



TENTION OF PREVENTING ADOLESCENT PREGNANCY AMONG FEMALE JUNIOR HIGH SCHOOL STUDENTS IN PAK CHONG DISTRICT, NAKHON RATCHASIMA PROVINECE, THAILAND

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Abstract

The purpose of this study was to identify factors associated with intention of preventing adolescent pregnancy among female junior high school students in Pak Chong district, Nakhon Ratchasima province, Thailand. A cross-sectional study was conducted in a school, Pak Chong district. 137 female junior high school students were selected by multistage sampling technique and completed self-administered questionnaire with four main parts including socio-demographics factors, knowledge, perceived self-efficacy and intention of preventing adolescent pregnancy. Chi-square test and Pearson correlation coefficient were used to analyze association between independent and dependent variables with statistical significant of p-value 0.05. The factors associated with intention of preventing adolescent pregnancy were: class year ($p<0.001$), family status ($p=0.012$), age ($r=0.478$, $p=0.001$), and perceived self-efficacy ($r=0.236$, $p=0.005$). Adolescents' sexual and reproductive health must be supported that means providing access to comprehensive sexuality education. It also means empowering young people to know including the right to delay marriage and the right to refuse unwanted sexual advances.

Keywords: Adolescent pregnancy , Intention , Self-efficacy

Introduction

Adolescent pregnancies are a global problem that occurs in high, middle, and low income countries. Around the world, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities (UNFPA 2015). Every day in developing countries, 20,000 girls under age 18 give birth. This amounts to 7.3 million births a year. Pregnancy can lead to devastating health consequences for girls. Many adolescents are not yet physically ready for pregnancy or childbirth (UNFPA, 2017).

According to Health Statistics in Thailand, for adolescents aged 10-17, the numbers of births increased steadily from 2003 to 2010 with the most substantial increase between 2011-2012. In 2016, there were 666,207 totals of births and the number 41,889 were the childbearing of adolescent girls aged 10-17 years. Besides, every day there are 8 cases in aged 10-14 and 278 cases in aged 15-19 years (Bureau of Reproductive Health, 2017) which found that many adolescents, pregnancy and childbirth are neither planned nor wanted (Darroch J, et al., 2016).

Early childbearing can increase risks for newborns, as well as young mothers. In low- and middle-income countries, babies born to mothers under 20 years of age face higher risks of low birthweight, preterm delivery, and severe neonatal conditions (Ganchimeg T, et al., 2014)

Additionally, the unintended pregnancy of adolescent can lead to induced abortion. According to Bureau of Reproductive Health, Department of Health, Ministry of Public Health (2017), 26.3 percent of abortions is less than 20 years and 26.8 percent of abortion in aged 20-24. From the lack of reproductive knowledge and contraceptive awareness, modern life style and open relationship which lead the young people to live



together results in high prevalence of the teenage pregnancies (Taneepanichskul, 2012). The self-efficacy beliefs are important as through them the learning processes, motivations, passion and selectiveness regulates the individual's use in different areas (Bandura, 1986).

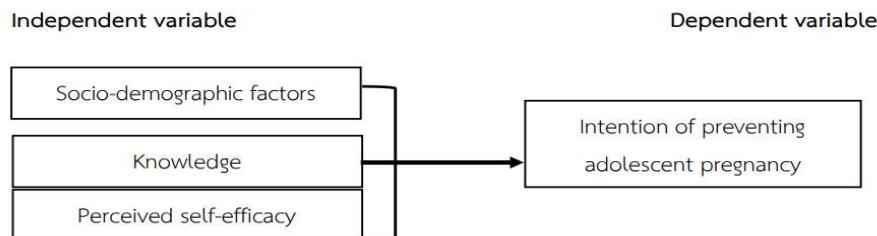
Therefore, researcher's interest to study in Nakhon Ratchasima province due to there were adolescent birth rates of 43.9 per 1,000 women in 2016 (Bureau of Reproductive Health, 2017). For the purposes of this study were to examine factors associated with intention of preventing adolescent pregnancy and assess knowledge, perceived self-efficacy, outcome expectancy and intention of preventing adolescent pregnancy among female junior high school students in a school, Pak Chong district, Nakhon Ratchasima province, Thailand. So, the finding may be used support comprehensive sexuality education and develop adolescent pregnancy prevention guidelines.

Research of Objective

To identify factors associated with intention of preventing adolescent pregnancy.

Theories and Conceptual Framework

This research adapted self-efficacy theory by Alberta Bandura (1986) that self-efficacy relates to a person's perception of their ability to reach a goal. Besides, self-efficacy is the most important precondition for behavior change.



Research Methodology

Participants

This cross-sectional survey study was conducted in September 2017. The target population was junior high school students (grade 7 to 9) who enrolled in first semester in the year 2017, studying in Thai curriculum. According the data from Secondary Educational Service Area Office 31, Nakhon Ratchasima province, the sample size in this study was calculated with Daniel (1999) formula, 137 female junior high school students were selected through multistage random sampling method which recruited from 1 secondary school in Pak Chong district, Nakhon Ratchasima province.

Materials

A self-administered structured questionnaire was used to collect data which develop according to previous research questionnaires in order to assess the female junior high school students' knowledge, perceived self-efficacy and intention of preventing adolescent pregnancy. It was divided into four parts as followed: part I: Socio-demographic factors consist of 5 questions including age, class year, family status, types of living arrangement and having a boyfriend. Part II: Knowledge about consist 15 questions (Yes/No). Part III: Perceived self-efficacy consists 10 questions (most/moderate/low). Part IV: Intention of preventing adolescent pregnancy consist 15 questions (highest/high/low/lowest).

Data collection

Before the students answer the questionnaire, the researcher notified the objectives of this study and let them clear for all. The students answered questionnaire on their own in uncrowded places and there were seats that make the student feel relax and boost



their privacy to answer questionnaire. Besides, the students did not need to identify themselves so they can give true answers without hesitation. The information would be identified the respondents was kept to secret. Furthermore, the students could deny participating at any time with need to give reason and all information was not be used in other purposes.

Data analysis

The chi-square test was used to examine association between socio-demographic factors and intention. Pearson's correlation was used to analyze the magnitude and direction of the association between knowledge scores, perceived self-efficacy scores and intention scores.

Research Results

One hundred thirty-seven respondents were included in the study. The students' age ranged from 12 to 15 years. The mean age and standard deviation were 13.6 and 0.96 years, respectively. Majority 45.3% of them study in grade 7. Half of all students have parents living together. Almost all students were living with family or relatives (91.2%). Over half the students accepted having a boyfriend (75.9%), while 24.1% denied having a boyfriend.

From the results of this study shows that majority (46.0%) of the students had poor level of knowledge, while 21.9% rated high (Table 1). Majority of them are know the birth control pills are available in both 21 and 28 tablets (92.7%) and know the condom use is safe from sexually transmitted diseases (88.3%). Whereas for 73 students do not know taking emergency pills before sex can prevent pregnancy. Regarding female students'perceived self-efficacy, majority 44.5% of the students had moderate level of self-efficacy, only 29.2% of students has high level. The mean self-efficacy scores were 31.6 out of 50 points. Which, most of participants perceived themselves to be rejected as the risk situation that lead to sexual intercourse.

For intention of preventing adolescent pregnancy, 66.4% of the students had moderate level of intention, while 33.6% rated high intention. Most students (67.2%) intended to not have sexual intercourse in school age and intended to refuse if they are invited to watch the adult entertainment including movies, books and pictures, as well as intending to refuse when friends persuade to nightlife (50.4%).

Chi-square test was used to evaluate the relationship between socio-demographic factors with intention of preventing adolescent pregnancy. Among the four characteristics, two of them were statistically significant with intention at $p \leq 0.05$ levels that was class year ($p < 0.001$) and family status ($p = 0.012$). It was notable that students who study grade 9 had higher intention of preventing adolescent pregnancy than grade 7 and grade 8 and students with parents live divorce or separated or pass away had higher intention of preventing adolescent pregnancy than parents live together (Table 1).



Table 1: Association between socio-demographic factors with intention of preventing adolescent pregnancy using Chi-square test (n=137)

socio-demographic factors	Intention		p-value
	Low and moderate	High	
	n (%)	n (%)	
Class year			<0.001*
grade 7 (Matayom 1)	50 (80.6%)	12 (19.4%)	
grade 8 (Matayom 2)	33 (80.5%)	8 (19.5%)	
grade 9 (Matayom 3)	8 (23.5%)	26 (76.5%)	
Family status			0.012*
Father and mother live together	53 (76.8%)	16 (23.2%)	
Father and mother divorce/separated/pass away	38 (55.9%)	30 (44.1%)	
Types of living arrangement			0.985
Living with family/relative	83 (66.4%)	42 (33.6%)	
Others	8 (66.7%)	4 (33.3%)	
socio-demographic factors	Intention		p-value
	Low and moderate	High	
	n (%)	n (%)	
Having a boyfriend			0.973
Yes	22 (66.7%)	11 (33.3%)	
No	69 (66.3%)	35 (33.7%)	

*Statistically significant at p-value ≤ 0.05

Pearson's correlation was used to analyze the strength and direction of the relationship between age, knowledge score, perceived self-efficacy score and intention score. The result showed that age had statistically significant positive to low correlation with intention score at $p \leq 0.05$, it meant that when the age increases, the respondent's intention of preventing adolescent pregnancy also increases. Besides, perceived self-efficacy had statistically significant positive to little correlation with intention score at $p \leq 0.05$, it meant that if self-efficacy increases, intention of preventing adolescent pregnancy also increases. In contrast, there is no association between knowledge and intention. (Table 2).

Table 2: Association between socio-demographic factors, knowledge, perceived self-efficacy and intention using Pearson's correlation (n=137)



Variables	Intention of preventing adolescent pregnancy	
	Correlation Coefficient (r)	p-value
Age	0.478	0.001*
Knowledge	0.113	0.187
Perceived Self-efficacy	0.236	0.005*

*Statistically significant at p-value ≤ 0.05

Discussion of Research Results

From the results of this study shows that most of students had moderate level of intention. This was inconsistent with Tumchuea (2015), which study about sexual behaviors and factors correlated with the intention of protection in teenage pregnancy, Saraburi province found that the intention scoring of the sample group in pregnancy protection was at the good level.

Class year, family status and age of female junior high school students were found to be associated with intention of preventing pregnancy. Consistent with Kumphanphan (2009) which found that teens who are pregnant often be raised without the use of reason in families and by divorced parents. Besides, the study of Brent C. Miller (2002) explained that parent's child closeness or connectedness, and parental supervision or regulation of children, in combination with parents' values against teen intercourse (or unprotected intercourse), decrease the risk of adolescent pregnancy. Additionally, Samano et al. (2017) found that the pregnant teens had a family background of teen pregnancy. The girls disclosed feelings of repression, loneliness and indifference to their parents, leading them to unprotected sexual relations without fear of pregnancy. Furthermore, the finding consistent with Tumchuea (2015), found that the factors correlated with intention of protection of 0.001 were age, education, family income, marital status of the parents and the problems that make teenagers feel unhappy.

Perceived self-efficacy had statistically significant positive to little correlation with intention, it meant that when perceived self-efficacy increases, it also increased intention of preventing adolescent pregnancy. From self-efficacy theory, Bandura, A. (1994) explained that perceived self-efficacy as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes, include cognitive, motivational, affective and selection processes. Furthermore, people generally will only attempt things they believe they can accomplish and won't attempt things they believe they will fail. And the result similar to Maddux et al. (1982) found that the outcome expectancy manipulation influenced expectations of self-efficacy. When the behavior was presented as relatively difficult to perform, subjects who believed that the behavior was more likely to result in a favorable outcome expressed greater confidence in their ability to perform the behavior than those who perceived a relatively weak relationship between the behavior and its outcome.

Young people are the inheritors of our future. Adolescents have the right to lead healthy lives. They can do so when they are informed and given access to confidential and safe family-planning services, even before they become sexually active. This will help them lead healthier lives and prevent unintended pregnancies. Adolescent pregnancy is associated with interrelated multidisciplinary factors. Delaying adolescent marriage, maintaining adolescent studying in school, and increasing family attachment could reduce the rate of adolescent pregnancy. The initial efficacy experiences are centered in the family.



But as the growing child's social world rapidly expands, peers become increasingly important in children's developing self-knowledge of their capabilities.

Limitations of the study

The study results are limited to one school in Pak Chong District and will not be generalized to all school in the district. It is suggested that the same study be conducted in other school in order to determine the factors which contribute to teenage pregnancies amongst the teenagers.

Suggestions

Recommendations for application of the research findings

1. From the finding of this study, most of students had poor level of knowledge about adolescent pregnancy. Schools and parents can to teach teens about the negative effects of teenage pregnancy and support comprehensive sexuality education and sexual and reproductive health care to help girls avoid pregnancy.

2. From the research findings, the factors associated with intention of preventing adolescent pregnancy were class year, family status, age, and perceived self-efficacy. School, parent, and other relevant people should promote and encourage adolescent's self-efficacy to avoid sexual risk behaviors and increase the skills of refusing unwanted intercourse. When the teen is aware of their abilities, they will be able to outcome expectancy that occurs in the future.

The parents can strongly influence their children's decisions by taking the time to be involved when the issue of sex arises. The schools can also do their part by providing the necessary information on preventing pregnancies and by encouraging teens to make responsible choices when having sex. All of this can increase adolescent girls' intention to prevent unintended pregnancy

Recommendation for future study

1. Should do quantitative research with quantitative research to conduct more in depth comprehensive reviews and find predictive factors for adolescent pregnancy. 2. Should study in many schools or areas, both urban and rural. And the results can be compared to find the factors that cause premature pregnancies in each area.

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