being a baby sitter.

Twelve of the young women reported their region of birth place as Bangkok and their length of living in Bangkok was equal to their ages. Other participants came from various parts of Thailand. Four came from the Northeastern part, whereas two came from the Central part. The rest came from the Southern part. Seven participants who reported their region of birth place as outside of Bangkok reported their length of stay in Bangkok as ranging from 1 year to 8 years.

The guardians of the participants, who was defined as the ones who mainly raised them for a long period from when they were young were: Fourteen biological parents, while four were not biological parents. Two participants were nurtured by their grandparents. One participant was nurtured by adopted parents, whereas one was nurtured by a biological mother and a stepfather. The rest were nurtured by only their mothers in a single mother family.

Thirteen participants, who were sexually abstinent, had boyfriends and their initial age at having boyfriends was in middle - to - late adolescence, from 15 to 19 years old, with a high frequency at the age of 17 years old, whereas two participants, who were sexually experienced, had boyfriends at the earlier ages of 14 and 16 years old. The participants who had boyfriends gave their number of lifetime partners as from 1 to 8 boyfriends, with a high frequency of 1 boyfriend.

Table 1: Demographic characteristics of the participants

Case	Age	Occupation	Region of birth place	Length of living in BKK	The guardians	Age at first boyfriend	Number of lifetime boyfriend
1	20 years	Public university student	Northeast	1 year	Biological parents	15 years	3
2	19 years	Public university student	Bangkok	19 years	Single mother	No boyfriend	0
3	19 years	Vocational student	Bangkok	19 years	Biological parents	16 years	1
4	20 years	Private university student	Central	8 years	Biological parents	17 years	1
5	19 years	Baby sister	Northeast	1 year	Biological parents	17 years	1
6	18 years	Secondary school student	South	6 years	Biological parents	17 years	1
7	19 years	Public university student	Bangkok	19 years	Adopted parents	17 years	1
8	18 years	Secondary school student	Bangkok	18 years	Biological parents	No boyfriend	0
9	19 years	Public university student	Bangkok	19 years	Biological parents	17 years	1
10	23 years	Master degree student	Northeast	8 years	Biological parents	17 years	2
11	20 years	Vocational student	Bangkok	20 years	Biological parents	15 years	8
12	21 years	Private university student	Central	6 years	Grandparent	16 years	2
13	19 years	Private university student	Northeast	4 years	Biological parents	17 years	3
14	19 years	Opened university student	Bangkok	19 years	Biological parents	No boyfriend	0
15	20 years	Public university student	Bangkok	20 years	Biological parents	19 years	1
16	19 years	Private university student	Bangkok	19 years	Biological parents	18 years	1
17	20 years	Open university student	Bangkok	20 years	Biological mother Stepfather	No boyfriend	0
18	20 years	Vocational student	Bangkok	20 years	Grandparent	16 years	2
19	19 years	Public university student	Bangkok	19 years	Biological parents	14 years	1

Subject recruitment

The researcher first approached the staff member of a non-governmental organization (NGO) working with children and young people in Bangkok, Thailand. The researcher informed the staff member of the background and purpose of the research as well as the inclusion criteria of the initial samples. Then the researcher and the staff member participated in discussion and selections of some organizations within the network that were suitable for the potential samples. After selecting four organizations in the networks, the staff member assisted the researcher by asking those organizations directly. Those organizations were willing to help the researcher. After the staff of each organization screened and had directly approached the girls, who met the criteria and voluntarily chose to participate in this study, nicknames and telephone numbers of the potential participants were sent to the researcher. Then the researcher directly called the potential participants to make an appointment for interviews and provided them with a complete explanation of the study. As this study involved young women who were not reach legal age, the parental consent was required for participation. The information sheets and consent forms (in Thai) were sent by email to the potential participants and their parents (see these forms in English at Appendix A and in Thai at Appendix B). The participants brought the signed copy to the researcher at their first interview.

Protection of human subjects

The research proposal was submitted for review, and approval was granted from the IRB committee at Chulalongkorn University (English version illustrated in Appendix C, and Thai version illustrated in Appendix D). During the research process, informed consent was signed by the participants (for participants who aged at or more than 20 years old) or their guardians (for participants who aged less than 20 years old). A brief background of both the researcher and general area of the research was given. The procedure for recording the interview and the subsequent transcription was explained to the participants before the interview, along with an assurance that the tapes would be destroyed once the research was completed. Participants' names and any references to places or people had, in accordance with the above, been altered or removed to reduce to a minimum the possibility of identification. Because of this research was sensitive issue, all places' and participants' name were kept confidentiality. All participants agreed to do so. At the end of the interview, the researchers asked participants if they would like to share any experiences or feelings. In addition, the researcher concerned about participants' feelings of this issue and was willing to assist if they needed.

Instrumentation

The important instrument for this study was the researcher. The assisting tools were a demographic data form (see in Appendix E), and an initial set of sample questions or interview guides (see these forms in English at Appendix F and in Thai at Appendix

G) were used to collect data. Interview guides were applied as initial questions or beginning focuses, places for the researcher to start. They are based on concepts derived from literature or experience. In this study, the interview guides were developed from literature and experiences related to adolescent sexual activity and abstinence. Also the interview questions emerged from and evolved with the data. New questions were developed and added to the next interviews in order to clarify previous data and to elaborate on the emerging categories. By the last few interviews, the essential theory had been identified. Therefore, probe questions about how to remain sexual abstinence. The demographic data form and the interview guides were proved by dissertation advisors whether or not the interview topics matched the study purpose.

As mentioned earlier, the researcher in this qualitative inquiry played a major role as a research instrument, the background and information of the researcher could be provided for the readers. The researcher has a Master's degree in Applied Anthropology, while the program requirements were composed of 6 credit-qualitative research courses and a completed thesis in qualitative study. During 1993 to 1994, the researcher worked as a research assistant in a qualitative study of an AIDS prevention program at the Institute for Population and Social Research, Mahidol University, Thailand. In 2005, the researcher studied grounded theory as an independent study with Professor Phyllis, Noerager Stern for one semester at the School of Nursing, Indiana University Purdue University at Indianapolis (IUPUI). These experiences helped the researcher to gain knowledge and insights into conducting qualitative research using grounded theory.

Data collection

After obtaining parental or participant consent form, a brief demographic data form and in-depth semi-structured interviews were employed to collect data with each of the nineteen young women. All participants allowed their interviews to be audio-taped, after they were asked for permission. Interviews were conducted in private areas as preferred by the participants, where they felt safe and could talk freely. Eight of the interviews were conducted at the researcher's studying area, four were conducted in the researcher's office, two were conducted in the Children Foundation's office, three were conducted in the researcher's home, and two were conducted in their living place. The duration of the data collection was twelve months, which started from October 2005 to October 2006. The length of the interviews was from forty to one hundred minutes, with an average of sixty minutes. The amount of the data was composed of 25 hours.

The data collection process could be considered as having two phases. Initially data was collected from the young women who met the inclusion criteria and with questions following the interview guide (see Appendix G). They were asked broad, open-ended questions to try to elicit the reasons under which they were still remaining sexual abstinence. After data analysis began, the next data collection and interviews were guided by the emerging data, and theoretical sampling technique was applied. Theoretical sampling is very important in conducting research in grounded theory as it is the process of data collection for developing the theory as it emerges (Glaser, 1978). Seeking and collecting pertinent data to elaborate and refine categories in the emerging theory were conducted. For instance, after the seventh interviews, the researcher understood more

clearly on the study phenomena of remaining sexual abstinence. Questioning each participant regarding her experience of sexual decision-making to be abstinent or sexually active during the relationship was employed. When in-depth interviews had been conducted with nineteen young women, which consisted of two sexually experienced young women, the researcher determined that the data was saturated, which meant that there was no new emerging data and the emerging theory was confirmed.

Data analysis

Data analysis is the process of systematically managing the transcribed interviews into the ways of what the researcher viewed and was interested in and to enable the researcher to present what has been discovered to others (Oatumtanee, 2001). Data analysis was completed by the researcher with the audit trail of co-advisors throughout the process of conducting this study. The constant comparative analysis and coding process were employed to manage data analysis in this study.

Constant comparison analysis

In this study, data were analyzed using the constant comparative method wherein each line, phrase, sentence, and paragraph from the transcribed interviews were read to decide what concepts the data reflected and to code the data. Each code was compared to all other codes. Comparisons for similarities, differences, and general patterns were made. This process helped the researcher gain insights into the relationships of events and

the concepts within and across the interviews. The making of comparisons was used throughout the research process until core category or a theory with sufficient detail and abstraction was generated.

Coding process

Coding in grounded theory method is the intricate process of reducing raw data into concepts that are designated to stand for categories. The categories were then developed and integrated into a theory (Corbin, 1986). In this study, the coding process followed the grounded theory method guided by Glaser (1978). Two types of coding; substantive coding (open coding and selective coding), and theoretical coding (Glaser, 1978) were applied during this data analysis.

Open coding

The open coding process aimed to generate an emergent set of concepts or categories from the raw data (Glaser, 1978: 56). It began when the researcher obtained the transcribed verbatim and read the data line-by-line and paragraph-by-paragraph in order to fracture the data into several parts of events and phenomena. Similar and different events were compared and contrasted with each other. Then, similar events were grouped together to form the same name or category. This step meant the concepts (categories) in this study were identified as well as the properties (characteristics) of a category and its dimensions (which described the range along which properties of a

category vary) were defined. During the open coding process, the researcher always interrupted coding to memo the details, thoughts, questions or interpretation of the researcher to the data.

Theoretical coding

Glaser's theoretical coding is the way of systematically linking categories and developing properties of categories. At this level, categories were related to each other by applying theoretical codes from the *18 Coding Families* to help conceptualization of how those categories related to each other as hypotheses to be integrated into a theory. This phase was started after the researcher analyzed the data and received a group of codes that emerged. Then the researcher applied some *Families codes* that fitted to understand the linkage among those codes, to integrate them to become a theory. For example, after considering the emerging categories, *The Six C's* was applied to link categories of learning proper sexual manners, planning life sexual paths and establishing own sexual manners together as a core category called establishing sexual patterns for life security. This was because after relating each category to each other, *The Six C's* could conceptualize how those categories related to each other as hypotheses to be integrated into the theory of establishing sexual patterns for life security. It provided the explanation of the relationship among the categories that learning proper sexual manners caused the young women to plan their life sexual paths by setting goals and determining means for goal achievement. The development of cognitive ability including the intention to remain

sexually abstinent caused the young women to establish their own sexual patterns. This process resulted in the young women remaining sexual abstinence until the present.

The strategy family, which refers to strategies, tactics, mechanisms, management, ways, manipulation etc. (Glaser, 1978: 76), was another example of theoretical codes used to develop properties of learning proper sexual manners and dimensions of learning strategies in this study. This application ?and analysis revealed that the properties of learning proper sexual manners, such as learning strategies, included dimensions of conforming to rules, being informed, having direct experiences, observing others' experiences and discussing.

The researcher also applied *Type family*, which may include type, form, kinds, styles, classes, and genre (Glaser, 1978: 75), to develop properties of planning life sexual paths and dimensions of setting goals for life security. The analysis suggested that the types of setting goals for life security were composed of three types; success in a career, a good marital relationship, and a dutiful daughter.

In the theoretical coding process, the core category or core variable, which is the main theme or the main concern or problem for the people in a setting (Glaser, 1978: 94), was identified and selected and the categories and properties were developed. The substantive model was the final product of this theoretical coding process. The researcher started to produce theoretical sampling in the new interviews after hypotheses in this study were formed and wanted to be tested.

Selective coding

Selective coding was the manner in which the researcher ceased open coding and selectively coded for a core category (Glaser, 1978: 61) and delimited coding to those categories that related to the core category. Coding and writing memos at this level also aimed to integrate and refine the theory until it grew in depth and had explanatory power.

Control in the research procedure

By its nature, this grounded theory study of remaining sexual abstinence in young Thai women created several threats to the quality of the research. The nature of the study issue of sexuality is something that young women in Thai society feel is personal and embarrassing to talk about or/ and to discuss with others, and caused a threat to the validity of this research. In addition, the nature of naturalistic inquiry sometimes created validity threats as well. Thus, the rigor or control in the research procedure was employed in order to ensure the trustworthiness of this study. Guba and Lincoln (1985) proposed the trustworthiness concepts and techniques supporting the rigor of the research consist of credibility, transferability, dependability, and confirmability.

Credibility

Credibility is the criterion against which the truth-value of qualitative research is evaluated (Lincoln & Guba, 1985: 294-296). Qualitative research including grounded theory study is credible when it presents a faithful description of the human experience.

Controls to enhance the credibility of findings and interpretations in this study were as follows:

(a) Prolonged engagement and persistent observation in the field were attempted in order to allow time to gain multiple realities and the truth-value of the remaining sexually abstinent process in female adolescents and the cultural context of the participants.

(b) The researcher also attempted to establish good relationships with the participants before the interview because trust will allow the participants to more easily provide such personal experiences of sexuality.

(c) Member checking was employed for verifying some data where the researcher was not sure of its real meanings.

(d) Since the report of this study would be written in English, translation from the Thai language to the English language was essential. The findings of this study were translated from Thai to English by the researcher, and a bilingual expert to ensure maintenance of the quality and the meaning of the findings.

Transferability or generalizability

Transferability refers to the applicability of one set of findings to another setting (Lincoln & Guba, 1981). Transferability has also been labeled “fittingness.” Transferability in a study is strengthened by providing rich, thick slices of data to make

transferability judgments possible on the part of potential appliers (Lincoln & Guba, 1985). In grounded theory, transferability is accomplished through a set of empirically grounded hypotheses. To ensure transferability in this study, the researcher needs to accept the responsibility of explicating the setting of the study, the sampling techniques, and the characteristics of the sample so the readers could be able to decide on the transferability of the study. Every attempt was made to achieve the greatest possible range and variation through theoretical sampling.

Dependability and confirmability

Dependability is the stability of the findings over time, and confirmability examines the “objectivity” of the research; that is, another researcher can confirm the study when presented with the same data or neutrality of the data. A study and its findings are dependable when another researcher can transparently pursue the decision trial used by the researcher in the study (Guba & Lincoln, 1981). Both dependability and confirmability in this study were accomplished by using an audit trail. A supervisor who was a nurse researcher experienced in pediatric nursing and qualitative data analysis, particularly in grounded theory, followed the audit trail (verbatim transcripts, coding and memos from each round of interviews), that the researcher used to analyze the data, starting with the transcriptions and ending with the substantive theory. Intersubjective agreement between the researcher and these independent judges were achieved at each step of data analysis.

Summary

In this chapter, the methodology issues and concerns surrounding this grounded theory study were presented. The participants were defined, the data collection was described, the analysis of the research explained, the trustworthiness or controls in the research procedures was discussed, and the consent procedure presented. Every attempt was made to develop a well designed and controlled study that protected the rights of the participants as well as generating an emerging theory. The study of remaining sexually abstinent in female Thai adolescents is not an easy task. The design of this study and the researcher's unique relationship with the young women enhanced the possibility of obtaining vital information that might not otherwise have been shared.

CHAPTER IV

FINDINGS

In this chapter, the findings from a grounded theory study of young women's perceptions of remaining sexual abstinence are presented. The findings emerged from the data collected in interviews with 19 young Thai women. The data indicate the basic social process, by which young Thai women remain sexual abstinence, here named establishing sexual pattern for life security. Throughout this chapter, the process of establishing sexual pattern for life security is explicated and direct quotes from the young women are presented for substantiation and illumination. These direct quotations are cited verbatim with no corrections or changes to preserve the flavor and reality of the statements; however, words have been added in brackets when necessary to clarify the meaning of some comments.

The establishing sexual pattern for life security process

An analysis of the data indicates establishing sexual pattern for life security is the basic social process used by the young Thai women to remain sexual abstinence. It was the process that the young women developed their cognitive and social ability to establish their sexual pattern for life security. The traditional Thai value of being ‘good’ Thai girls was the social context that has strong influences on this process. The process is composed of three major stages; learning proper sexual manners, planning life sexual path, and establishing own sexual manners.

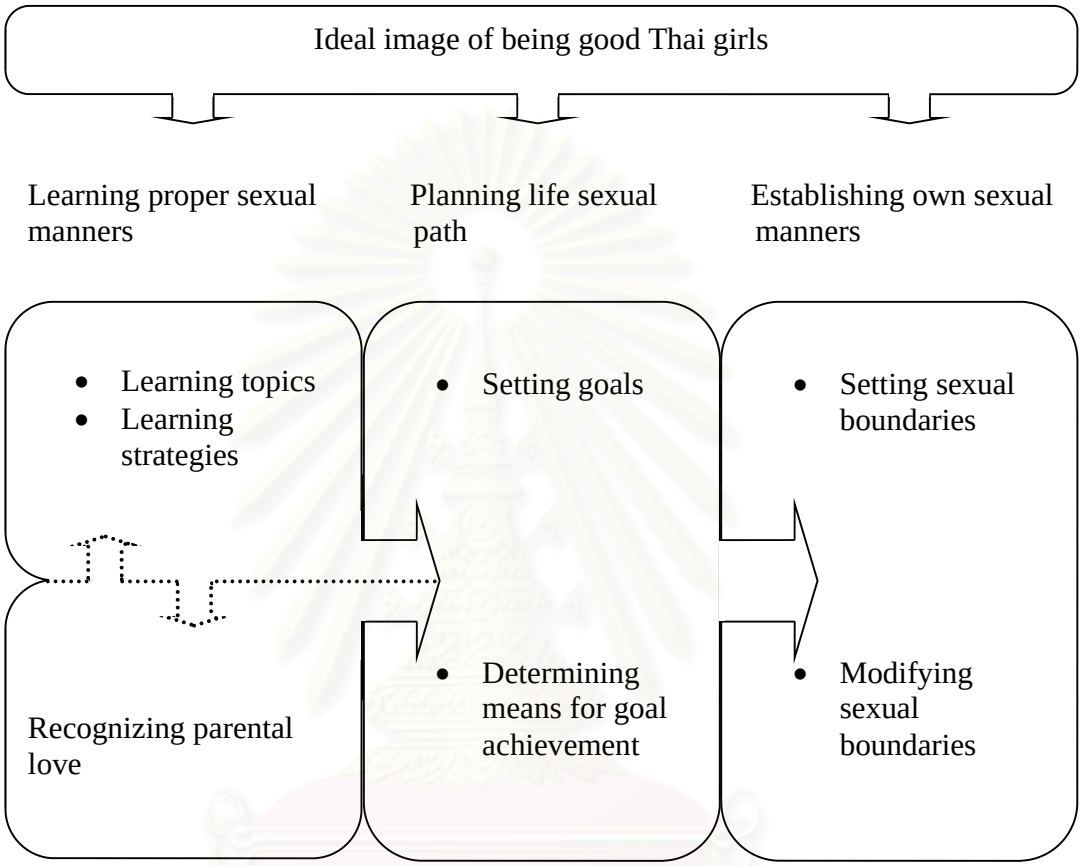
Learning proper sexual manners, was a stage in which the young women acquired knowledge and attitudes as well as recognized issues about the proper female manners, the consequences. of improper manners, the nature of males, and using careful consideration. Also, they learned these topics by using several strategies, which included conforming to rules, being informed, having direct experiences, observing other’s experiences and discussing. They began to learn since childhood when they were in the family and gradually extended their learning outside when growing up. Learning also was occurred in everywhere and every time as possible such as during watching television, meal time, or riding. They also learned from various sources included family, schools, communities and media. In this stage, recognizing parental love was emerged as an important covariance and has strong effects on the subsequent stage. Recognizing social and parental expectation as well as recognizing own needs about sex were outcomes of this stage.

The second stage, planning life sexual path, was a period in which the young Thai women set goals for life security and determined means for achieving those goal s. They set goals of succeeding in a career, having a good marital relationship, and being a dutiful daughter. In order to achieve those goals, they also recognized remaining sexual abstinence and self-responsibilities as means of goal achievement. The recognitions of parental expectations, parental love and one's future life path since the former stage became the conditions of these young women that had influences on pushing them to set goals for life security. Consequently, they intended to be abstinent until the right time.

The third stage, establishing own sexual manners, was a state in which the young women set sexual boundaries and modified their sexual boundaries in order to strengthening their remaining sexual abstinence for life security. Setting sexual boundaries was composed of two properties; setting timeline for first sexual intercourse, and setting limits on particular sexual encounters. In addition, setting limits on particular sexual encounters depended on types of the relationship, trust and certain circumstances.

The establishment sexual pattern for life security process is also dynamic. Changes in the process can occur at any time because of the changes in each property especially in the learning process. All three stages are continually being reviewed and sometimes revised as time passes in order to make the young women's establishment of sexual pattern for life security secure. This means that all categories and properties in the process are needed to be modified in the ways to achieve goals for life security including remaining sexual abstinence. The categories, properties and dimensions of *establishing sexual pattern for life security* process are presented in Figure 1.

Figure1 The establishing sexual pattern for life security process



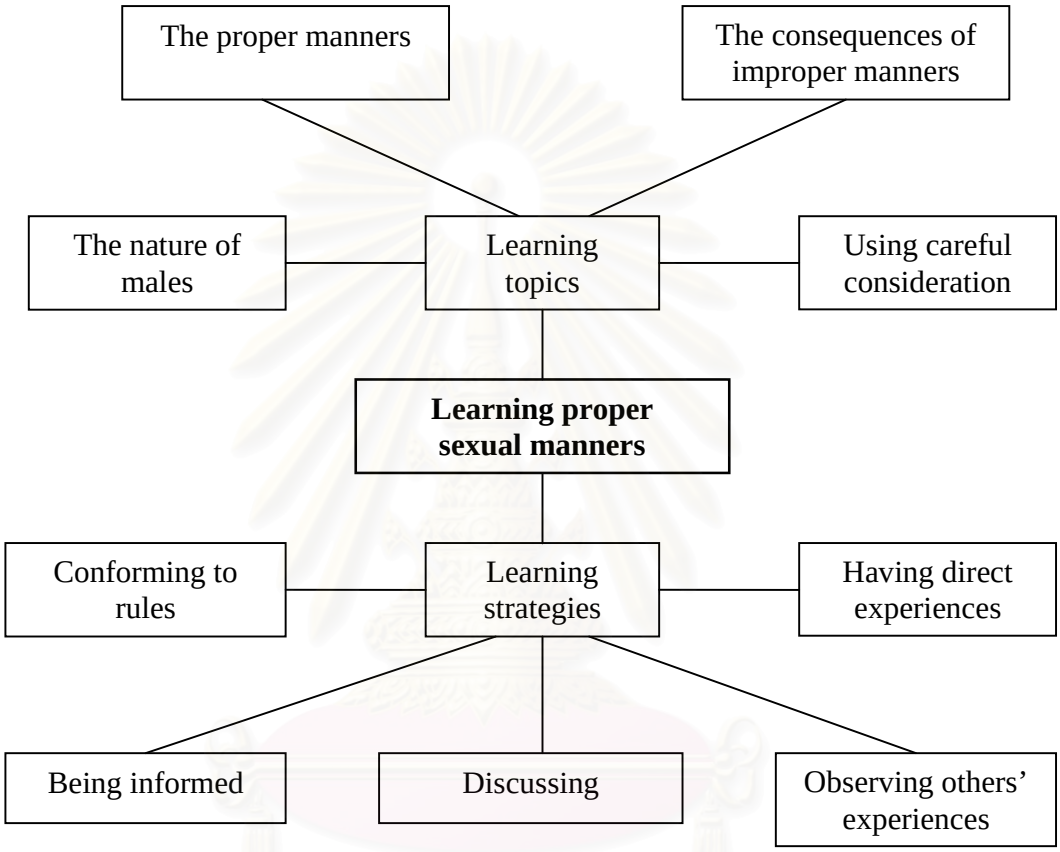
Learning proper sexual manners

While relating accounts of their remaining sexual abstinence, the young Thai women universally opened their stories with descriptions of learning proper sexual manners. Learning proper sexual manners was the state in which the young women began to acquired knowledge of and skills in proper sexual manners until they recognized what

proper female manners within traditional Thai culture were, what consequences of improper manners were including their terrible effects on future life, how men were untrustworthy, and that thinking well before doing anything helped to protect themselves from harms. They learned those issues through using a set of strategies, which included conforming to rules, being informed, having direct experiences, observing others' experiences and discussing. The ideal image of 'good' Thai girls was the social contextual condition that helped to explain meanings and significance of this learning process in the young Thai women.

Being connected to parents or parental figures was the most important condition that helped to facilitate this learning process in the young women. They were closely supervised and controlled by parents to learn until they were successful in following what they parents expected. Recognizing parental love was also an important covariate condition that occurred in the learning process, which was partly developed from the intensive long-term interaction between parents or parental figures and their daughters during this stage. Learning proper sexual manner then, was a state in which the young women adopted social value of being 'good' Thai girls, as well as parental values and expectations about daughter's life. Consequently, they adopted social value of proper female manners toward males, followed parental expectations and recognized one's sexual life path. The category *learning proper sexual manners* emerged in this study, which consists of properties and dimensions as presented in Figure 2.

Figure 2. A summary of *learning proper sexual manners* category, properties, and dimensions



Learning topics

Learning topics refer to the scope of knowledge which the young women received from the process of learning proper sexual manners. In this study, the young women learned topics or issues about proper female manners toward males, the consequences of

improper manners, the nature of males, and using careful consideration. All of these topics were interwoven with each other to support the explanations and reasons for the young women to perform or to avoid some manners toward males. When the young women learned one topic, they usually learned other topic(s) at the same time. For example, they usually learned a proper manner and its consequences at the same time. Learning about the consequences of improper manners often coexisted with learning about using careful consideration. Learning several topics at the same time had benefits for the young women in the way that significance and explanations of the issue they were learning was emphasized.

The ideal image of ‘good’ and ‘bad’ Thai girls was underlying the identification of proper and improper female manners towards males. The manners, which are congruent with an ideal image of good Thai girls such as not disappointing parents, being a virgin before marriage, having one sexual partner in their life, and avoiding allowing men to have access to their bodies were considered as proper manners. Improper manners, on the other hand, imply behaviors in accordance with the ideal image of ‘bad’ Thai girls. Being promiscuous and sexually skilled in how to allure men, and staying out at night were examples of improper manners.

Learning about proper manners

The proper female manners toward males refer to manners that are congruent with the ideal image of good Thai girls. The young women learned about what proper female manners towards males were, and how those manners were proper. However, they

usually learned what proper manners were by learning to avoid improper manners at the same time. Thus, although the issue concerning proper female manners in this study involved dressing up, going out at night, being in a secluded place with a man, having body contact and sexual intercourse, it was also emphasized how to avoid or to limit the behaviors rather than how to perform such manners in an appropriate way. Learning proper manners and improper manners at the same time produced benefits for the girls' learning when it helped to focus prominently on the significance of proper manners. The scope of each proper female manner that the girls learned in this study is detailed as follows.

Not dressing up to allure men: The girls usually learned that they have freedom to dress up in every style, but should have limits. They learned that they should dress appropriately to times and places, as a young woman explained,

> …My mother allows me to dress in every style I prefer. I can wear a spaghetti strap blouse also, but my dressing should be proved by mother before leaving home If she considered that I dress inappropriately to a place where I am going to, she will advise me to change my dress I know that I should dress up in the appropriate ways (Case2, p.2-3: 102-106).

The young women also learned that they should not dress in a sexy style or dress provocatively in a way likely to accentuate men's sensuality because the girls would be considered by others as bad girls as well as would be prone to engage in sexual intercourse. As a girl explained,

> ...If a girl dress too revealing or show her body a lot, it is like creating an urge for sexual intention for the guys who see that girl. I used to ask my friend, some are playboys and not very good guys, what do they think when seeing a girl dressing well. They would say that the girl is probably a nice person, and guys would dare not flirt her. But if the girl dresses very sexy like to allure men, the guys would see it as an invitation for sex (Case12, p.7: 334-341).

The girls learned by being informed and could recognize that wearing too short a skirt or a pair of pants, or spaghetti strap blouses, which were considered to allure men, would allow girls destroying own reputation as well as being sexually offended including having involuntary sex. As the girls explained,

> …Boys don't like flirting girls or girls who like to dress attractively to boys. I think that dressing too sexy a style or using coarse language was improper. Boys will consider girls who perform like that as being worthless and as easy things for them (Case2, p.2: 92-99).

> … If I wear too short a skirt, the boys won't be interested in whether my legs are beautiful or not. But he will imagine how white my legs are, and how it would be if I have no skirt on or short pants (Case6, p.7: 326-330).

Learning to avoid dressing up to allure men together with learning consequences of performing it provided reasons for the young women to avoid dressing up to allure men.

Avoiding going out at night: The girls learned that they should remain indoors after dark. They were informed by various sources, especially from the media that staying out at night was harmful and improper for young women. It would cause them several negative consequences such as destroying their reputation, being sexually offensive and being prone to be raped. Because of learning the adverse consequences of going out at

night, the young women also recognized the significance of avoiding going out at night. As the girls explained,

> …I think that other people might think of me to be a bad or a flirting girl if I still walk around outside when it's dark. Girls should remain indoors after getting dark (Case2, p.3: 142-156).

> …I also think that some girls who have boyfriends and go out at night together are likely prone to have sex if they were a secluded place together (Case12, p.4: 158-161).

However, the girls learned that if they were necessary to stay out at night, they should do it with a safer strategy such as finding someone to be with or when they were older and had more experiences than the present.

Being in a secluded place with a man: The girls were informed by various groups of people that being in a secluded place with a man was an improper female manner because it caused several negative consequences such as being sexually offended or destroying reputation. Then they were aware and sometimes avoid being in a secluded place with a man. As the young women explained,

> … Being in a secluded place with a guy provides an opportunity for having sex in young people. The boys may have sexual romance and desire when they were in such a situation…and that makes me consider benefits and barriers of being with him at that time. I felt it is risk to have something happened (Case6, p.4: 208-214).

> …I decide not to visit his empty house. I recognize that it is prone to have sex…Many of my male friends have warned me not to go anywhere secluded with a guy. It's because being alone with a guy can lead to sexual molestation. Even my male friends have said that if there is a pretty girl with him alone, he might be horny and start to do some stupid things with her. You know, they talked to me frankly because I'm their friend and they are concerned about my safety. They also keep remind me that I shouldn't trust any guy. This is why I try to avoid the situation of being with a guy in a secluded place (Case 11, p.3-4: 159-165).

Having boyfriends during studying time: Some young women were often informed to avoid having boyfriends during study by parents or other adults. Some were not prohibited, but were set limit for the relationship. Some young women, on the other hand, were obedient to their parents' instructions and did not have boyfriends, whereas some thought that they were mature enough and they had boyfriend during such time but avoided being seen by parents, or accepting to follow parental rules of having boyriends. As the girls explained,

> …I think my parents do not allow me to have a boyfriend.…I used have a boyfriend once when I was in Grade 12. And one day, he came over to my house to work on an assignment. At that time, mom and dad were not home so it was like I stay with him alone. When my dad came back and saw me with my boyfriend, he was totally upset. He didn't talk to me at all, but he called my mom instead and told her what's happened. Then my mom called me and started lecturing me that I shouldn't let a boy come over again…So when I have a boyfriend I'm afraid of being seen by them (Case 1, P. 1, 38-50) and don't have hands holding in public.

> …My mom never prohibits me to have a boyfriend, but she usually lectures me that a boyfriend is, in fact, like a close friend. You know, she doesn't want me to devote all of my time to him or emotionally attached to him. Since I am still a student, my first priority should be studying. So, she said she would allow me to have a boyfriend if I'm still on the right track. For example, when I'm going out with him, I usually let my mother know. Then she would ask me whether I'm accompanied by a group of friends or I'm going with him alone. If I'm going out with him alone, she will recommend me to stay in the public areas and keep out of the secluded place. She also doesn't want me to watch movie with him alone because sometimes cinema can be a very quiet place…This parental teaching cause me to behave with careful manners (Case6, p.6: 311-320).

> ...My parents usually tell me to finish my studies before becoming involved in having boyfriends. They may have an idea that having a boyfriend will make me fail in my studies. They wanted me to graduate before. They are afraid of failure in my studies if I have a boyfriend. I know that they were concerned about me, and I realized that having a boyfriend at this time is proper. I'm mature enough. I study in the university level and I'm mature enough to do that. But I did not tell my father about this. Just my mother knows (Case7, p.25, 773-784).

It also evidenced that during learning about having boyfriends, the young women could recognize that parents were concerned about their daughters' future life and expected them to have a good education. The young women themselves also discovered their own needs about having boyfriends and have to choose their own sexual path sometimes. For example having boyfriends during studying time although were not allowed by parents.

Having physical contact with men: The young women were taught by being informed, conformed to rules or having direct experiences since childhood that they should avoid physical contact with men. They recognized that having physical contact with men was improper for young women in our traditional Thai culture to behave like that, as the girls explained,

> …I usually ride the bus home and sometimes I get tired of it. So one day when I was in Grade 12, my male friend offered me a ride on his motorcycle. Then I said okay because I'd never thought it's not appropriate. However, when my dad saw me sit behind my male friend on the motorcycle, he chided me right away that such thing was totally inappropriate. So I remembered ever since that my dad doesn't allow me to do this. (Case 1, P. 2, 107-113)

> …I was instilled since I was a child with being a good Thai girl who should not allow boys to be involved in physical contact. We learned that it is our culture that a lady should avoid physical contact with men. We are not western girls who can kiss or hug guys whenever they want. (Case8, p.1, 2: 25-27, 99-103).

> …I keep myself in the ways that I should be aware of having close contact with males because since I was young, my parents have taught me to avoid any playing that involves physical contact with those of the opposite sex (Case14, p.1: 51-56).

The young women also learned that they were possible to have physical contacts with men in some situations. For example, during crossing a big road or walking in a crowded place. They recognized that they could have physical contact with male friends, especially when being in a critical or a dangerous situation. However, they also realized that they should limit physical contact with men.

Avoiding sexual intercourse until the right time: The girls were usually informed by parents, teachers and other people in the society to have sexual intercourse when it was the right time. They were informed to have sex when they got married or mature enough. They could learn that remaining virginity until marriage was significant for young Thai women, and then they intended to avoid having sexual intercourse until the right time, as a girl explained,

> …Then the father teaches her that being a lady is like this guessing game. The lady who hasn't sleep with the guy is like a closed hand and the guy would long to sleep with her. But when the lady has slept with the guy, she will become like an opened hand. Then there is nothing exciting about her anymore. So the lesson learned here is the importance of preserving virginity. After I hear this story, it even confirms me that I should keep my virginity until I get married. (Case 8, p. 17 - 18, 934-946)

Learning about consequences of improper manners

The consequences of improper manners in this study refer to subsequent outcomes of dressing up to allure men, going out at night, being in a secluded place with a man, having physical contact and engaging in premature sexual intercourse. The girls acquired knowledge and insights into consequences of improper manners until they recognized that consequences of those improper manners were all negative and would have effects on their present and future lives. Learning consequences of improper manners were framed as destroying physical and psychosocial health, destroying reputation, disappointing parents, and having insecure relationships.

Destroying physical and psychosocial health: Destroying physical and psychosocial health was one of the topical concerns illustrating the consequences of improper manners. The physical and psychosocial health in this study included having unplanned pregnancy and its consequences, being sexually coerced, leaving school and feeling upset. The girls learned from having direct experiences or observing other's experiences about consequences of improper manners until they realized that having boyfriends or engaging in sexual intercourse during studying time and at younger age were improper because they allowed young women to have premarital sexual intercourse

as well as unplanned pregnancies, abortions, feeling upsets and quitting from schools. As the girls explained,

> …The first time I ever heard about this was when I was in an early secondary school. I had heard that a girl who had sexual intercourse with a boy in our school became pregnant and went to have an abortion. After that inquiries were made by the instructors and finally they were asked to leave our school. They could not finish their studies. At that time, I thought that the girl was only in early school level, and why did she think to do that. It was so terrible (Case5, p.5: 222-232).

> ...I have seen each of my friends cry and feel stressed when her boyfriend abandon her after they engage in sex. I realize what the consequences of premature sexual intercourse are. I know that if a girl is left by her boyfriend, she will cry all the time (Case15, p.6: 267-274).

The young women also acquired knowledge that allowing boys to have easy access to their bodies, being in a secluded place with a man, and staying out at night would allow girls to be sexually coerced as well, and they recognized those manners to be dangerous to their life As a girl explained,

> …If it gets dark, it becomes dangerous for me. I'm afraid of getting raped. I have heard a lot of news about girls being drag away and raped, even students. So I'm afraid of my own safety (Case7, p.13: 674-686).

Destroying reputation: The young women also acquired knowledge that dressing up to allure men, going out at night, being in a secluded place with a guy, allowing boys to have easy access their body and engaging in sexual intercourse during studying would destroy both their and family reputation. They recognized that as those manners were relevant to a stereotypical image of 'bad' Thai girls, the girls who

performed such manners would be criticized and gossiped about by others until they were tarnished and worthless. As the girls explained,

> …I know that women should be more reserved because my parents instilled in me this concept when I was young. When we watched soap operas …In the old days, soap operas always had some scenes that depicted the story of a bad girl who had a secret sexual affair with a male protagonist. But after a while, he leaves her. And the blame always falls on the bad girl (Case4, p.13, 633-647).

The young women realized that not only they themselves lose reputation, but also their parents were criticized by others regarding their daughters' improper manners. The girls learned that other people in the community likely watched teenagers' sexual manners and would criticize parents if their manners were improper, as the girls explained,

> …Sometimes, other people surrounding us do not think of us as being boys' friends if we have hands holding or other physical contact with them. Those people would feel of being not good for us to do like that. If they blame us, they may say something blaming to our parents as well (Case13, p.2: 54-63).

Social blame of a daughter's improper manners leads to the destruction of family reputation. It is because the family is considered as the most important foundation in the society for training children, so parents will be blamed first if their children have done wrongdoing. Parents will be criticized by others in the community if they do not teach their daughters well. This cultural context means parents losing reputation regarding daughters' improper manners. The young women also acquired this knowledge and insight as well as recognized that destroying family reputation was one of the most important consequences of improper manners. As a girl explained,

> …When my cousin got pregnant before getting marriage. My father would tell me "Don't let it happen to you." I know he will be shameful and lose reputation if I like to be my older sibling. It is because others will come to blame him regarding my sexual misconduct (Case7, p.2: 55-61).

Disappointing parents: The young women learned that improper female manners toward males such as having physical contacts with men, or engaging in sexual intercourse during studying disappoint their parents. They often learned through observing others' experiences. They recognized that disappointment in parents were developed regarding to daughters in several ways. For example, being blamed by others and feeling ashamed regarding their daughters' behavior and its consequences, seeing a daughter's sufferings from the adverse outcomes of improper manners, and feeling upset that their daughters do not live up to their expectation. As a girl explained,

> …When I went out with my dad, we saw a teenage couple walking with arms around each other. Then dad said, "They are just high school kids. What a shame that they are doing such thing like this." So I learned that if I did something like them, people would look at me negatively. They might also gossip about what I did. And I my parents know, they will be totally upset (Case9, p.4: 213-219).

Within traditional Thai norms, disappointing parents is a sin and daughters should avoid doing it. Recognizing that engaging in premature sex disappointed parents also caused the young women to wanted to avoid it, as a girl explained,

> …My older sister was pregnant when she was in a school. This not only ruins her future but also totally upset my dad. Seeing her in such condition, my dad was so disappointed that he broke into tears. (Case3, p.7-8: 366-371).

Having insecure relationships: The girls learned that engaging in premature sexual intercourse as during studying time or being unsure about the relationship meant

the couples were prone to have insecure relationships. When they acquired information and insights that the couples who engaged in premature sexual intercourse ran the risk of being in conflict, having quarrels, unstable relationships and eventually leading to break ups, they recognized that engaging in sexual intercourse before the right time made life so terrible, as the girls explained,

> …I often saw my friends in the same apartment where they had boyfriends and then they had sex with them. However, almost all of them ended up separating from their boyfriends. So I didn't want to lose my worthiness, and I don't want to involve in sex as well (Case5, p.5: 234-237).

Learning about the nature of males

This topic concerns the nature of males and females in a relationship. It involved the young women's learning about the different expressions of love and sexual needs between males and females in a sexual relationship, leading to the males behaving in ways that looked like they were taking advantage of and sexually offending the females. The girls learned that males and females had different potentials in performing sexual manners, and it seemed that males were able to express their sexual desire and needs easier than females. Social norm and biological difference were underlying explanations and interpretation of this nature. The girls learned that women like to keep their sexual desires within themselves in order to highlight their respectable reputation and dignity whereas men like to act on it immediately without any other considerations. As the girls explained,

> …Even though it's a natural thing, I must remember that there is a big difference between males and females. Because of the physical and hormonal differences, males and females have different behavior and reactions. Even though they both have sexual desire, a female might keep quiet about it because she's too shy. A male also doesn't say anything about it, but he does it right away. So it's like nature has created us differently (Case4, p.19-20: 977- 990).

Because of this nature, the young women were also acquired knowledge from various ways that boys liked to be involved in physical contact with girls or involve themselves in sexual molestations as well as to take advantage of girls. Then, the young women also realized that they should avoid men who were considered to be untrustworthy. As the young women explained,

> …I've heard men talking about girls. They said that if they date a certain type of girl for a while, it is possible to have sex with her. So, they challenge each other to get laid with a virgin girl. However, once the guy has slept with a girl, he starts to get bored. It's because a virgin girl certainly has no experience, so she doesn't know about any sexual moves. So, after he takes her virginity, he usually dumps her (Case 3, p.15, 797-806).

> …I have seen couples like touching each other. The guy would touch the girl's body. While I was walking, I can even see a guy kissing his girlfriend's cheek, hugging, holding hands in the bus (Case6, p.5: 263-266).

Learning about using careful consideration

The young women were taught that girls in today's world were surrounded with sexual harms such as being sexually offended by some men including consequences of premature sexual activity. As a young woman said,

> …When we watched soap operas and there were the scenes about women who become the victims of sexual abuse, my parents would teach me that I had to be very careful. I felt that being a woman sometimes has lots of disadvantages (Case4, p.13: 623-629).

Based on this condition, the girls were usually told by their parents to think of their manners toward males with a careful consideration in order to protect them from negative sex consequences. As the girls explained,

> …My dad always tell me to remember that having sex might feel fun and good for a while, but the things that could follow, might make me regret it for the rest of my life. Unhappiness usually follows after having fun, so I should always think first before doing anything. I should consider everything carefully because it might affect other people as well and not just my own life. This makes me warn myself to consider well before making a decision for something (Case11, p.4: 194-202).

Learning strategies

Learning strategies refer to methods that the girls used to acquire knowledge and insights into proper sexual manners. The sexually abstinent young women used various strategies to learn about proper sexual manners. They began to learn by conforming to rules that adults set and being informed by various groups of people. Then they learned more by having direct experiences and observing others' experiences when they grew up and exposed themselves to greater environments, as well as discussed with other people. All of these strategies strengthened each other to enhance the effectiveness of acquiring knowledge and insights into proper sexual manners in the young women.

Learning by conforming to rules

In this study, the young women used conforming to rules as a strategy to learn about proper sexual manner, especially at an early age. It refers to the young women' s learning proper sexual manners by behaving oneself in the ways that follow some rules set by adults. The girls began to learn when they were informed about rules of some proper female manners by adults. Then, they were supervised by adults to conform to the rules. Adults did not force the young women to conform to the rules but used many techniques in order to maintain good relationships with them. The young women would be observed and warned to conform to the rules and allowed no further unwanted behavior that was against the rules. However, girls would be punished if they broke the rules. The punishments included both physical punishments such as spanking and being locked within the house, and psychological punishments such as scolding and being shunned. According to this strategy, the young women were trained in order to bring about parental and socially desired standards of proper female manners and create good girls in our society.

Parents or parental figures were the most significant key agents who played a major role as a primary source for training girls to conform to the rules. The young women were trained since they were young and in the family. They set rules of proper female manners, which were integrated into the girls' daily life and in many situations such as playing, going out, and telephoning. All of these rules aimed at protecting girls from sexual harm. The rules in this study could be categorized into remaining indoors after dark, and avoiding having close contact with males.

Conforming to rule of remaining indoors after dark: Regarding sexual harms outside the home, parents or parental figures set a time for their daughters to remain indoors after dark. The girls were not allowed to stay out at night after a specific time. It seems to be a tacit rule that the girls knew and understood that they should remain indoors at a time. As a girl explained,

> …It is like a 'rule of thumb' in my family that we should arrive home by 8 PM. However, in special cases, if we have to attend a party or have some work to do, it's okay to arrive home after 8 PM…You know, it's not a totally strict rule that we have to obey no matter what (Case1, p.7: 359-361).

The young women could negotiate with their parents about the time for remaining indoors after dark. They could ask for a special permission if it was necessary to go out at night. Parents also played a major role as supervisors who closely observed whether their daughters followed the rule or not as well as attempted to keep their daughters in line if they deviated. For example, they called their daughters if it was near the time they had set for arriving home. Some parents picked their daughters up and brought them home if they knew where their daughters were after dark. This process of conforming to rules pushed the young women to perform proper manners, as a young woman explained,

> …But we all know that our parents will start to get worried if it's getting too late and we haven't gone home yet. They would call me if it's 8 PM. Even though my parents did not call me, I can sense their worry. That's why I would rather arrive home early (Case1, p.7: 365-367).

> …Yesterday, my mother showed me her concern that my younger sister had still not arrived home when it was 8 p.m. I told her that my sister was playing a game with her friend at their home. Then she asked me to bring her home. She was worried about my younger sister staying out at night (Case2, p.4: 162-165).

> …You know, my dad is a very strict person…Every day I am supposed to arrive home on time. If I still hang out at school and haven't arrived home yet, my dad will go to school to pick me up. Then he would ask my teacher to find out the reason why I am still at school (Case15, p.1: 34-37).

The young women could also recognize their parental concerns during learning proper sexual manners by conforming to rules as illustrated in the quotations above. Parents or authority figures also used punishment to control their daughters to conform to their curfews. If daughters broke the rule without asking for permission, they were punished by parents. The punishments ranged from mild to severe degrees including being admonished, scolded, locked from entering the house, or spanked. Receiving punishments made the girls afraid of breaking the rules and reinforced in the girls the importance to conform to the rules. As the girls expressed,

> …I remember on that day, I had just finished my entrance exam and my mom went abroad. So there was only my dad, my younger sister, and me at home. Then my friends invited me to go out partying at night. You know, I was afraid to ask dad for his permission, so I went out right away without telling him. When I came back home around 10 PM, I found out that dad had already locked the door. And it seemed like he had changed the lock because I couldn't get in with the key I have. Even though I tried several times, I couldn't get into the house. I think that was a punishment from my dad (Case 1, P. 8, 411-419).

> …At that time, I was going to study Grade 9 in Bangkok and I had to leave all of my friends in the countryside. As a farewell party, my friends urged me to go to a temple fair with them. We wanted to go to the fair because there was a place like a discotheque where we could dance and have fun. So I went to ask my Grandma for the permission. But she refused…so I sneaked out. When I came back from the fair, I was spanked by my grandma. Then she gave me the reasons why she had to punish me (Case 12, P. 3, 148-155).

Conforming to rule of having close contact with males: Parents set rules for daughters since childhood about having close contact with men. The younger girls were

trained to follow the rules of avoiding physical contact with men in their everyday activities. For example during playing with boys in everyday life, as a girl explained,

> …I was admonished by my grandparents because I jumped on my brother's back, trying to play horse riding. Or sometimes, when I tried to play Sumo with my brother, they always stopped me. Then my grandma would say that I am a girl and it's not appropriate for girls to play like that. Then they would give me a doll, or a stuffed toy to play with. So you know, every time they saw me doing something that involved too much bodily contact with boys, they would stop me and then warn me not to do that again (Case 9, p.18 - 19, 950 - 1000).

The young women also learned to avoid close contact with males by conforming to the rules of avoiding talking on telephone or being with boys that were set by their parents. Parents used several techniques, such as closely observing or performing interruptive behavior while their daughters were talking on telephone with boys, as the girls explained,

> …You know, we use a cordless phone in our house. And I usually bring the handset into my bedroom as the base unit is in the common area. So, if my dad begins to sense that a guy will call me, he sometimes unplugs the phone from its base unit to prevent such calls. At that time, I still didn't have a cellular phone yet, so this method is quite effective to prevent me from chatting with a guy… Also, sometimes, when he notices that I'm on the phone with a guy, he then shouts across the room, saying, "Hey, you're chatting on the phone for too long. It's late now…Time to sleep." (Case1, p.2: 66-90).

> …Whenever I talk to someone on the phone, my dad usually walks into the room, pretending like he is looking for stuff in the room. But I know he wants to check whether my boyfriend is calling. And if he finds out that the person on phone is my boyfriend, my dad then starts to interrupt my phone conversation, such as by asking me loudly, "Have you finished your homework?" But if my dad sees that the person on the phone is one of my female friends, he will never disturb the conversation at all…I think my dad can notice the difference between regular friends chatting and a boyfriend chatting. If it is a regular friend on the phone, I usually talk out loud. But if it's my boyfriend on the phone, I will speak gently and bashfully (Case7, p.14: 721-751).

> …When my dad noticed that I was on the phone with a guy, he started to clear his throat, signaling to me that he knew what was going on. Then he would shout out something like, “Hey, you’re talking on the phone for too long and that’s doesn’t make any sense wasting your time chitchatting.” (Case9, p.6: 278-309).

Sometimes parents controlled their daughters to conform to the rule by showing severe disapproval to daughters when seeing them talking or being with boys. As a young woman explained,

> …That day, my male friend picked me up and gave me a ride in his car because we were going to the same place. Then my dad saw what had happened and he was quite upset seeing me sit next to a guy in a car. So, when I came back home, my dad still looked angry. But he didn’t talk to me at all. Probably, he tried to stop me from doing such things (Case7, p.3: 130-136).

If the girls broke this rule, they would receive punishment. It was usually psychological punishment in nature. This included scolding and shunning (not being talked to). This punishment made the girls afraid of breaking the rules as well as reinforced them to conform to the rules.

Schools and communities also set rule of avoiding close contact with males for the girls to conform to as well as they controlled the girls to follow the line by using punishment, as a girl explained,

> …While I was studying in a private high school, I remembered there were lots of rules that the students had to strictly follow. The teachers also pay close attention to their students. For example, if a teacher sees a boy and a girl holding hands and behaving more like lovers than normal friends, the teacher immediately reports this to their parents. Then the teacher will have a meeting with the kids and their parents to discuss the inappropriate behavior and to warn them not to do that again. (Case9, p.9: 452-458).

Learning by being informed

Being informed is one of the most important and common strategies that the young women used to learn about proper sexual manners toward males. The young women used this strategy to learn all issues of proper sexual manners since childhood and continued to the rest of their lives. In addition, being informed also helped together with other strategies to enhance the effectiveness of learning about proper sexual manners in the young women. The girls were usually informed about proper female manners toward males, the consequences of improper manners, the nature o males, and using careful considerations. This strategy allowed the girls acquiring more knowledge and insights into proper sexual manners and to extend and confirm their previous knowledge in order to strengthen their knowledge system. The girls were informed by various learning sources including family, school, community and media. These learning sources, then involved in parents, teachers, female friends, male friends, books, television programs and exhibitions.

However, the girls in this study framed this learning strategy in two ways; being informed that was initiated by others and being informed that was initiated by the girls themselves. When the girls were still young and had no information and ideas about sexual matters, they were usually informed about sexual knowledge by their parents, teachers, friends and the media in order to widen their views on sexual relationships. This was framed as being informed initiated by others. As the young women explained,

> …My mother told me that boys like to seduce girls by providing only information that will make the girls obedient to their needs. They did not talk about the negative consequences of some behavior (Case6, p.15:769-171).

> …In class, the teacher always emphasizes on the importance of being reserved. Meanwhile, the lessons we learned from various Thai classical literature also teaches us in the same way (Case 8, p.1: 29-31).

> …One of my teachers in my high school usually said that a lady who has slept with guys so many times is like a screw nut that is always loose and cannot be tightened (Case13, p.14: 731-733).

After the young women grew older and had more knowledge and experiences, they wanted to know more about what they were interested in, or to verify what they had been taught before. This motivation stimulated the girls to search for more explanations. Then they started to become informed that was initiated by themselves. They sometimes asked questions to people whom they were sure would have the right answers for them. They sometimes mingled with various groups of people such as male groups, or female friends who had experiences of unplanned pregnancy or of breaking up in order to learn more about the consequences of improper manners. As the young women explained,

> …Since I study political science, I like to read lots of articles about human rights. And one of the topics that caught my attention is abortion. I want to see whether abortion violates human rights or not. Should it be allowed in some circumstances? Or should it be prohibited under any circumstances? So, I have researched this topic on the Internet, in books and newspapers. And on the Internet, I've read lots of stories about people's direct experiences with abortion (Case 1, p.6: 307-315).

> …Previously, I was curious about this stuff. I always wondered why guys love to watch porno movies. So one day, some of my friends brought porn VCDs to the university's computer lab. And there were some terminals that were secluded in the back corner of the lab. So we had the opportunity to watch the VCDs. You know, sometimes it looks funny…Well, I think at least the VCDs are quite useful in giving me a rough idea about sex. Probably, in the future, when I get married and start my own family, it will become necessary for me to learn about this stuff anyway. (Case 11, p.17: 894-910).

> …Some of my female friends already have sex with their boyfriends. So I asked them what the feeling is when they reached orgasm with their partners. Then my friends said they had never had such experiences. It seems like they never have the 'so-called' pleasure at all. Well, probably, only the guys enjoyed such pleasure, while the girls didn't feel anything (Case 3, p.16: 817-822).…Because I can get along with different groups of people, I have the opportunity to hear about their stories and experiences about love and relationships. For example, one of them has a boyfriend, and after that she got pregnant unexpectedly. So I asked her what it feels like. Then she said it causes lots of difficulties in her life. And she warned me not to follow her path (Case 14, p.11-12: 613-624).

Learning by having direct experiences

The young women usually applied having direct experiences to learn about proper sexual manners especially in the issue of the consequences of improper manners. Some young women had direct experiences in being sexually offended by boys. They were asked to have sexual intercourse, given obscene language or involved in involuntarily physical contact. The young women then recognized that some men were untrustworthy, and if they were close to such men they were be offended, as the young women explained,

> …One of my guy friends called me once when he was drunk; he asked whether he could have sex with me or not. I responded by asking him I he was OK. And that he should go to bed (Case1, p.8: 402-406).

> …I remember one day he came to me saying that I'm so sexy. And I was quite shocked to hear something like this. You know, I wear a regular college student uniform so there is nothing special about my clothes. But he keeps saying that I look so hot and his eyes are sparkling. We met at the university everyday. And he always comments about my looks everyday. Sometimes, he even looks at my breasts (Case7, p.12: 591-608).

> …It happened when we went to see a movie together one day. He started to hold my hand, and I was still OK and let him do it. Then he moved on to my thigh. I felt he was dishonoring me and I blame him for doing that…I feel that this guy was untrustworthy and I should be aware of him (Case1, p.10: 508-512).

Some girls learned consequences of dressing inappropriately such as destroying reputation through this strategy, as a young woman said,

> …Sometimes when I wear a too short skirt, my male friend mentions that it doesn't look good on me, and the skirt makes me look like a prostitute. So I think I don't want to wear it again (Case6, p.14: 748-752).

Learning by observing others' experiences

Observing others' experiences was one of the most important strategies that the young women used to learn proper sexual manners. They learned in the ways that they put themselves into the situations and acquired knowledge by observing them. The young women often used this strategy to learn about the nature of males and the consequences of improper manners.

The young women observed male manners towards females in several situations. They observed about men having several girlfriends at the same time, men having extramarital sex, and men's behaviors after engaging in sex with their women. Then they gained knowledge about the impact on and feelings of the women in the situation, who had some characteristics similarly to the young women themselves. Finally, they recognized that males liked to take advantage of females. As a woman explained,

> …One of my cousins is a playboy. And you know, he's been dating five different girls within a week. He usually takes a girl to our house to sleep with. And it's not the same girl – it's always different people. I've heard him talking on the phone with one of his girls. He speaks so sweetly, saying that he loves her so much, blah, blah, blah. But after he has slept with her, he starts to talk to her rudely, using lots of profane language. I think my life should not meet this type of men (Case 12, p.5: 215-223).

The young women also used observations of other people's experiences to learn about the consequences of improper manners. They recognized that girls, who engaged in premature sexual intercourse, would lose their reputation, have insecure relationships and feel upset. They learnt about these consequences because they had learned about the impact on feelings of girls in the situations where they were in the same positions as them: as women, or as girlfriends. The following statements illustrate the point:

> …My older brother brought a high school girl over to our house to spend the night with him. Then my grandma found out, so she censured him angrily. She lectured him saying something like, "Shame on you! How can you do such a stupid thing? What if her mother finds out?" Seeing what has happened, I realize that if I were that girl, it would be so embarrassing. The boy's parents would think of me as a bad person. And that would totally ruin my image (Case12, p.13: 656-665).

> …One of my relatives has slept with her boyfriend. After that, her boyfriend started to ignore her. That makes her so upset that she has cried several times. Seeing her sad like that, it makes me feel sorry for her. I think that if she didn't have sex with him, he probably would have still taken very good care of her. Maybe she is too easy for him. That's why he doesn't value her that much (Case13, p.4: 192-206).

The young women also applied observing others' experiences to learn consequences of other improper manners, like having physical contact in public would disappoint their parents and destroy their reputation. As a young woman explained,

> …Even though my parents haven't told me about this kind of stuff, I know about it because I can see from what happened in my village. So I don't want to be like those teenage girls and boys. They were gossiped about terribly by people from all over the village. I would feel bad if I were in that situation. This is such a shameful experience (Case10, p.3: 146-154).

Learning by discussing

Discussing refers to the method that the young women used to learn proper sexual manners by sharing their information and attitudes with others. In this study, the young women often applied discussion strategies to learn about what proper female manners toward males were. They usually shared their ideas and experiences about some issues of proper female manners with parents, female friends and male friends. For example, they discussed whether visiting boys' empty house or having sexual intercourse during boyfriend-girlfriend relationships was proper or not. The discussions would allow the young women to know about norms of the social groups that they discussed with, such as peers norms toward some manners. As the young women explained,

> …I used to discuss with my friends that if a guy invites a girl to his house, he might have something on his mind. He may be horny and want to sleep with her. (Case9, p.11: 590-595).

> …I have a group of close female friends. We usually share our experiences and help each other find the best solutions for our lives. And you know, when it comes to relationships, we also ask the opinions of our friends. For example, one of us has a boyfriend, and he has begged her to sleep with him. Then she comes to the group and asks about our opinions – what is she supposed to do in this situation. Then we would discuss it openly and come up with the solution. In this case, everyone in the group agrees that if he still insists on trying to sleep with her, she'd be better off breaking up with him because he demands too much. We set the scope that it's okay to have some physical contact between boyfriend and girlfriend, but not anything beyond that (Case6, p.11: 564-573).

Recognizing parental love

It was evidenced that during this learning process recognizing parental love was occurred as covariate condition. When the young women learn with their parents, interactions between them allowed the young women to recognize that their parents loved daughters. Thus, recognizing parental love refers to the young women's perception that parents had a strong positive feeling of regard and affection towards their daughters. As a the young women explained,

> …I feel that they are proud of me. I feel that I am the best thing for them. I'm a single child, so they provide everything for me as possible. Parents provide all things for us…(Case6, p.17: 883-893).

One part of recognizing parental love in the young women was gradually developed during their learning proper sexual manners process where parents and daughters had an intensive long-term interaction of transforming knowledge, attitudes and expectations towards each other until daughters could absorb and perceive that their parents were really concerned about them as well as being well-intentioned and devoted themselves to their daughters. Thus, it was occurred as a covariance condition of the learning process. Significantly, the young women did not perceive their parental love by being told directly. They knew it from observing their parents' behaviors. They realized parental love when they perceived that parents attempted to use several strategies and combined with good wishes to provide their daughters to learn well, until daughters were able to behave in the ways that protected themselves from physical and mental harm. In addition, parents also voluntarily provided time, food, money, education, good

instructions and warmth feelings for their daughters, although sometimes they were so tired in preparing those things. They still were patient with difficulties and tired. As the young women said,

> …I realize that nobody is more well-intentioned to me than parents. They work hard to earn money for my life (Case9, p.5: 231-232).

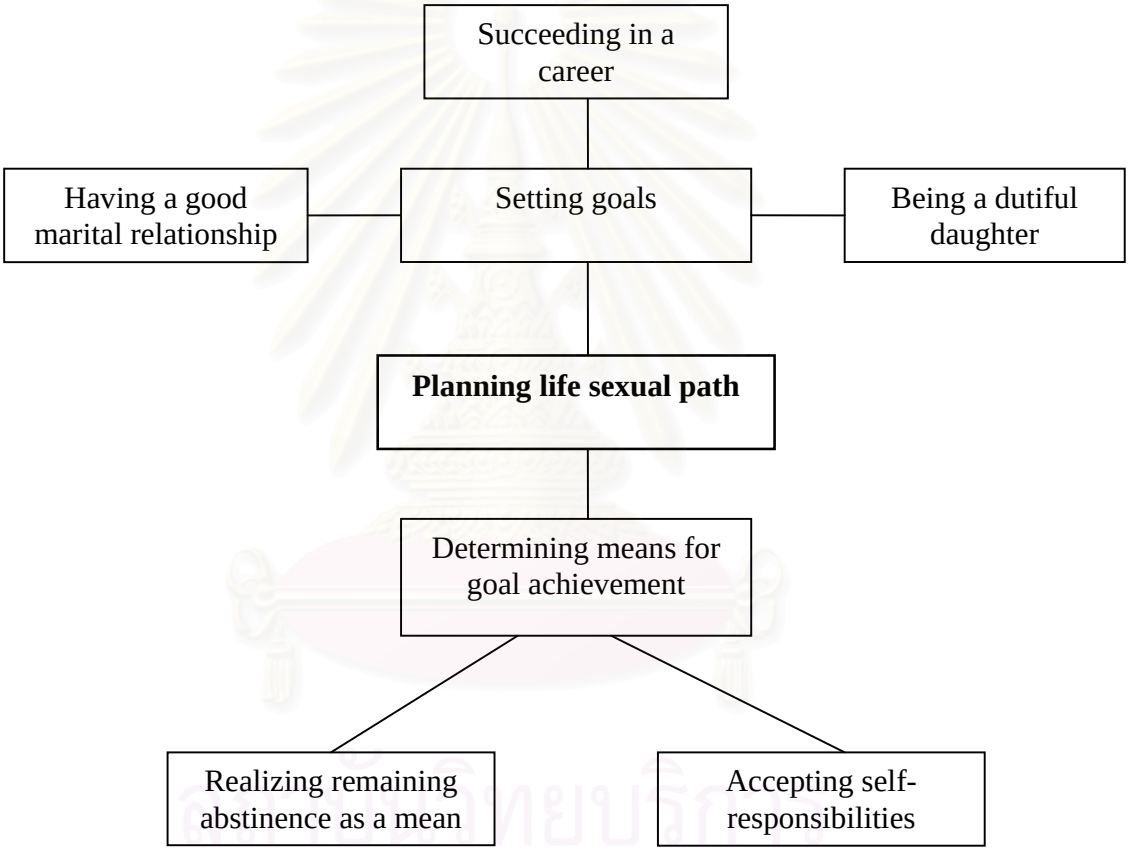
> …They raised me. But I later realize that they have spent a lot of time on me as well. Because they had to provide for me by working and they also had to keep up with house chores. My mom would tell me everything, especially the good things (Case11, p.19: 1003-1019).

Planning life sexual path

Planning life sexual path emerged in the model as the second stage of the establishing sexual pattern for life security process. It refers to young women's setting goals and means for them to gain future achievement. The adoption of social and parental value and expectations as well as realization of own life path that had been occurred since the former stage became the conditions of the young women at the time, when they moved into this stage. Their conditions framed them to set goals of succeeding in a career, having a good marital relationship, and being a dutiful daughter. They made efforts to achieve their goals by determining means of goal achievement, which composed of recognizing remaining abstinent and self-responsibilities as means. In this study, planning life sexual path is comprised of setting goals and determining means for

goal achievement. A summary of *planning life sexual path* category, properties and dimensions is given in Figure 3.

Figure 3. A summary of *planning life sexual path* category, properties, and dimensions



Setting goals

In this study, setting goals refers to young women's having future achievement on life security, which included succeeding in a career, having a good marital relationship, and being a dutiful daughter. The young women had at least one goal. However, some young women have more goals. Setting goals for life security was gradually developed from their learning process when they learned about proper sexual manners. Consequently, they adopted parental expectations about daughters' future life, adopted social expectation about virginity at marriage, and realized their own life sexual path. These conditions pushed them to set goals, which followed social and parental expectations and were suit to their own needs. In this study, the young women framed their goals as succeeding in a career, having a good marital relationship, and being a dutiful daughter.

Setting goal of succeeding in a career

In this study, the young women have goal of succeeding in a career or education. However, educational goal was aimed at to achieve a successful career as well, so setting goal of succeeding in a career and setting goal of succeeding in an educational level were framed as the same type of goal setting. The young women desired to have a future career that would fulfill their dreams, earn their livings, have secure income and allow having a better life. For example, some young women desired to be a nurse because it was their

dream. Some young women wanted to be a photographer because it could responded to their needs of freedoms. As the young women explained,

> …In the future, I just want to continue working on my current position. I'm happy to get this job. It helps fulfill my needs (Case4, p.17: 864-867).
> …It was impressed in my mind since I was young that I wanted to have life like a nurse. I desired to be a nurse (Case12, p.3: 107-108).

> …In the future, I desire to have my dream job. I wanted to be a photographer. I like it because it helps me to have a freedom of life. I don't want my life to be controlled by times or places like other careers that are needed to sit in the office since 8 am. until 5 pm. I think this job will allow me having a freedom of thoughts as well (Case17, p.5: 222-231).

> …I desire a job where I don't have to be in debt. It does not have to be an easy job. Just have enough to eat and get buy. After graduation, I don't need an easy job. If I have a debt to pay off, I would have to work and would probably be able to pay off only interest and not the principle. I'm afraid that would happen. So I decide that when I graduated, I will find a job and not try to find money to pay off loans (Case15, p.13: 649-745).

Adopting parental expectation of daughters' future career and education was the most important condition in the young women that had strong influence on setting their educational or vocational goal. As the young women explained,

> …My parents want me to have a good education. They don't want me to have hardship or my future like they did. If I get a good education then I will have advantage over other people in the future. So, I want to study in a Master's degree level as well (Case9, p.14: 743-748).

> …My father doesn't want me to become like him. That's why I need to get an education. He would always say that people who don't have an education would not have a bright future. And they would have a tough work to do. Compare to people with have a good education, they would get to sit, and work comfortably (Case15, p.3: 155-175).

Recognizing parental love, which was one of the most important covariance in the learning phase, also played a critical role in motivating the adoption of parental expectation in this study. When the young women recognized to avoid disappointing parents because of recognizing parental love, they chose to follow ways their parents expected. Thus, they adopted parental expectation to set as their vocational and educational goal. Although setting vocational goal would be affected by some other factors, recognizing parental love did play a major role as the critical motivation for supporting the girls to develop and set this goal. Without recognizing parental love, the girls cannot set this goal, and no planning life sexual path. In this study, every development of setting goal for success in a career was influenced by recognizing parental love.

Setting goal of having a good marital relationship

Setting goal of having a good marital relationship was also apparent throughout the young women's accounts. The young women desired a perfect family, which refers to having a loving and understanding relationship as well as no quarrels, conflicts and break ups in the family. They expected the father, mother and child would live together in the family forever. The young women recognized that a loving and understanding relationship was an important foundation of building a secure family. Then, they set goal

of having a good marital relationship in their future family. As the young women explained,

> …I desire a warm family, which consists of a father, mother and child living together. It is not necessary to be a rich family, but I desire just that everybody in the family understands each other and can support the family life. It's OK for me to have such family. I think I will feel of warmth in that family (Case17, p.7: 324-328).

> …You have to love each other, if you don't love each other, the relationship won't last. I think that love is very important. It is an understanding that a person is ready to forgive another person. Not in a sense that the person has cheated on you and you forgive him. Understanding in a sense that the person is ready to listen to you and brave enough to tell you everything. I think if you have understanding, you would be able to stay together and be able to trust the person. And that I'm ready to feel really good about that person, and know that he is really able to take care of another person. So, I feel ready to live with him (Case 14, p.14-16: 741-878).

Setting goal of future family was developed from the process of learning proper sexual manners where the girls involved in learning about insecure relationships both in own family and in others. They could recognize that conflicts, quarrels and break ups in the family caused severe sufferings to members in the family, and they did not want to be like that. Envisioning and recognizing own future life security was source or condition that pushed the young women to set goal of having a good marital relationship. As a girl explained,

> …Because my present family was imperfect. I have a stepfather. My mother separated from my father since I was young. Although I have no problems with my present family, I still felt strange to live with one who was not my biological father. He raised and take care me, and I love him as my father. But if I have an opportunity, I wanted my family to be perfect (Case17, p.7: 320-349).

Setting goal of being a dutiful daughter

The young women set goal of being a dutiful daughter also. They wanted to pay back their parents in many ways after they realized parental kindness. For example, they wanted to foster parents to have a better life (“*I want to work and have money to make my mom comfortable, so she’s not working hard like before*” Case15, p. 601-606), lessen their burden or avoiding disappointing them, as the girls explained,

> …Because I’m close to my family, I see that my father and mother work hard for me. Now, I study and work at the same time in order to lessen their burden. I know that I cannot earn more money, but can let me to buy something I want without bothering them (Case17, p.7: 352-360).

> …I intend in the hope ?of making parents proud of me. So I don’t want to do anything that will disappoint them Case8, p.4: 161-163).

Setting goal of being a dutiful daughter was developed from recognizing parental love during the learning process, where the close interaction between the parents and daughters in the family allowed the girls recognizing parental best wishes and devotions to them. Then, they developed their intention to pay back to their parents in the future at that time. They recognized that paying back to parents was daughters’ duty. It was a virtue that all good daughters should follow. Paying back to their parents also allowed the young women to feel no guilt. They felt blissful and secure. As the young women explained,

> […They had to work for getting a good education to me. My parents get tired each day. So I want graduate in return of their hard work. (What exactly did they do?)…My father is a taxi driver. When he gets home in the morning, he would take my mom to the market to sell food. My older brother would wake up before 4 a.m. to help my mom prepare the food. Around 5-6 a.m., my older brother would help by frying food to sell. I would wake up the latest. When I wake up, they would have pack up everything by then. I would help to wash up.] My parents have done so much to send me to school each day so I feel that I have to give them something back. (Case15, p.4-5: 210-226).

> …I have been taught that a child duty's is to take care and support my parents. I would have to get a job and work first. I have to work to support my parents. After we finished providing the love for my parents?, and they already has everything. Then I am free to look at others. I can go share a life with another person. I won't get married and just leave my parents without looking after them. (Case17, p.7-8: 338-353, 418-422).

Determining means for goal achievement

Determining means for goal achievement refers to young women's realizing and accepting the ways to achieve their goals. As the young women learned more about proper sexual manners and consequences of improper manners, they recognized that they wanted to avoid the problems and achieved bright future. When they set goals for life security, they involved in recognizing sexual abstinence and self-responsibilities as means of achieving the goals. The girls realized that remaining sexual abstinence until the right time was the important means and accepted that it was their responsibilities to study hard and paying back to parents? & to remain abstinent were the most significant means of achieving the goals

Realizing remaining abstinence as a means

After the young women reviewed all relevant data, for example a family and social expectation, consequences of premature sexual intercourse and their own desires of future life, they recognized that their bright future would be destroyed if they engage in sexual intercourse. They envisioned that their educational or career success, secure marital relationship, and bliss of being a dutiful daughter would be hindered and ruined if they engaged in sexual intercourse at that time. Then, they recognized to be abstinent until the right time and accepted sexual abstinence as an important means for achieving their goals. The following quotation illustrates the point:

> …I've never heard of any nice things about teenage sex. Many couples break up later on. And even if they are still in love with each other, their future success might be hindered by their babies, which are the consequence of their premature sexual relationship…Yes, at school. There are some of my friends who engage in sexual relationship with their boyfriends. Then they live together and have kids; however, they have to quit from the school. So it's like their future have just stopped there. And I don't want to be like them. I want my life to continue progressing toward a bright future…Yes, I think it is absolutely a hindrance for my bright future (Case4, p.17: 849-861).

For achieving goal of succeeding in a career: After the young women considered all relevant data such as consequences of having sexual intercourse during studying time as well as their goals of success in education or a career, they could realized that remaining sexual abstinence during studying time was significant to achieve educational success including their vocational goal. It was because engaging in sexual

intercourse probably caused negative effects on their studying. As a young woman explained,

> …It is not the right time for me to have sex. I think it is in my education period as well, and it would have some effects on my study. Sometime if I was to have sex and later begin having problems, and fighting with my boyfriend. It would probably make me feel really bad than not to have sex in the first place (Case 1, p.1: 27-31).

The risk of unplanned pregnancy was a major concern for young women in this study. It was framed as the most critical barrier to their educational success and to achieve vocational goal. In the former stage, learning proper manners cause the young women to recognize that unplanned pregnancy would allow them to encounter many difficulties during studying time, and they did not want to meet those problems. They wanted to achieve vocational goal. Then they recognized that remaining sexual abstinence was a better choice. As a young woman explained,

> …I remember one of my former female classmates. She was pregnant while she was studying in Grade 7. Then she has to quit the school. So, all she had got for her educational background is only a primary school diploma. That's terrible. When I come back to think of my life, I dream of something that needs at least a bachelor degree background. I think if there is something happened to me, my educational background is only a secondary school diploma. And that's terrible to me. So I should safe myself first. I don't want to destroy my bright future (Case 11, p.4: 204-212).

> …I have dreamt all my life since I was a kid that I want to have a life like this and to become a nurse. If I was to get pregnant before school, I don't think it would be appropriate. That's why I don't want it to happen. I don't want to have sex now (Case12, p.2-3: 90-114).

The young women realized that their educational success would be hold back by their unplanned pregnancy in several ways. They would be probably criticized by others in schools and they could develop physical and emotional health regarding the blames. They probably have no enough time for study if they have kids and needed times for taking care of them. As the young women explained,

> …If I've made a mistake and get pregnant, it's going to be very difficult for me because I have to spend lots of my time taking care of the baby…Well, raising a kid is not an easy thing to do. It requires lots of work. If I have a kid, I need to make sure that he or she will grow up and have a better quality of life than I got. However, I realize that I'm still young, and I'm not sure that I have the ability to assume such big responsibility (Case 4, p. 18: 876-891).

> …If something were to happen, getting pregnant would cut short of my future. If I found out that I was pregnant, I would be hurt from thinking of what to do next. When you know that someone is inside of you, it can really give you a lot of stress. I won't be able to finish school. Even if I drop out of school and return to study later. People will have gossip about me around my back and that will make me suffer as well. (Case12, p.8: 423-431)

When the young women recognized unplanned pregnancy as a barrier to their study, and recognized engaging in sexual intercourse as a barrier to achieve the goals, they should recognized sexual abstinence as their means for goal achievement at the same time.

For achieving goal of having a good marital relationship: Gaining knowledge and insights into proper sexual manners during learning process caused the young women recognize that having sexual intercourse before the right time caused insecure relationship and its consequences was so terrible for both themselves and surrounding people as well as both at the present and the future. Learning proper sexual manners caused the girls to recognize that being virgin at marriage not only guaranteed a girl herself as a good woman, but also made her future husband proud of her. This message

made the young women realize that virginity at marriage was still important in our society. Then, they intended to stay virginal or remaining sexual abstinence until the right time.

The young women also believed that males' positive attitude toward their wives at marriage was the most important basis for developing a good relationship in their marriage life. Thus, the girls wanted to keep up their virginity until marriage and only for their future husbands. On the other hand, as Thai traditional Thai culture also respects value of monogamy, if a girl was sexually experienced, she was often stigmatized as impure. If she had another boyfriend or developed another relationship with a new partner, she was considered as a promiscuous girl, and her future lover may not really love her. The girl would face to insecure relationship throughout life. This condition not only caused their opportunities to have a good boyfriend to be somber but also their future marriage relationships to be insecure. When the girls were concerned that their future boyfriends or husbands would not be acceptable to sexually experienced wives and it probably had strong effects on their future family relationship, they accepted to remain sexual abstinence until the right time. They intended to keep up and respect virginity at marriage and or the right man because it would cause them to have a good relationship in marriage life. The following quotations illustrate the points:

> …If I was to have sex with my boyfriend, and we break up. I would no longer be a virgin. When I tell another guy, he would probably does not want to go out with me anymore. If I don't tell my new boyfriend, when we get married, he will eventually find out anyway…I think we should have sex with only one person. (Case7, p.3: 73-88).

> …I think that girls should always try to save our virginity for the right person. For some people, sex is not a big issue. But for some people, it is. For me, I think it is a big deal, so I will try to save my virginity as best that I can. (Case8, p.2: 78-84).

> …For sure, I will try to save myself. Before I didn't save myself, but now I do. I think it would be a special gift to my future husband. Because I think that guys would feel happy if they know that they were their wife's first to sleep with. I have read polls and asked my friends between a girl who is not a virgin and a virgin. Which one would you choose to become the mother of your child? All my friends, including the playboy ones, pick the virgin. (Case11, p.16: 832-844).

> …I think that I will save my virginity to the person I will live with. A person who is good to me and can accept me as the way I am. I have to know that I will live together with him forever. I want to be known for having only one husband. I don't want anyone to say that I have slept with many people. If I slept with many people, everyone will know and talk about it, and it will become my weakness. They would say that I'm not a virgin that I have slept with many people. I'm afraid that the man that I really love won't be able to take it. If he finds out that I have slept with other people before him. That would make him second, or even third. He might not be able to take it. This fact might end the relationship between us. So I would have to keep finding a new man, that's what I am afraid of. (Case15, p.6-7: 307-328).

For achieving goal of being a dutiful daughter: As the young women set goal of being a dutiful daughter, they involved in recognizing remaining sexual abstinence as an important means for goal achievement. From the former stage, the young women learned that performing some improper manners including engaging in sexual intercourse before the right time and behaving in the wrong ways would destroy their family reputation and disappoint parents. They also visualized that these negative consequences would hinder their goal of being a dutiful daughter. Then the girls accepted remaining sexual abstinence as their sexual path, as a young woman explained,

> …I know that it is impossible to keep a secret from your parents. I can't imagine how my parents would feel if they found out that I had sex. Because my parents are very important for me, they are my only security base in life. If I was to get sick, no one would take care of me except for my parents. Parents are the only people who would stay by your side no matter what. My parent doesn't forbid me from having sex. But they would be disappointed if I become pregnant. My future would be ruin. My parents would be disappointed to know that their daughter wouldn't have a happy future like me had in mind. They want their children to receive a bachelor degree first. They don't want to let me know that they would be disappointed if I was to have sex. But if anything would to happen, I think that a pregnancy would end my future. If my parents would find out about it, my parents would feel horrible, worst than their daughter. So I don't want them to be unhappy because of me. I'm still not ready to have sex (Case11, p.8: 397-433).

> …I don't want to engage in sexual intercourse now. I'm not ready for sex. I love my grandmother very much. She has already passed away. If she is dead, then her spirit could still be near me. I wonder what my grandmother would think if she sees me having sex. I think that she would be very disappointed with me. My grandmother had high hopes for me because she raised me since I was little. My mother left me with my grandmother since I was born because my mother had to go and work in Bangkok. My parents divorced each other when I was about 2 months old....(Case12, p.3: 117-138).

Accepting self-responsibilities

Recognizing self-responsibilities as means for goal achievement refers to the young women's realizing and accepting being responsible to study well and following parental expectations were means of achieving their goals. As a girl explained,

> …I feel that since I am not old, my main priority should be school. I shouldn't be concentrating on finding a boyfriend. I should just keep on learning. I will do my duty the best that I can. I have made a lot of plans for my life, education for example; I have a lot of motivation. I have a very high goal set out for myself. So I have a lot of thinking to do. My goal is more important than for me to think of having a boyfriend. I don't think like whether he will break up with me and go out with another girl (Case 6: p.22: 1138-1148).

Adopting parental expectations, recognizing parental love, and recognizing own ways of life, which were developed since the former stage, were the young women's conditions that pushed them to recognized self-responsibilities to achieve the goals. As the young women were instilled by parents and recognized that successful future career should be achieved by means of having a good education such as at least a bachelor degree, they adopted this value of intending to study hard as their most important duty in this period of life in order to reach their goal of succeeding in a career in the near future. As the young women explained,

> ...(What have you been doing to reach the goal that you have set for your self?)…I go to school. It is impossible to pay attention through every class. But I do try to pay attention on studying. I would do every works that are assigned by the professor. I think that I will be able to get by (Case15, p.3: 147-154).

Their conditions also push the young women to recognize that they could achieve goal of being a dutiful daughter by following what they parents expected as well as realizing to repay parental kindness such as protecting them from being blamed by others. As the young women explained

> ...It was like my father's wish. But he didn't receive it because he already passed away. And I haven't done anything to repay him at all. So if I can study well, I would do it for him. I can't take support my parents yet because I don't have a job. I didn't even have a chance to do that duty for him. Since I am still here, the only thing for me to do is to finish my education. (Case15, p.5: 197-209).

> …It is the duty of a child. Anyone would feel the same way. You don't have the right to say anything bad about my father and mother. Even if my parents are not good, you still don't have the right to say anything. (Case17, p.8: 417-418).

Establishing own sexual manners

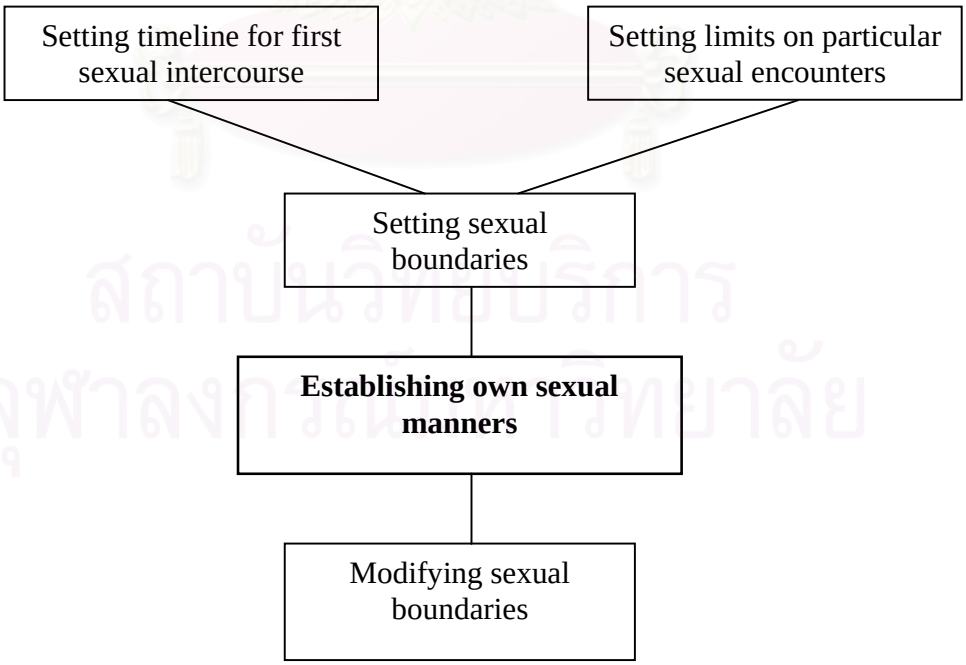
In light of intending to be abstinent for life security, which was developed since the former stage, establishing own sexual manners emerged as the third stage of the establishing sexual pattern for life security process. It refers to a state in which the young women set sexual boundaries for themselves and modified their boundaries in order to achieve their goals for life security. The realization that remaining abstinence was the means for achieve goals for life security, which was developed in the planning life sexual path stage, made them adopt their sexual path to be abstinent. In this study, sexual boundaries were framed as setting timeline for first sexual intercourse and setting limits on particular sexual encounters in everyday life.

Setting timeline for first sexual intercourse played a major role as a master law that controlled and determined one's limits on particular sexual encounters. Because remaining sexual abstinence until the right time was recognized by the young women as means of achieving the goals, it was set up as the rigid boundary. Setting timeline for first sexual intercourse could be defined differently based on various types of the goals but could not be changed.

The young women also set up limits on particular sexual encounters to assist themselves to remain sexual abstinence for life security. The limits on particular sexual encounters included limits on having physical contact with men and limits on being in a secluded place with a man. Setting limits on particular sexual encounters played a major role as a balance of needs to maintain good relationships with males and to remain sexual abstinence at the same time when they have interaction in everyday life. The boundaries

of proper female manners could be applied to all men, but not the same. It was based on types of the relationships, trust and circumstances. This variation then usually caused threats to setting timeline for first sex. The modifying sexual boundaries were the mechanism aimed at to solve the conflicts emerged from being sexually offended by some men. However, if the young women felt they were offended and recognized that their relationships could be a barrier to remain sexual abstinence, they still stick to maintain their boundary of having first sexual intercourse. Some young women then, decided to end the relationship. A summary of *establishing own sexual manners* category, properties and dimensions are given in Figure 4.

Figure 4. A summary of *establishing own sexual manner* category, properties, and dimensions



Setting sexual boundaries

As the young women recognized remaining sexual abstinence as an important means for achieving their goals for life security, they also involved in setting sexual boundaries for themselves. Setting sexual boundaries helped the young women to remind and keep themselves in the right tracts to achieve the goals. Setting sexual boundaries could be framed as setting timeline for first sexual intercourse and setting limits on sexual encounters. Setting timeline for first sexual intercourse was categorized into three dimensions of remaining sexual abstinence until the right time: until marriage or having a family, until graduation or having a work, and until being sure about the relationship. On the other hand, setting limits on some sexual encounters included setting limits on having physical contact with men and setting limits on being in a secluded place with a man. The young women use timeline for first sexual intercourse as a rigid rule and a master law for controlling their own manners, whereas they applied limits on having physical contact with men and limits on being in a secluded place with a man for practices in everyday life when they interact with opposite sex.

Setting timeline for first sexual intercourse

The intention to remain sexual abstinence until the right time since developed in the former stage was the young women's condition that pushed them to set timeline for first sexual intercourse. They set timeline for first sexual intercourse, which included after marriage or having a family, after graduation or having work and until being sure

about the relationship. These dimensions were defined differently based on types of the goals. For example, the girls who set vocational goal and recognized that remaining sexual abstinence facilitated them to achieve the goal, they also involved in setting a timeline for first sexual intercourse at after graduation or having work, whereas ones who set goal of having a good marital relationship involved in setting a timeline for first sexual intercourse at until marriage.

Until marriage or having a family: As the young women set goals for having a good marital relationship and being a dutiful daughter, they also involved in setting own timelines for first sexual intercourse until marriage or having a family. They realized that having first sexual at that time did not hinder their goals. As the young women explained,

> …If you ask me, I would want it to be my wedding present to my husband. I want to be able to give him a pure mind and body. I feel that the wedding date is a date to do something for the first time, so it will be memorable. (Case6, p.13: 620-639).

> **...**I intend to engage in sex after marriage. It is because my grandmother taught me to be married before having sex. And I don't want to make her disappointed (Case12, p.3: 115-117).

Until graduation or having work: As the young women set goals of succeeding in a career and being a dutiful daughter as well as they learned that our society was acceptable independent persons to have sex, they involved in setting own timeline for first sexual intercourse at after graduation or having a work. They felt that having sex at that time allowed them achieving the goals. As the young women explained,

> …If we can go along together with my boyfriend for a while, and I will be 25 years, it may be the right time. It seems to be the time I will finish my education already, and have work. It seems that I can take care of myself or I will be able to be responsible to myself (Case5, p.1: 43-46).

> …I think I should wait until I am ready. It should be after graduation, getting a job, and have time to enjoy life. (Case9, p.1: 9-10).

> …Assuming I have already graduated from the university, I would probably have sex before marriage. Because I wouldn't feel guilty anymore after I finished college. I think I would be old enough by then. But for now, I haven't graduated yet. (Why is after college graduation, the appropriate time to have sex?)…It is like we are mature enough. I would have a job and be able to take care of myself by then. My boyfriend would also have been graduated and be able to take care of himself. My family would be able to accept it after graduation. We might not be married yet, but we can live together, and sleep together. People can accept that. (Case12, p.13: 610-627).

Until being sure about the relationship: As the young women set goal of having a good marital relationship, they involved in set a timeline for own first sexual intercourse at until being sure about the relationship. Being sure about the relationships refers to young women's feelings that boys were the right men for them, the boys really loved them and they really loved the boys too, and the boys would start family with them. As the young women explained,

> …(What is the right man?) It is the person who can understand me. He can accept my family background. He can accept the way I am living and how I live my life. He has to be nice to me. I have to know that he will stay with me no matter what. I want to be known has a one husband woman. I don't want people to say that I have slept with many people. I would have it when I find him Case12, p.6: 299-313).

> …If it is with a man that I love very much, and he loves me very much as well. I have no problem with having sex with that person. But I have to be sure that this man is the best man for me and will stay with me forever. I don't want him to leave me after he had sex with me. So I have to be absolutely certain. I have to look at a lot of things. (Case3, p.11: 530-537).

> …If I love someone and have long relationship enough, I probably have sex with him. It is possible that one day I may have sex with my present boyfriend. I have formed the relationship with this guy for more than 3 years, and it is long enough. May be one day I will have sex with this guy if he and I are ready, but not at this time. He didn't want to do it now. (Case5, p.6: 262-269).

Setting limits on particular sexual encounters

As the girls intending to remain sexual abstinence until the right time, they set up their sexual limits on particular sexual encounters in everyday life to assist themselves to remain abstinence. In this study, setting limits on some sexual encounters refer to setting limits on having physical contacts with men and setting limits on being in a secluded place with a man. It was individual's limits and could be applied to all men, but not the same. The variations of applying these limits were based on types of the relationships, trust and certain circumstances.

Setting limits on having physical contacts with men: The girls set limits on having physical contact with males. They recognized that women should avoid physical contacts with men in general**,** which was congruent with adults rule and social norm. However, the young women realized that having physical contact with males naturally happened in interactions between boy and girls in everyday life. In order to maintain

good relationship with the boys and to remain sexual abstinence at the same time, then the girls set up limits on having physical contact, as a young woman explained,

> …When a girl and a boy hang out together, sometimes there is a situation that leads them to have physical contact. For example, when we walk through the crowd, we might hold each other's hand to avoid getting lost. For me, holding hands in such situation makes me feel good. It fills me with warmth and tenderness (Case4, p.10: 499-505).

The young women also had a tacit rule about levels of physical closeness. They recognized that there was a normative developmental pattern in the sequence of adolescent heterosexual behaviors. Couples usually hold hands first, move on to embrace and kiss next, then fondling and petting, and subsequently engage in more intimate behaviors that include sexual intercourse. As the young women explained,

> ...It is all a step. Once you hold hands, then you can hug. Once you hug, then you might be able to have sex. This means that you have already passed all the barriers that he had set up for you. He will then start to invite you to come over to his house. And he will try to make out with you and maybe even rape you. (Case3, p.17: 898-908).

These levels of closeness were underlying the young women' making decision about sexual limits with each boy. Having physical contacts with each boy was varied and based on types of the relationships, trusts and circumstances. Types of the relationships refer to friendship and romantic relationship. The boys who were in the boundary of romantic relationships or boyfriend-girlfriend relationship were allowed by the young women to have more sexual intimacies or intimate touch than ones who were in the boundary of friendships. Boyfriends were allowed to do hold hands, hugging,

kissing and caressing, except only sexual intercourse, whereas male friends and males in general were not. The following statements illustrate the point:

> …Once we agree to be boyfriend and girlfriend, it is ok to hold hands. But I wouldn't hold hands before that. When we are friends, I don't see a reason to hold hands while we are walking. Unless I go to do a news report in a pub, bar or a scary place and I afraid of getting lost, then I don't think it is a big deal. I have one exception which is that it is ok to hold hands with a gay person. I don't think I can lose anything from holding hands with them (Case8, p.15: 810-821)

> ...We hold hands, hugs, and he kisses me on the cheek. I think it is normal for lovers to do these kinds of things. If we are about to get marry, then it would be ok to have sex. At that point, I should be ready. We both would be ready. But for now, I am not ready, and he is not ready (Case12, p.286-291).

However, levels of closeness or sexual intimacies in each boyfriend and male friend were also varied based on whether the boys were trustworthy or not including level of trust in boys. The young women usually assessed each boy who they interacted with in order to determine their sexual limits on sexual interactions with the men. The young women would assess boys in many ways. The assessment was framed as self and others' assessment. Self-assessment included observing boys' daily manners toward girls or asking them some questions, whereas others referred to assessments that did by parents or friends. The following quotations illustrate the points:

> …Absolutely. These people (older guys)…if they want to do something, they would do it right away. Sometimes, it's happened too fast that I can't even catch up with their thought. They might offend me sexually. For example, they would touch my body before I even realized what's going on. It's happened too fast and I started to be afraid of that. So I got to outguess these people…(So you are afraid that those guys might harm you sexually?)…Well, it's probably because of the bad experience I got from the guy I had been with when I was in high school. That's why I feel that I must be very cautious when being with men. I would let him know that I can outguess him. (Case4, p.22-23: 1132-1146, 1175-1183).

> …It's okay because I usually assess people from their personality, their attitude, their facial gestures, and etc. I also listen to my friends' comments about those people as well…(So, you assess people in order to determine what?)…To determine whether that person is trustworthy or not. I mean I want to make sure that the person will not do anything that will offend me sexually. This is quite important because if I make a mistake, it becomes irreversible (Case4, p.23: 1160-1173).

> …But, you know, regular friends wouldn't hug in this situation. Friends usually hug in more special occasion like graduation or farewell party. So I just feel that what he did is far beyond what regular friends normally do (Case4, p.9: 401-405).

The young women allowed their male friends or boyfriends to have more physical intimacies if they felt such males were trustworthy. The more trust the girls had in boys, the more sexual intimacies the boys were allowed to have. As the young women explained,

> …My boyfriend is very different from guys who always touching girls. He loves me very much. He would take care of me and he would not touch, hold or hug me very often. Once in a while we do hug each others to show that we love each other. He never asked to do anything. He never did anything to show me that he wanted sex. He would just hug and kiss me on the cheek. No matter where we are. Once we were even in the same bedroom. I live in co-ed dormitory. I don't live in a all girl dormitory. I live with 3 of my friends, all girls. He came to visit once and we just slept together. We only hugged while we were sleeping. He never crossed the line with me. (Case12, p.8: 392-412)

> ...If I am really going steady with someone, the most I would give him is just a kiss. Even that depends on how long we have been going out. I would not kiss him if it has been just only a week. The timeline for this kind of things is not set in stone. It depends on how I feel about that person. Do I trust him enough? Both of us would have to pass a barrier that we have set up in our everyday life. It can also be look at it like a little psychology. I have to be able to trust him and stay with him. (Case12, p.2: 62-71**).**

In addition, some circumstances made the girls allow boys to have more physical intimacies as well. These occasions were related to maintaining good relationships between the girls and the boys in such scenes, as the girls explained,

> …For me, holding hands doesn't mean that I have a very special feeling with someone. It's just a natural expression of a friendship…(What occasion that prompt him to hold your hands?)…Well, it's spontaneous. It's like when he saw something exciting and worth seeing, he then held my hand to go watching that thing…it's totally spontaneous. We are holding hands when we are crossing the road together, or walking through a large crowd…(Why you guys have to wait for some kind of incidents to prompt you to hold hands? Why couldn't you hold hands when you want to?)…Oh, I think that exceeds the boundary of friendship. I think our relationship is not quite ready for that…Because I'm not quite sure that he is my boyfriend (Case4, p.3: 111-139).

The limits on having physical contact then was varied in each boyfriend and male friends based on the certain circumstances as well. Circumstances that allowed boys to have more physical intimacies with the girls included crossing the street, walking in a crowded place or having sadness, whereas circumstances that not allowed boys to have more intimacies included having physical contact with boyfriends in public. As the young women explained,

> ...It depends on the situation. If I am in a bad shape and crying, and he hugs me to try to comfort me. Then it is ok, no problem. It is like for him to show that he is by my side. But if he comes and hug me for no reasons, then I would be a little bit shock. Why do you have to hug me? For what? If he hugs me when I am sad or just had a bad experience, it shows that he is near me and that I am not alone. I wouldn't mind it at all. If we just started going out, and he come to hug me without a cause. I definitely don't agree with that. My body will react automatically. What are you trying to pull man? (Case11, p.7:332-351).

> …It is ok to hold hands while crossing traffic. Guys feel that they can hold your hands in this situation. A guy held Pair's hands while crossing traffic once. I don't think you have to be in a relationship to be able to hold hands. My code senior held my hand while we cross a big road like the Ratchdumnern road. That road has so many lanes. He was worry about my safety; he touches on the back of my hand, then held my hands while we were crossing. This is acceptable. It is all depend on the intention. (Case1, p.5: 218-226).

> …Sometime it is ok to touch hands. It is like when you trying to show something to other person and your body just react automatically. It is possible. It is touching without realizing it. When a guy wants me to look at something and pull me in that direction, this is ok. If we were just walking and he touches me. Then it means that he intended to touch me. At least it means that he really want to touch my body and touch this person's hand. (Case11, p.3: 116-126).

> …You know, sometimes I really wanted him to hold my hand, but I couldn't allow him to do so. It's because sometimes we were in public areas, like at school, and it's not appropriate (Case4, p.3, 145-148).

> …I regard him as a very special person, and I treat him more special than anyone else. Anyway, we've never hugged or held hands in the public…I usually set him as my first priority. If I want to go out, I'll ask him first. Or when he and other people ask me to go out at the same time, I would rather go out with him (Case4, p.4-5, 203-217).

Setting limits on having physical contacts with men: In general, young women should not being in a secluded place with a man except some occasions. The variations of being in a secluded place with a man were based on types of the relationships, trust, and circumstances like limits on physical contact. The girls allowed boys whom they considered reliable to be in a secluded place with them than ones who were not. For some circumstances, the girls wanted to work with boys as well as maintain good relationships to boys, they allowed themselves to be in a secluded place with a man. The following statements illustrate the points:

…In general, the girls realized that they should not be in a secluded place with a guy. However, if there were any factors related to the variations of being in a secluded place with a guy that needed the girls to make decision whether the manners toward males safe and appropriate or not, they should considered well before decision. The girls did not visit boys' empty house because they considered such circumstance was not safe and the boy was unreliable.

…When he called me after we just agreed to have girlfriend-boyfriend relationship, he asked me let him to stay with me in my apartment. I said "no." and "Don't do that." He wanted to stay with me at my apartment, and that time I lived there alone, in my dorm. So I didn't let him to stay alone with me. He didn't tell me that he wanted to have sex, but he talked like kidding me that he wanted to stay with me, and I also refuse him with saying kidding like him. But we realized that it is the real thing, it was not a kidding. But both of us didn't talk directly to ask for and to refuse about sex…That time I felt bad to him after I realized that he needed just having sex with me since we just started to make relationship only 3 months. So after that our relationship went down hill, he was disappeared from my life. (Case5, p.4:161-186).

…He invited me to go play games at his house. He knows that I'm addicted to Play station. If I was to go, we would just be playing games. I asked him whether it is ok with his parents. When Ked goes to a guy friend's house most of the time, he would say that his parents get home late automatically. I was thinking of going out with him as well. My professor was giving out a lot of homework and I also need to review. His parents come home late. If I go to his house, the situation cannot be trusted. From the warning of my own parents and friends, I considered the situation. He kept inviting me to go to his house. So I try to imagine the situation, it was kind of automatic in my head; it took be about 2-3 seconds to think that the situation with just the two of us is not safe. Just knowing that we would be alone already sounds strange, and anything could happen. So I decided to go do my homework at home. (Case11, p.5: 223-247).

…I would not go because I am afraid. I don't know. I was watching a lot of movies at that time. If I go to his house, he probably tries to make out with me for sure. Who would be able to help me? Where could I run? It is his house. So I wouldn't know what to do. Yes, I do love him. But I didn't see why you have to have sex when you are in love. So I decided to say no. I tried to keep busy all the time. I try to see him out in the public where he couldn't do anything. (Case3, p.9: 437-448).

> …I would go see him at his house. I see him outside. A girl like me cannot fight off a guy's strength for sure. It is safer to go out together outside. He likes to invite to go hang out at his house. But I tell him that I rather go outside. I want to go see the movie. Why don't you want to go to his house? I don't want to go. I tell it to him straight. I worry that if he decide to do something one day, I would definitely be finished. I think that it is probably his intention, why else would he invite me to go to his house. His parents usually are not around at home. If his parents are at home, then it would be ok. (Case13, p8-9: 419-450).

The young women sometimes assessed the boys whether they were reliable or not before being in a secluded with them with necessary conditions. If they recognized that being a secluded place with such guys were not harmful or threaten to their rigid rule of remaining sexually abstinent until the right time, they would went on and vice versa. As a girl explained,

> …I am still choosing. I think it is because of his characteristic. He doesn't even know that other people have already gone home. He was working and typing. He was surprised to see that everyone has left. Ked told him that they all went home already. He doesn't care about things around him. He has a complete focus on his work. If you don't turn in the work, then you would get zero point. That's all he is thinking about. It is his motivation. He would not sacrifice sex with a girl right here with a zero point on his homework. Ked thinks that he is not that mature yet, and that he is still very immature. I don't know. Guys in my room are the same age as me, but I think that I am more mature than them. I trust him to an extent (Case6, p.4-7, 16-18, 197-336, 763-879).

Modifying sexual boundaries

Modifying sexual boundaries refer to making changes in sexual boundaries when the young women felt that they were sexually offended by the man or that the man went beyond their boundaries setting. Although the situation may sometimes caused the young women to be difficult to follow own sexual limits, they did not give up. Even in a crisis conditions such as sexual offences or break up, they still visualized future life security

and used it as a foundation for their decision. This made them decide to stick to remaining sexual abstinence until the right time to modified their boundaries until they felt their relationship toward males were balanced with no threats to their timeline as well. As the young women explained,

> …Yes, it happened when I went to study at his house. First, we were studying and doing some assignments together. Then we watched television…. Well, at that time, it's just two of us alone and then he started to hug me from behind. I began to think of my mother's words. (She once told me that once a guy could touch a girl's body, he would gradually advance his move to become more intimate. She said when a guy is horny and wants to sleep with a girl. He would start to do some physical contact. It might begin from touching arm, or hugging. And if a girl is okay with that, he will continue to do something more)…He kissed my cheek. Then I realized what my mom had told me, so I pushed him away. (Case4, p.5: 220-253).

> …I think about my parents', friends', sisters, and cousins' faces. I dream about being graduated. I want to save up money to travel to foreign countries. I would be able to imagine what would happen if I decided to have sex. I'm not worry about him being a good person or not. But when I imagine about it, all I could think about is the consequences that could follow. 1. I'm afraid of contracting diseases. 2. I'm afraid of getting pregnant. 3. I'm afraid that I won't be able to see my friends again. 4. I'm afraid of not being able to graduate. 5. If I contract a disease, people might be afraid to be near me. I don't want my parents to support me for the rest of my life. 6. I'm afraid that I wouldn't be able to accomplish my dream. I cannot predict the future, so I don't know what could happen. Since there are so many more negative consequences than positive ones, I have decided not to have sex. I still have a sense of awareness. (Case11, p.10: 497-535).

At the first time the conflicts between girls and boys about the sexual boundaries emerged, they usually refused, negotiated or communicated and adjusted their manners toward males for a period of time. This is known as adjusting the boundaries. This stage aimed at keeping up both the relationship as well as remain sexual abstinent until the right time. If the negotiation was successful and their limits on particular sexual

encounters can be modified into the appreciation of both sides, the relationship still moved on. On the other hand, the relationships were broken up if communication and negotiation was failed. The young women chose to break the relationships. Some relationships were broken without remaining any relation in the relationships. Some broke the level of previous relationship and change into the new level of the relationship such as from intimate male friends into regular male friends. The following statements illustrate the point.

> …I broke up with my boyfriend at the movie. He grabbed my hands at first, which was ok. Then he started to touch my thing. Once we got out of the theater, Pair asked him why he did what he did. Why didn't you give me any respect? (How long have you been going out?) We have been going out for about 4-5 months. Pair told him that it was over. If he could do this in a movie theater, assuming he already had plans in his mind. So I rather not deal with him anymore. I'm afraid that I will make a mistake with him sooner or later. That's why I broke it off with him. I am afraid of guys. I really don't know what they are thinking. Guys must always have a plan for sure. I feel that if a guy really wants to do something, he will be able to do it somehow. (Case1, p.11: 509-528).

> …Well, it's my false because I went to his house alone with him, giving him the opportunity to do something like that. However, I didn't know about his feeling toward me – whether he thinks of me as a friend, or something else. My previous idea about hugging that it's an expression of love and warmth is not applicable to his case. From his perspective, if I let him holding my hands, he would think that I allow him to be more than just a friend. So if I let him hug me, he might think that I would allow him to move further toward sexual intercourse. That's why since then I won't let him holding my hands, hugging me, or having dinner alone with me. I treat him just like a regular friend, not a very special person. (Case4, p.11: 547-563).

> …(What was your new reaction toward him?)…Calm and quiet. I want to let him see the difference. Yes, we still talk, but the way I talk to him is changed. For example, when we sit among group of friends, I would ask other friends to go out with me, not just him anymore. I want to let him know that he's not that important to me anymore (Case4, p.11-12: 571-581).

…(So how did he react?)…He was starting to feel numb and bored with the question. I asked him whether he still loves me or not. He said that he still loves me. So I asked him why you care so much about sex. We talked about this subject many times. It was starting to be annoying. I was in my first year of my professional school. I asked him, "Why has sex become a big issue in our relationship?" We started to talk about it. Eventually he got bored, and I got bored as well. We couldn't find an answer. We couldn't understand either. That's why it was over. (Case3, p.9: 449-460).

CHAPTER V

CONCLUSIONS, DISCUSSIONS AND SUGGESTIONS

In this chapter, the findings of this grounded theory study are summarized. Then, the implications for nursing practice and future research, as well as the contributions to nursing knowledge development are proposed. Finally, the limitations of the study are addressed.

Conclusions

The purpose of this study was to explore a process and to develop a substantive theory to explain the remaining sexually abstinent process among young Thai women. The grounded theory method was employed to study with 19 participants. Seventeen were sexually inexperienced, but two sexually experienced were included because of theoretical sampling. Their ages ranged from 18-23 years with the average age of 19.6 years. The majority of the participants were students that were studying in various types of academic institutions in Bangkok, and one was a baby sitter. Almost all of them (fourteen participants) were raised by biological parents, while four were raised by parental figures (including grandparents, biological mother and stepfather, and adopted parents), and one was raised by only her mother in a single mother family. Thirteen participants, who were sexually abstinent, had boyfriends and their initial age at having boyfriends was in middle-to-late adolescence, from 15 to 19 years old, with a high

frequency at the age of 17 years old. Two participants, who reported themselves as having sexually experience, had boyfriends at the earlier ages of 14 and 18 years old, with the younger one came from a broken family and was raised by grandmother, and the older one was raised by biological parents. Fifteen participants had boyfriends, and gave their number of lifetime partners as from 1 to 8 boyfriends, with a high frequency of 1 boyfriend.

The core category emerging from data analysis was the process of establishing sexual pattern for life security. It was the process that the young women developed and moved their cognitive and social ability to establish their own sexual patterns in order to achieve their future life security. The social value or ideal image of being ‘good’ Thai girls was the social contextual condition of this process. The process of establishing sexual pattern for life security consisted of three consecutive stages: learning proper sexual manners, planning life sexual path, and establishing own sexual manners.

Stage 1, learning proper sexual manners, was a stage in which the participants acquired information and value as well as recognized about the proper female manners toward males, the consequences of improper manners, the nature of males, and using careful considerations. The participants learned proper sexual manners by using conforming to rules that were set by adults, being informed by several groups of people, having direct experiences, observing other’s experiences and discussing. Consequently, they could adopt social norm and parental expectations of daughters’ life as well as recognizing one’s future life path.

Stage 2, planning life sexual path, was a state in which the young women set goals for life security as well as to determine means for goal achievement. The

recognitions of parental expectations about daughter's future life, parental love and one's future life paths since the former stage became the conditions of these young women, when they moved into this stage. Their conditions pushed them to set goals of succeeding in a career, having a good marital relationship and being a dutiful daughter. They made efforts to achieve their goals by realizing remaining sexual abstinence and recognizing self-responsibilities as means of achieving the goals.

Recognizing remaining abstinence as a means of achieving the goals was a process of considering obstacles to achieve the goals and recognizing that engaging in sexual intercourse during studying or before the right time was the major hindrance to achieve the goals, remaining sexual abstinence until the right time, on the other hand was an important means of achieving the goals. Consequently, they intend to be abstinent until the right time in order to achieve the goals.

Stage 3, Establishing own sexual manners, was a consecutive stage in which the young women moved forward to develop one's sexual boundaries of remaining sexual abstinence in order to achieve their goals for life security. The intention to be abstinent, which was a consequence in the former stage, became the condition of the participants to establish their own sexual manners. It helped the participants to set one's sexual boundaries of remaining sexual abstinence, which consisted of setting timeline for first sexual intercourse, which were in accordant with one's goals for life security, and setting limits on particular sexual encounters, which included setting limits on having physical contact with men and setting limits on being in a secluded place with a man. They still made efforts to remain sexual abstinence for life security by modifying own sexual

boundaries of proper manners as well as sticking to one's timeline for first sexual intercourse.

Modifying sexual boundaries was a cognitive ability to adjust one's sexual manners to avoid being sexually offended by some males until having sex. In this study, it was the process in which the young women tried not to perform or to allow males to perform sexual manners that went beyond the boundaries that one had set. Modifying one's boundaries occurred when the young women recognized that they were sexually offended by some males and they wanted to have new sexual boundaries with those guys. This change aimed to remain abstinence. In order to still remaining sexual abstinence, ending the relationship was performed if modifying process was failed. Ending the relationship was a process of controlling one self to make a decision to separate or avoid males who performed manners toward the young women that went beyond one's boundaries and the young women considered that separating from them was the best way to remain their sexual abstinence. They ended the relationship. Consequently, they could remain one sexual boundaries and sexual abstinence.

Discussions

The experiences of the 19 participants in this study demonstrate the complexity of the process of remaining sexual abstinence during adolescence. The study demonstrated that the traditional Thai value of being good Thai girl, that women should be more reserved or that should have sexual modesty, plays an important role in movements in the process. This value has strong effects on controlling and determining the young women's

learning topics and strategies, setting goals, recognizing remaining abstinence and self-responsibilities including setting and modifying own sexual boundaries, which were the most important actions and strategies that the young women use to move themselves on another stage of the process.

This substantive theory revealed the complexity of learning proper sexual manners process. The sexually young women experienced in learning several interwoven topics which included the proper female manners toward males, the consequences of improper manners, the nature of males and using careful consideration. All of these topics were related to each other as cause and effects or as problems and means for solving problems. Also they learned by using several strategies that included conforming to rules, being informed by several groups of people, having direct experiences, observing other's experiences, and discussing about those issues as mentioned above. Moreover, they began to learn since childhood and continued until present, and learned in everywhere and every time as possible. This comprehensive and continuous learning helped to push the young women too easily to adopt social norm of proper sexual manners including remaining sexual abstinence until the right time. Remaining sexual abstinence, thus, is a sexual health behavior, which is congruent with traditional Thai culture and exists in Thai cultural context for a long time.

The sexually abstinent young women in this study acquired knowledge and attitudes about sex, which is similar to finding in previous research that having knowledge and attitudes about sex is related to sexual abstinence in adolescents (Danaidussadeekul, 2004). However, learning topics about proper female manners toward males, consequences of improper manners, the nature of males and using careful

consideration are suggested by this study as the appropriate issues for promotion of remaining sexual abstinence in young Thai women.

The present analysis confirms the strong association between high parental supervision and delay in the onset of sexual intercourse. The importance of parental supervision has been demonstrated by others (Velez-Pastrana, 2005; Longmore et al., 2001; Jacobson & Crocket, 2000). As parents played a major role in the learning process of female adolescents, they also involved in setting rules for the girls to conform to, informing, discussing with them in order to support them to learn more about proper sexual relationship. This supervision could cause the girls to be sexually abstinent.

The strong protective effect of parental influences on the present study is consistent with findings in other studies. Other researchers have found that perceiving parental disapproval of premarital sex is associated with abstaining from sexual intercourse or delaying first sex (Danaidussadeekul, 2004; Jaccard, Dittus & Gordon, 1996). During learning proper sexual relationship, the girls in this study could recognize their parental traditional attitudes about sex. When they did not want to disappoint parents, they avoid having premarital sex. In addition, alike to previous studies (Ku, Sonenstein, & Pleck, 1993), the present study shows a strong association between parental monitoring and controlling and remaining sexual abstinence during adolescence. The sexually abstinent girls were controlled by their parents to conform to rules, which involved that parents know the times of their daughters arriving homes and show an interest in male friends, their adolescent daughters spend time with, and in what and where their adolescent daughters do and stay in their free time. This finding supports the

notion that a higher level of parental monitoring and controlling is related to delay of sexual intercourse.

As in previous studies, close relationships with parents, feelings of connectedness and satisfaction with the parents-child relationship seem to be associated with sexual abstinence or postponing sexual intercourse in adolescents (Danaidussadeekul, 2004; Jaccard et al., 1996; Inazu & Fox, 1980; Jessor & Jessor, 1977). The sexually abstinent girls recognized parental love, which refers to adolescent positive feelings to their interactions with parents. This recognition allows the girls to adopt parental expectations and recognized remaining sexual abstinence during adolescence.

The impact of setting goals for success in education or a career has been reported in other studies. Goodson et al. (1997) found that teenagers who planned on going to college or on having a career were less likely to have engaged in sexual activity. Likewise, Kraft (1991) found that age at first intercourse increased with increased educational aspirations. Likewise other studies, Schvaneveldt et al. (2001) found that adolescents with high educational goals and achievement delay having intercourse because of the perceived risks (e.g., pregnancy and sexually transmitted diseases may jeopardize their plans for the future). The sexually abstinent girls in this study set not only goal for success in education or a career, but also goal for a secure marital relationship, and being a dutiful daughter. Setting goals for life security allow girls recognizing remaining sexual abstinence during adolescence as a facilitating factor for achieving those goals.

The present study confirms the strong association between being concerned about negative consequences of teen sex and remaining sexual abstinence. The importance of perceived negative consequences of teen sex such as fear of pregnancy and obstacle of getting what they want out of life has been illustrated by others (Loewenson, 2004; Long-Middleton et al., 2003; Norris et al., 2003). As the young women in this study set goals for life security, and they considered all data and knowledge in order to find the best way for achieving the goals, then they recognized negative consequences of teen sex as hindrances of their goals and future life. They recognized that having sexual intercourse, unplanned pregnancy, abortion, having a kid as well as break ups will hinder their educational success and marriage life.

Although, religiosity and two-parent families were found in the previous research to be associated with sexual abstinence in adolescents (Hayes, 1987; Miller & Bingham, 1989; Biro et al., 2001; Lammers et al., 2000; Paul et al., 2000), this study was not found this association.

Implications for nursing practice

The findings of this study have illustrated delineations of the establishing sexual pattern for life security process among young Thai women. The process began since the young women were children in the family, and gradually extends to outsides when they grew up. This process then involved in several social environments. The finding can be applied as guidance for tailoring and developing the nursing intervention program to provide care for promoting remaining sexual abstinence in female Thai adolescents. The

nursing intervention program should be a set of continuing nursing care that would be adjusted to suit to the developmental conditions of remaining sexual abstinence in female adolescents. The nursing objectives and nursing interventions for promoting remaining sexual abstinence in female adolescents should be as follows:

In order to promote sexual abstinence in female Thai adolescents, professional nurses should educate new parents and teachers to understand and enable to facilitate education for their daughters and students in the appropriate topics, times and strategies. Nurses should support new parents and teachers to be concerned about various topics including proper female manners, the consequences of improper manners, the nature of males and using careful consideration when they help their daughters or students learn to be abstinent. In addition, Nurses should support parents and teachers to educate girls since they are still in preadolescence and continued until they grow up, and with various strategies during educate girls as well.

Next, healthcare providers should support and strengthen family or parents to be key persons for promoting adolescent sexual health including remaining sexual abstinence. The findings point out that recognizing parental love has a strong influence on remaining sexual abstinence among young Thai women, therefore parents should be prepared by nurses how well to express and communicate their love to their children.

Another implication of this research for nurses is that they should provide appropriate education for adolescents to be abstinent during studying time, and support them to enable to plan their sexual health in accordance with their needs and parental expectation. These services would support girls to develop their well-being during passing this stage of life as well as to achieve their future success.

Implications for future research

There are many implications for further research. Extending this research to more female adolescents or young women in the same backgrounds would increase the sample size, thereby increasing the credibility of the findings, as would longitudinal study of these female adolescents. Other groups of female adolescents need to be studied in female adolescents' remaining sexually abstinent to determine if the establishing life security process can be generalized to others.

Research questions and hypotheses need to be studied and tested. Some research questions generated from the establishing sexual pattern for life security theory are as follows: (a) is recognizing parental love the most essential process to remain sexual abstinence during adolescence, (b) what characteristics of parents/ family or the security bases are important to female adolescents' remaining sexual abstinence, (c) what are the most effective interventions for each of the establishing sexual pattern for life security stages, (e) does the substantive theory of establishing sexual pattern for life security generalize to other types of female adolescents?

Hypotheses generated from the establishing sexual pattern for life security theory are as follows: (a) the more continuous a girl engages in learning proper sexual manners stage, the more strength she will plan life sexual path and establish own sexual boundaries (b) using the establishing sexual pattern for life security process as a way to tailor interventions to female adolescents will increase success of sexual abstinence strategy more than existing methods; (f) female adolescents whose families also really

pay attentions to and participate in their lives will be more successful in remaining sexual abstinence than those whose families who fail to pay attention to.

Limitations of the study

Limitations of a study involve the boundaries beyond which the study may not use generalizations or not be applicable to other subjects and/ or setting. It also involves the aspects that the study will not cover (Fox, 1982). The limitations of this grounded theory study were as follows:

1. Findings are limited by the sample, sample size, and setting. The findings in this study are limited by the fact that informants are 17 sexually abstinent and 2 sexually experienced, young women voluntarily participating in programs and activities in the networks of non-governmental organizations working in children in Bangkok, Thailand.
2. In-depth interviews with young women are used for this study, thus the findings are limited to the subjects' cognitive maturity and honesty.

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APPENDICES

APPENDIX A

The information sheet and consent form

(English version)

Patient/ Participant Information Sheet

1. ***Project Title***: Sexual abstinence: A health promoting behavior in female Thai adolescents
2. ***Principal Investigator***: Ms. Pinhatai Supametaporn, Ph.D. Student, Faculty of Nursing, Chulalongkorn University
3. ***Contact Address***: Faculty of Nursing, Huachiew Chalermprakiet University
   Office Tel: 02-312-6300 Mobile: 086-988-3471
   E-mail: Pinhatai05@yahoo.com
4. ***Information for parents to make an informed decision on their child's participation in this study***
   - 4.1 This project involves the study of the developmental process of female Thai adolescents in remaining their sexually abstinent for the benefits of their health and wellness.
   - 4.2 The primary purposes of this research study are to:
     - 4.2.1 gain an insight into the developmental process of female Thai adolescents in remaining their sexually abstinent for the benefits of their health and wellness.
     - 4.2.2 develop effective ways to promote the idea of remaining sexually abstinent for the well- being of female Thai adolescents
   - 4.3 To the best of the principal investigator's knowledge, there are no anticipated risks to you and your child for participating in this study.
   - 4.4 Your child will be interviewed, which will take approximately 45-60 minutes each time. The questions will revolve around your child's learning process, motivation, and experience in remaining sexually abstinent, as well as its consequence on your child's physical, mental, social, and spiritual well-beings. The number of interviews will vary depending upon whether necessary information is completely obtained. Your child's answer will be audio-recorded. The audiotapes will be kept locked up and will be destroyed as soon as possible after the research study is finished.
   - 4.5 If you have a research-related problem, or have any questions concerning this research study, you may call the principal investigator, Ms. Pinhatai Supametaporn, anytime, at 086-988-3471.
   - 4.6 If additional benefits and possible risks associated with participation in this study have been discovered, the principal investigator will inform you immediately.
   - 4.7 You have read or have been informed about the description of the study as well as the possible benefits and potential discomforts (if any) that may occur as a

result of your child's participation in this project. You hereby agree to allow your child to participate in this research project.

4.8 You have the right to refuse to have your child participate in this study. You are also free to later withdraw your consent and discontinue your child's participation at any time. Refusing to participate or later withdrawing from the study will not involve any subsequent loss of educational or other rights and benefits to which your child is entitled, and will not affect your child's job opportunity at this institution.

4.9 There is no financial compensation for your child's participation in this research.

4.10 Your and your child's personal information will be kept separate from the information obtained from you interview. This is to protect the linking of your/ your child's personal information in the report. Your/ your child's personal information will be handled confidentially by the principal investigator. The research report will be presented in a way that will not identify you and/or your child. Your child's name and address will always be kept in locked files. Unless otherwise required by certain laws or regulations, we may have to disclose your child's personal information to the general public.

Research Subject Informed Consent Form

Project Title: Sexual abstinence: A health promoting behavior in female Thai adolescents

Research Subject Identification Number: .....

I acknowledge that a principal investigator of the above project, Ms. Pinhatai Supametaporn, who lives in the address: 58/621 Rama II Road, Bangmod, Jomthong District, Bangkok 10150, has thoroughly explained me about the purpose, nature, and method of this research study. I was also informed about the possible benefits and the potential risks that might be occurred from this study. The principal investigator has answered all of the questions I have at this time, and I have completely understood them all.

I hereby give my consent to my child to participate in this study. I understand that I am free to later withdraw my consent at any time for my child's participation, without having to give any reasons. I further understand that later withdrawing from the study will not involve any subsequent loss of educational rights and benefits to which my child is entitled, and will not affect my child's job opportunity at this institution.

Under the aforementioned conditions, I give my consent to my child to be interviewed by the principal investigator for the benefit of this research study. I acknowledge that my child, upon his/her verbal consent, freely volunteers to participate in this study.

....

(Place/Date) Parent/ Guardian Signature

....

(Ms. Pinhatai Supametaporn)

(Place/Date) Signature of Principal Investigator

....

(.....)

(Place/Date) Signature of Witness

APPENDIX B

The information sheet and consent form

(Thai version)

ข้อมูลสำหรับประชากรตัวอย่างหรือผู้มีส่วนร่วมในการวิจัย

(Patient/ Participant information sheet)

1. ชื่อโครงการวิจัย รักนวลสงวนตัว: พฤติกรรมสร้างเสริมสุขภาพของวัยรุ่นหญิงไทย
2. ชื่อผู้วิจัย นางสาว ปิ่นหทัย ศุภเมธาพร นิสิตคณะพยาบาลศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย
3. สถานที่ปฏิบัติงาน คณะพยาบาลศาสตร์ มหาวิทยาลัยหัวเฉียวเฉลิมพระเกียรติ
   โทรศัพท์ที่ทำงาน (02) 312-6300 โทรศัพท์เคลื่อนที่ (06) 988-3471
   Email address: Pinhatai05@yahoo.com
4. ข้อมูลประกอบการให้คำยินยอมในการให้บุตรเข้าร่วมในการวิจัย
   - 4.1 โครงการนี้เกี่ยวข้องกับการศึกษาถึงกระบวนการรักนวลสงวนตัวไม่มีเพศสัมพันธ์ของวัยรุ่นหญิงไทยเพื่อการสร้างเสริมสุขภาพ
   - 4.2 วัตถุประสงค์ของการวิจัย เพื่อ
     - 4.2.1 ศึกษาถึงกระบวนการรักนวลสงวนตัวไม่มีเพศสัมพันธ์ของวัยรุ่นหญิงไทยเพื่อการสร้างเสริมสุขภาพ
     - 4.2.2 พัฒนาแนวคิดการสร้างเสริมการรักนวลสงวนตัวไม่มีเพศสัมพันธ์เพื่อสุขภาพของวัยรุ่นหญิงไทย
   - 4.3 ผู้วิจัยคาดว่าการวิจัยนี้จะไม่ก่อให้เกิดความเสี่ยงทางกายใด ๆ เกิดขึ้นกับท่านและบุตร
   - 4.4 บุตรของท่านจะได้รับการสัมภาษณ์ด้วยการบันทึกเทปครั้งละ 45-60 นาที เกี่ยวกับประสบการณ์การรักนวลสงวนตัวและการไม่มีเพศสัมพันธ์ และผลของการปฏิบัติดังกล่าวต่อสุขภาพทางกาย ทางจิต-สังคม และทางจิตวิญญาณ จำนวนครั้งที่สัมภาษณ์ขึ้นอยู่กับความสมบูรณ์ของข้อมูลที่ได้ และผู้วิจัยจะทำลายเทปบันทึกเสียงทันที ภายหลังสิ้นสุดการวิจัย
   - 4.5 การติดต่อกับผู้วิจัยกรณีมีปัญหา (ตลอด 24 ชั่วโมง) สามารถติดต่อกับผู้วิจัย คือ นางสาว ปิ่นหทัย ศุภเมธาพร ได้ตลอดเวลา ที่เบอร์โทรศัพท์มือถือ (06) 988-3471
   - 4.6 หากผู้วิจัยมีข้อมูลเพิ่มเติมทั้งทางด้านประโยชน์และโทษที่เกี่ยวข้องกับการวิจัยนี้ ผู้วิจัยจะแจ้งให้ท่านทราบอย่างรวดเร็ว
   - 4.7 ท่านได้ทราบข้อมูลของโครงการข้างต้น ตลอดจนข้อดี ข้อเสีย ที่ได้รับจากการอนุญาตให้บุตรเข้าร่วมโครงการในครั้งนี้ และยินยอมให้บุตรของท่านเข้าร่วมโครงการดังกล่าว
   - 4.8 ท่านมีสิทธิ์ที่จะปฏิเสธไม่ให้บุตรของท่านเข้าร่วมหรือสามารถถอนตัวจากโครงการวิจัยได้ทุกขณะ โดยการปฏิเสธที่จะเข้าร่วมวิจัยครั้งนี้จะไม่มีผลต่อสิทธิประโยชน์ต่าง ๆ ทางด้านการศึกษาหรือการทำงานที่บุตรของท่านจะได้รับแต่ประการใด

4.9 ไม่มีการจ่ายค่าตอบแทนให้แก่ท่านหรือบุตรของท่านในการเข้าร่วมในการวิจัย

4.10 ข้อมูลส่วนบุคคลของท่านและบุตรจะถูกแยกออกจากข้อมูลที่ได้จากการสัมภาษณ์ เพื่อป้องกันการระบุถึงบุคคลผู้ให้สัมภาษณ์ และเก็บไว้กับผู้วิจัยเพียงผู้เดียว ผลการวิจัยจะนำเสนอในภาพรวม ส่วนชื่อและที่อยู่ของบุตรของท่านจะได้รับการปกปิดอยู่เสมอ ยกเว้นว่าได้รับคำยินยอมไว้โดยกฎระเบียบและกฎหมายที่เกี่ยวข้องเท่านั้น จึงจะเปิดเผยข้อมูลแก่สาธารณชนได้

ใบยินยอมของประชากรตัวอย่างหรือผู้มีส่วนร่วมในการวิจัย

(Informed Consent Form)

ชื่อโครงการ รักนวลสงวนตัว: พฤติกรรมสร้างเสริมสุขภาพของวัยรุ่นหญิงไทย

เลขที่ประชากรตัวอย่างหรือผู้มีส่วนร่วมในการวิจัย.....

ข้าพเจ้าได้รับการอธิบายจากผู้วิจัย ชื่อ นางสาว ปิ่นหทัย ศุภเมธาพร ที่อยู่ 58/621 ถนนพระราม 2 แขวงบางมด เขตจอมทอง กรุงเทพฯ 10150 ซึ่งได้ลงนามด้านท้ายของหนังสือนี้ถึงวัตถุประสงค์ ลักษณะ และแนวทางการศึกษาวิจัย ตลอดจนประโยชน์และความเสี่ยงที่อาจเกิดขึ้น ข้าพเจ้าได้ซักถาม ทำความเข้าใจเกี่ยวกับการศึกษาดังกล่าวนี้ เป็นที่เรียบร้อยแล้ว

ข้าพเจ้ายินดีให้บุตรเข้าร่วมการศึกษาวิจัยครั้งนี้โดยสมัครใจ และอาจให้บุตรถอนตัวจากการเข้าร่วมศึกษานี้เมื่อใดก็ได้ โดยไม่จำเป็นต้องแจ้งเหตุผล และทราบว่าการถอนตัวจากการศึกษาวิจัยครั้งนี้ จะไม่ส่งผลใด ๆ ต่อสิทธิประโยชน์ทางการศึกษาและการทำงานที่จะได้รับในหน่วยงานแห่งนี้

ข้าพเจ้ายินดีให้บุตรของข้าพเจ้าให้ข้อมูลแก่ผู้วิจัย เพื่อเป็นประโยชน์ในการศึกษาวิจัยครั้งนี้ ภายใต้เงื่อนไขที่ได้ระบุไว้แล้วในข้างต้น และบุตรของข้าพเจ้ายินดีเข้าร่วมการศึกษานี้ โดยแสดงการยินยอมด้วยวาจา

....

สถานที่ / วันที่ ผู้ปกครอง

....

(นางสาว ปิ่นหทัย ศุภเมธาพร)

สถานที่ / วันที่ ลงนามผู้วิจัยหลัก

....

(.....)

สถานที่ / วันที่ ลงนามพยาน

Approval Document No. **063/2005**

The Ethical Review Committee for Research Involving Human Subjects and/ or Use of Animal in Research, Health Science Group of Faculties, Colleges and Institutes, Chulalongkorn University, Thailand

Title of Project : SEXAUL ABSTINENCE: HEALTH PROMOTING BEHAVIOR AMONG ADOLESCENT THAI WOMEN

Principle Investigator : Ms.Pinhatai Supametaporn

Place of Proposed Study/Institution : Faculty of Nursing
Chulalongkorn University

This is to certify that the Ethical Review Committee for Research Involving Human Subjects and/or Use of Animal in Research, Health Science Group of Faculties, Colleges and Institutes, Chulalongkorn University, Thailand, constituted in accordance with the International Conference on Harmonization – Good Clinical Practice (ICH-GCP) and/or Code of Conduct in Animal Use of NRCT version 2000.

☑ Approved

Prida

Prida Tasanapradit ..... Chairman
(Associate Professor Prida Tasanapradit, M.D.)

..... Secretary
(Professor Surasak Taneepanichskul, M.D.)

Date of Approval : October 27, 2005

เลขที่ใบรับรอง **063/2548**

คณะกรรมการพิจารณาจริยธรรมการวิจัยในมนุษย์และการใช้สัตว์ทดลองในการวิจัย
กลุ่มวิทยาศาสตร์สุขภาพ จุฬาลงกรณ์มหาวิทยาลัย

โครงการวิจัย : รักนวลสงวนตัว: พฤติกรรมสร้างเสริมสุขภาพของวัยรุ่นหญิงไทย
SEXAUL ABSTINENCE: HEALTH PROMOTING BEHAVIOR AMONG ADOLESCENT THAI WOMEN

ผู้วิจัยหลัก : นางสาวปิ่นหทัย ศุภเมธาพร

หน่วยงาน : คณะพยาบาลศาสตร์

คณะกรรมการพิจารณาจริยธรรมการวิจัยในมนุษย์และการใช้สัตว์ทดลองในการวิจัย กลุ่มวิทยาศาสตร์สุขภาพ จุฬาลงกรณ์มหาวิทยาลัย

☑ อนุมัติในแง่จริยธรรมให้ดำเนินการศึกษาวิจัยเรื่องข้างต้นได้

☐ อนุมัติ ภายใต้เงื่อนไข คือ.....

.....

.....

.....ประธาน
(รองศาสตราจารย์นายแพทย์ปรีดา ทัศนประดิษฐ์)

.....เลขานุการ
(ศาสตราจารย์นายแพทย์สุรศักดิ์ ฐานีพานิชสกุล)

รับรองวันที่ 27 ตุลาคม 2548

APPENDIX E

The demographic data form

ID_____ **Date**_____

Direction: The following information will be obtained from a self-report interview by the participant.

Biographic and socio-cultural information

Age: _____

Place of birth (province): _____

Numbers of years living in Bangkok: _____

Educational level:

- ☐ Primary school (Pratom 1 to 6)
- ☐ Secondary school (Mathayom 1 to 6)
- ☐ Vocational school
- ☐ University (identify the subject of the study)

_____

Type of education institute:

- ☐ Public or government
- ☐ Private

Religion:

- ☐ Buddhist
- ☐ Christian
- ☐ Islamic
- ☐ Others (specify) _____

Occupation:

- ☐ Student
- ☐ Employed (identify the characteristics of the work)

_____

Background of the family (raised by)

_____

_____

_____

Sexual abstinence-related information

Having had sexual intercourse

- ☐ No
- ☐ Yes

History of having boyfriend/ special opposite sex friend

- ☐ No
- ☐ Yes

Numbers of life-time boyfriends/ close opposite sex friend: _____

APPENDIX F

Interview guide

(English version)

1. Could you tell me what reasons you have for remaining sexually abstinent until now?

    1.1 Could you describe each condition for me?

        1.1.1 What do you mean about "Being not the right time?" And what is the right time for sex in your opinion?

        1.1.2 What do you mean about "Being afraid of effects on studying"?

    1.2 What are influences affecting you to have those reasons? And how do they affect you?

        1.2.1 What have strong influences on you to think like "Being not the right time"? And how such thing affects you?

    1.3 How do you feel about those influences toward your life? And how do such feelings affect your life?

        1.3.1 How do you feel about your parental teaching? And how do your feelings of warmth and respect to parents affect your life?

2. Could you tell me activities you have with your boyfriend or male friends in everyday life?

    2.1 Why do you not allow male friends to touch your body or to hold hands?

2.2 Why do you allow boyfriends to hold hand, but have no kiss or hug?

2.3 What are influences on your avoiding touch with male friends?

APPENDIX G

Interview guide

(Thai version)

แนวคำถามสำหรับการสัมภาษณ์

1. ช่วยกรุณาเล่าให้ดิฉันฟังว่า มีเหตุผลอะไรบ้างที่ทำให้คุณยังไม่มีเพศสัมพันธ์

   1.1 ช่วยเล่าให้ดิฉันฟังว่า เหตุผลแต่ละข้อนั้นมีรายละเอียดเป็นอย่างไร

      1.1.1 ช่วยเล่าให้ดิฉันฟังว่า "ยังไม่ใช่เวลาที่เหมาะสม" หมายความว่าอย่างไร แล้ว เวลาที่เหมาะสมคืออะไร

      1.1.2 ช่วยเล่าให้ดิฉันฟังว่า "กลัวว่าจะมีผลต่อการเรียนด้วย" หมายความว่าอย่างไร

   1.2 อะไรที่มีอิทธิพลทำให้คุณมีเหตุผลหรือคิดแบบนั้น และสิ่งนั้นมีผลต่อการคิดของคุณอย่างไร

      1.2.1 อะไรที่ทำให้คุณคิดว่า "ยังไม่ใช่เวลาที่เหมาะสม" ช่วยอธิบายด้วย

   1.3 คุณรู้สึกอย่างไรกับอิทธิพลเหล่านั้นและมันมีผลต่อชีวิตของคุณอย่างไรบ้าง

      1.3.1 คุณรู้สึกอย่างไรกับการสอนของพ่อแม่บ้าง และความรู้สึกดังกล่าวมีอิทธิพลต่อการดำเนินชีวิตของคุณอย่างไรบ้าง

2. ช่วยกรุณาเล่าให้ดิฉันฟัง ถึงกิจกรรมที่คุณทำกับเพื่อนชาย หรือแฟนในแต่ละวัน

2.1 ทำไมคุณไม่อนุญาตให้เพื่อนชายจับมือหรือถูกเนื้อต้องตัว

2.2 ทำไมคุณถึงยอมให้แฟนจับมือ แต่ไม่ให้จูบ หรือกอด

2.3 แล้วอะไรที่ทำให้คุณคิดหรือทำแบบนั้น ช่วยเล่าให้ดิฉันฟังด้วย

BIOGRAPHY

I am Miss Pinhatai Supametaporn. I was born on February 2, 1967 at Yala province, southern part of Thailand. I finished my Bachelor's degree of Science (Nursing and Midwifery) at Faculty of Nursing, Mahidol University in 1989. During 1989-1991, I worked as a registered nurse at Out Patient Department (OPD), Siriraj Hospital.

During 1991-1994, I studied in Master's degree of Applied Anthropology at Institute for Population and Social Research, Mahidol University.

During 1994-2002, I worked as a nurse instructor at the Faculty of Nursing, Huachiew Chalermprakiert University. I was responsible to teach community health nursing and gerontological nursing.

In the mid of 2002, I started my doctoral degree in nursing science at Faculty of Nursing, Chulalongkorn University. In 2007, I graduated and obtained the degree of Doctor of philosophy in nursing science. After graduation, I have returned to teach at the Faculty of Nursing, Huachiew Chalermprakiet University. The office telephone is 02-312-6300 Ext. 1234.