



Family Problems of Adolescent Students in the Sex-Risk Group and the Non Sex-Risk Group in a Province in the Metropolitan Area of Bangkok

Premwadee Karuhadej EdD¹

Prapaiwan Danpradit Med^{1*}

¹ College of Nursing and Health, Suan Sunandha Rajabhat University, Bangkok, Thailand

* Corresponding author, e-mail address: prapaiwan.da@ssru.ac.th

Vajira Med J. 2022; 66(3): 189-98

<http://dx.doi.org/10.14456/vmj.2022.19>

Abstract

Objectives: To study family problems and the association of family problems of adolescent students in the sex-risk group and the non sex-risk group in Bangkok.

Methods: Research design was descriptive correlation study. There were 2 groups of samples, the sex-risk group and the non sex-risk group. The sex-risk group consisted of 325 female adolescent students who were selected by purposive sampling with the social dimension form constructed by the researchers. The social dimension form contained 6 risk behaviors and 8 general data. The female adolescent students who had one of the six risks and were confirmed by the classroom teacher would be listed in the sex-risk group. The non sex-risk group consisted of 319 female adolescent students who were not listed in the sex-risk group. The research tools were the questionnaires consisted of family problems, risk behaviors of the parents, parental control, family break-ups and family economic status. There were 21 questions of true-false answers with 1 score for the true answer and 0 score for the false answer. The data were collected from the samples and were analyzed by percent and χ^2 -test.

Results: Overall, the sex-risk group and the non sex-risk group had very low levels of family problems (35.4% and 20.1% respectively). However, the sex-risk group had more problems than the non sex-risk group with statistical significance ($p < 0.01$). When considering items of family problems, it was found that the sex-risk group had more problems in 19 of 21 items than the non sex-risk group. The two most common problems, which were at average level (>50%), were item 17: father and mother did not allow the children to go out with friends ($\chi^2 = 21.0$) and item 1: father worked outside with little time to talk to the children ($\chi^2 = 18.3$).

Conclusion: The family problems were found in the sex-risk group more than the non-sex risk group with statistical significance.

Keywords: family problems, sex-risk group, adolescent students



ปัญหาครอบครัวของนักเรียนวัยรุ่นในกลุ่มเสียงและกลุ่มไม่เสียงทางเพศ ในจังหวัดปริมณฑลของกรุงเทพมหานคร

เปรมวดี คฤหเดช กศ.ด.¹

ประไพวรรณ ด้านประดิษฐ์ คม.^{1*}

¹ วิทยาลัยพยาบาลและสุขภาพ มหาวิทยาลัยราชภัฏสวนสุนันทา กรุงเทพมหานคร ประเทศไทย

* ผู้ติดต่อ, อีเมล: prapaiwan.da@ssru.ac.th

Vajira Med J. 2022; 66(3): 189-98

<http://dx.doi.org/10.14456/vmj.2022.19>

บทคัดย่อ

วัตถุประสงค์: เพื่อศึกษาปัญหาครอบครัวและความสัมพันธ์ปัญหาครอบครัวของนักเรียนวัยรุ่นหญิง ในกลุ่มเสียงทางเพศ และกลุ่มไม่เสียงทางเพศ โรงเรียนในหนึ่งจังหวัดของปริมณฑลของกรุงเทพมหานคร

วิธีดำเนินการวิจัย: รูปแบบการวิจัยเป็นวิจัยเชิงพรรณนาหาความสัมพันธ์ กลุ่มตัวอย่างมี 2 กลุ่ม คือ กลุ่มเสียงทางเพศ และกลุ่มไม่เสียงทางเพศ กลุ่มเสียงทางเพศ คือ นักเรียนวัยรุ่นหญิง ที่สุ่มแบบเจาะจง ด้วยแบบสุ่มมิติที่ผู้วิจัยสร้างขึ้น จำนวน 325 คน แบบสุ่มมิติประกอบด้วยข้อความที่แสดงพฤติกรรมเสี่ยง 6 ข้อและข้อความทั่วไป 8 ข้อ นักเรียนวัยรุ่นหญิงที่ถูกเพื่อนในห้องระบุว่ามีความเสี่ยงอย่างน้อย 1 ข้อใน 6 ข้อ และอาจารย์ประจำชั้นยืนยันซ้ำ เลือกเป็นกลุ่มเสียงทางเพศ กลุ่มไม่เสียงทางเพศเป็นนักเรียนวัยรุ่นหญิงที่ไม่มีรายชื่อเป็นกลุ่มเสียงทางเพศ ในโรงเรียนเดียวกันกับกลุ่มเสียงทางเพศ จำนวน 319 คน เครื่องมือวิจัย เป็นแบบสอบถาม ปัญหาครอบครัวเกี่ยวกับพฤติกรรมอบายมุขของบิดาและมารดา การกักขังและควบคุมของบิดาและมารดา ครอบครัวแตกแยก และเศรษฐกิจของครอบครัว มีทั้งหมด 21 ข้อ แต่ละข้อมีข้อความให้เลือกตอบว่า ส่วนใหญ่เป็นจริง (1 คะแนน) และไม่จริง (0 คะแนน) เก็บรวบรวมข้อมูลโดยให้กลุ่มตัวอย่างตอบแบบสอบถาม วิเคราะห์ข้อมูลด้วยค่าร้อยละ และ χ^2 -test

ผลการวิจัย: ในภาพรวมผลการวิจัย พบว่า นักเรียนวัยรุ่นในกลุ่มเสียงทางเพศและกลุ่มไม่เสียงทางเพศ มีปัญหาครอบครัวอยู่ในระดับน้อยมากทั้ง 2 กลุ่ม โดยมีค่าเฉลี่ยร้อยละ 35.4 และ 20.1 และปัญหาครอบครัวของนักเรียนในกลุ่มเสียงทางเพศมีความสัมพันธ์กับปัญหาครอบครัวของกลุ่มไม่เสียงทางเพศ อย่างมีนัยสำคัญทางสถิติที่ระดับ .01 โดยปัญหาครอบครัวของกลุ่มเสียงทางเพศมีมากกว่ากลุ่มไม่เสียงทางเพศ เมื่อพิจารณารายข้อพบว่า นักเรียนวัยรุ่นในกลุ่มเสียงทางเพศมีปัญหาครอบครัวมากกว่ากลุ่มไม่เสียงทางเพศ อย่างมีนัยสำคัญทางสถิติที่ระดับ .05 และ .01 จำนวน 19 ข้อ จาก 21 ข้อ และข้อที่มีปัญหาสูงสุดและมีปัญหาอยู่ในระดับปานกลาง (ค่ามากกว่าร้อยละ 50) มีจำนวน 2 ข้อ ได้แก่ ข้อที่ 17 บิดามารดาไม่อนุญาตให้บุตรไปเที่ยวนอกบ้านกับเพื่อน (χ^2 -square = 21.0) และข้อที่ 1 บิดาต้องทำงานนอกบ้านมีเวลาคุยกับบุตรน้อยมาก (χ^2 -square = 18.3)

สรุปผลการวิจัย: ปัญหาครอบครัวของนักเรียนวัยรุ่นในกลุ่มเสียงทางเพศ พบมากกว่ากลุ่มไม่เสียงทางเพศอย่างมีนัยสำคัญทางสถิติ

คำสำคัญ: ปัญหาครอบครัว กลุ่มเสียงทางเพศ นักเรียนวัยรุ่น

Introduction

The family is the basic institution and social unit of the country that gives birth and raising children. It is most important to the development of their children from birth to adulthood. The family acts as a crucible to fill the good or the bad for children. Studies have shown that most of the problems among adolescents are primarily caused by family problems, especially adolescents with risk behaviors such as sex-risk behavior, alcohol drinking, smoking, accident risk behavior, violent behavior¹⁻². Therefore, a good and feasible solution to the problem of risk behaviors in adolescents is to study family problems related to risk behaviors of adolescents and bring those problems to be used as information for solution. When the family has fewer problems, the risk behavior of adolescents will decrease accordingly³. Currently, the situation of world society as well as Thai society has changed. There are more single families in Thailand. The father, who is the head of the family, and the mother struggle to work for living. Both work outside the home and have no time for children. These result in problems of families and Thai society such as family break-ups, family violence and lack of child care. A child who is born in the family may become a problematic child and seeks refuge with bad friends and gets led in the wrong way, such as sex-risk behavior, unwanted pregnancy, drug abuse, etc³.

Sex-risk behavior refers to the risky practice of having sex at a young age, having multiple sexual partners and not using condoms when having sex. It is a problem that directly affects adolescents, families and the nation. Adolescent girls who have sex-risk behaviors would likely to have sex at school age and go into pregnancy and childbirth at an unprepared age. It affects students and creates many problems such as sexually transmitted diseases, illegal abortion, pregnancy and childbirth at school age, child neglect, etc. The consequences of pregnancy and childbirth in adolescent students are postpartum depression, psychological unpreparedness to

become mother and having to stop studying or leave school. It also affects the country since there could be unqualified personnel⁴⁻⁶ which the health team should be involved in solution. Report of the Bureau of Reproductive Health, Ministry of Public Health, showed that, Thailand in 2019, the decrease of sex relation, pregnancy, childbirth and re-birth in female adolescents has not yet reached the desired target, despite the increase in school pregnancy prevention education campaigns. Also condoms and birth control pills are readily available in the market. The Bureau of Reproductive Health reported that in 2014, 18.9% of female students in Grade 11 had sex relation. In 2019, the rate dropped to 16.2%. The birth rate among women aged 15-19 years in 2014 was 47.9 per thousand. In 2019, the rate reduced to 31.3 per thousand (the target threshold value is set not more than 34 per thousand). In 2016, the rate of recurrent pregnancies among women under 20 years of age was 18.0%, and in 2019 it was 14.94%. (The target threshold value is not more than 14.5%). Therefore, the Department of Reproductive Health needs to accelerate the action to reduce the recurrence of teenage pregnancies⁷. The researchers were aware of family problems that affect sex-risk behaviors among female adolescents in the sex-risk and non sex-risk groups in the province of Bangkok metropolitan area.

From the above statistical data and the family problems that affects adolescent students, families and the country, the health teams should cooperate in assistance by studying to find family problems that are the root causes of sex-risk behaviors and by comparing family problems of the sex-risk and the non sex-risk groups. Based on the literature review of the past 5 years, there was no study of this kind of association. However, similar studies such as the study by Thammaraksa P, et al.² examined factors associated with multiple risk behaviors among female high school students including not living with father or mother, the parents were divorced or separated and poor family

relationship. The study by Thongkhamdee S, et al.⁸ found that the relationship between parents, counseling for family members and parenting were associated with sex-risk behaviors among grade 8 students. The study by Sumruayruen K, et al.⁹ found that a strict parenting style and communication were negatively associated with sex-risk behavior among female high school students. The possible solution to sex-risk behavior in adolescent students should include details in each item of the family problems in the sex-risk group compared to the non sex-risk group. This method could get more in-depth information to be used for solving the problems. In 2019, the statistic of the province in the Bangkok metropolitan area that is the research site showed that the birth rate in adolescents aged 15-19 years was 35.68 per thousand and recurrent teenage pregnancies was 22.0 per thousand. The rates were higher than the target criteria of the Department of Health at provincial level, as the target birth rate and recurrent pregnancy in adolescents were 34.0 and 14.0 per thousand respectively¹⁰. The researchers are interested in studying family problems of adolescent students in the sex-risk group and the non sex-risk group in a province in the metropolitan area of Bangkok. The research data could be used as information and guideline for the health teams and school teachers for implementation, assistance, and solving family problems of adolescent students in the sex-risk and the non sex-risk groups.

Objectives

To study family problems of adolescent students and the association of family problems of adolescent students in the sex-risk group and the non-sex-risk group in a province in the metropolitan area of Bangkok

Hypothesis

Family problems of adolescent students in the sex-risk group are associated with family problems in the non sex-risk group.

Defined words

Family problems of female adolescents mean the parents' daily practice in the families were socially and environmentally inappropriate and it could stimulate their adolescent daughters to feel uneasy, emotionally sensitive, distressed, not wanting to stay at home and seek relief outside with their male friends. The family problems included risk behaviors of the parents, parental control, family break-ups and family economic status.

Methods

Research design

Descriptive correlation study

Population

The population was male and female adolescent students who were studying in secondary school classes of the 4 large co-education schools in a province in the metropolitan area of Bangkok. The schools consisted of 110 classrooms with 2,250 adolescent students.

Samples

There were 2 groups of samples: the sex-risk group and the non sex-risk group.

The Sex-risk group

The samples in the sex-risk group were purposively selected by social dimension form constructed by the researchers and from the study population. The samples in the sex-risk group consisted of female adolescent students who had sex-risk behaviors. They were purposively selected by social dimension form constructed by the researchers. The form concerning sex-risk behaviors was adapted from the sex avoidance documents from the Bureau of Reproductive Health (2015) and consisted of 14 items with 6 items related to sex and 8 items of general information.

Selecting and randomizing sex-risk group were proceeded as followed.

1. The social dimension forms were distributed to male and female adolescent students by the researchers. The students then wrote the names of their female friends in the same classroom who had any of the 14 items in social dimension form.

2. The researchers analyzed the students' answers in the social dimension forms for content analysis and listed individual names of the written students. The students who were listed in 1 item of 6 items related to sex risks by 2 students would likely have sex-risk behavior. The classroom teachers were asked for opinion and to confirm the listed students. The researchers and classroom teachers conducted a search for sex-risk group in each classroom with ethical consideration by concealing the students' names in every step. There were 325 female adolescent students who were selected in the sex-risk group.

The 6 items related to sex in the social dimension form were the followings. 1) Your female friend who has most boyfriends is....2) Your female friend who likes to go out at night is....3) Your female friend who likes to dress up when the teacher does not see her name is....4) Your female friend who likes to talk to male friends privately is.... 5) Your female friend who likes to go out with male friends after school activities is....6) Your female friend who likes to watch video or movies with male friends privately or in group is...

The non sex-risk group

The non sex-risk group consisted of female adolescent students who were not listed in the sex-risk group and were willing to answer the questionnaire. Three to four students in each classroom from 110 classrooms in the 4 schools were randomly selected. The classroom teachers conducted the students to answer the questionnaires.

Research tools

The research tools were the questionnaires of family problems which were constructed by the researchers from literature review. Results of

the four research were used as a conceptual framework for constructing the questionnaires^{2,3,8-9}. The questionnaires consisted of family problems, risk behaviors of the parents, parental control, family break-ups and family economic status. There were 21 items of family problems which 8, 8 and 5 items were related to father, mother and both father and mother respectively. Each item in the questionnaire consisted of the choices of true answer (score 1) and false answer (score 0). The quality of the research tools was determined by content validity and corrected as suggested by experts. The reliability from try-out revealed Kuder-Richardson (KR-20) = 0.92. The interpretation of family problem level scores collected from the answers was defined at 80-100% as highest, 70-79% as high, 60-69% as average, 50-59% as low and less than 50% as very low.

Data collection

The researchers distributed the questionnaires to the sex-risk group and had them answer the questionnaires by themselves. The non sex-risk group answered the questionnaires which were distributed by the classroom teachers but on different days from the sex-risk group. The data were collected during June-September 2018.

Data Analysis

The general data of the samples and family problems in the sex-risk group and the non sex-risk group of adolescent students were analyzed by percentage. The data of association between family problems in the sex-risk group and the non sex-risk group were analyzed by percentage and Chi-square test.

Ethics statement

The research was ethically certified by Suan Sunandha Rajabhat University (Certificate Number COA.1-012/2518). The researchers asked for permission from the parents of the students and conducted the research after being permitted. Before answering the questionnaires, the samples

were explained the rights protection and some personal questions. If any students felt awkward, uncomfortable or anxious, they could choose not to answer the questions or to stop answering the questionnaire without any impact on their studies.

Results

General data: There were 325 adolescent students in the sex-risk group . The sex-risk group: 1) Students: 33.8% were 14 years old, 29.8% had GPA of 2.5-2.9 and 40.6% were in Matayom Sueksa 3 (grade 9). 2) Father: 57.0% were 40-49 years old, 51.5% were employees, and 33.5% finished primary school. 3) Mother: 46.5% were 30-39 years old, 33.8% were employees, and 28.0% finished primary school. 4) Family characteristics: 54.1% were married, 44.0% were the first born child, 44.0 % lived with parents, 48.1% had 2 siblings in the same family and 70.2% had sufficient income. There were 319 adolescent students in the non sex-risk group. The non sex-risk group: 1) Students: 38.8% were 14 years old, 16.9% had GPA of 2.5-2.9 and 50.4% were in Matayom Sueksa 3. 2) Father: 57.0% were

40-49 years old, 50.5% were employees, and 34.5% finished primary school. 3) Mother: 35.0% were 30-39 years old, 50.5% were employees, and 34.8% finished primary school. 4) Family characteristics: 72.1% were married, 52.7% were the first born child, 66.1% lived with parents, 56.4% had 2 siblings in the same family and 68.9% had sufficient income.

Family problems in the sex-risk group and the non sex-risk group: Overall, the results showed that the sex-risk group and the non sex-risk group had family problems at very low level of 35.4% and 20.1% respectively. The sex-risk group had more family problems than the non sex-risk group with statistical significance ($p < .01$). When considering each item of family problems, the sex-risk group had more family problems than the non sex-risk group with statistical significance ($p < .01$, $p < .05$) in 19 items out of 21 items. The two most common family problems, which were at average level ($>50%$), included item 17: Father or mother did not allow the children to go out with friends ($\chi^2 = 21.0$) and item 1: Father worked outside with little time to talk to the children ($\chi^2 = 18.3$). (table 1)

Table 1:

The association of family problems of adolescent students in the sex-risk group and the non sex-risk group

Item	Family problems	The sex-risk group (n = 325)				The non sex-risk group (n = 319)				χ^2 -test
		Mostly true		False		Mostly true		False		
		N	%	N	%	N	%	N	%	
Father										
1	Father worked outside with little time to talk to the children.	179	55.1	146	44.9	122	38.2	197	61.8	18.3**
2	Father was alcoholic.	149	45.8	176	54.2	98	30.7	221	69.3	15.6**
3	Father often scolded and not polite to the children.	135	41.5	190	58.0	89	27.9	230	72.6	13.2**
4	Father had a lot of debts.	122	37.5	203	62.5	79	24.8	240	75.5	12.2**
5	Father had a new wife.	119	36.6	206	63.4	50	15.7	269	84.3	36.5**
6	Father was a gambler.	04	32.0	221	68.0	53	16.6	266	83.4	20.7**

Table 1:

The association of family problems of adolescent students in the sex-risk group and the non sex-risk group (continued)

Item	Family problems	The sex-risk group (n = 325)				The non sex-risk group (n = 319)				χ^2 -test
		Mostly true		False		Mostly true		False		
		N	%	N	%	N	%	N	%	
7	Father liked to go out and got home late at night.	94	28.9	231	71.7	44	13.8	275	86.5	21.9**
8	Father was drug addict.	67	20.6	258	79.4	49	15.4	270	84.5	3.0
Mother										
9	Mother often scolded and not polite to the children.	147	45.2	178	55.3	92	28.8	227	71.4	18.5**
10	Mother worked outside with little time to talk to the children.	146	44.9	179	54.9	90	28.2	229	71.3	19.4**
11	Mother had a lot of debts.	114	35.1	213	65.3	56	17.6	263	81.9	23.9**
12	Mother had a new husband	112	34.5	212	65.0	29	9.1	290	90.3	61.8**
13	Mother was alcoholic.	87	26.8	238	73.2	17	5.3	302	94.1	54.6**
14	Mother liked to go out and got home late at night.	75	23.1	250	76.7	20	6.3	299	93.7	36.2**
15	Mother was a gambler.	71	21.8	254	77.9	47	14.7	272	84.5	5.4
16	Mother was drug addict.	49	15.1	276	84.7	10	3.1	309	96.3	27.6**
Both father and mother										
17	Father or mother did not allow the children to go out with friends.	184	56.6	141	43.8	123	38.6	196	61.8	21.0**
18	Father and mother frequently quarreled.	155	47.7	170	53.0	92	28.8	227	71.6	24.2**
19	Father or mother forced the children to read too much.	125	38.5	200	62.1	90	28.2	229	72.2	7.6*
20	Parents did not use reasons for raising their children.	100	30.8	225	70.1	31	9.7	288	90.9	44.0**
21	Parents were poor and could not afford school fee for their children.	81	24.9	244	75.8	72	22.6	247	77.9	0.5
Total		35.4		64.6		20.1		79.9		23.1**

*p \leq .05, **p \leq .01

Discussion

The overall results showed that the sex-risk group and the non sex-risk group had family problems at very low level of 35.4% and 20.1% respectively. The sex-risk group had more family problems than the non sex-risk group with statistical significance ($p < .01$). When considering each item of family problems, the sex-risk group had more family problems than the non sex-risk group with statistical significance ($p < .01$, $p < .05$) in 19 items out of 21 items. The two most common family problems, which were at average level ($>50\%$), included item 17: Father or mother did not allow the children to go out with friends ($\chi^2 = 21.0$) and item 1: Father worked outside with little time to talk to the children ($\chi^2 = 18.3$). The research results indicated that family problems were the factors associated with the sex-risk behaviors of adolescent students. Although the family problems were at very low level in both groups, the health team and those involved should be aware of. The sex-risk behaviors were critical and affected the adolescents that they had to drop out of schools to raise a child at young age and unprepared for occupation, finance and child raising. Most of the husbands were also teenagers and lacked of responsibility. The research findings showed that most of the family problems were at very low level. When considering the items of family problems in the sex-risk group, there were 130 to 164 students who had highest level in the range of 41-50%. If only half of these students were pregnant, the cost would be enormous. The government officials, health team and school teachers should provide help such as item 1: Father worked outside with little time to talk to the children (179 students, 55.1%) and item 2: Father was alcoholic (149 students, 45.8%). Therefore, the results of this research reflected that family problems are the very important factors that the health team and administrators should be aware of and provide assistance.

The results of this study were similar to the study of Thongkhamdee S, et al.⁸ which found that

the relationship between parents, counseling, family members and parental upbringing were associated with sex-risk behaviors among students in grade 8. A similar study was the research of Thammaraksa P, et al.² which examined factors associated with risk behaviors among female high school students, including not living with father or mother, parents were divorced or separated, poor family relationship and living on their own. The results were similar to the study of Isaro N, et al.¹¹ which found that family supervision could predict desirable sex behaviors with statistical significance. This was consistent with our research that the family characteristics of the adolescent students of the sex-risk group were inferior to the non sex-risk group. Family characteristics of the sex-risk group showed that 54.1% of the parents were married couples, 44.0% of the adolescent students lived with their parents and 48.1% of the students had 2 siblings in the same family. Family characteristics of the non sex-risk group revealed that 72.1% of the parents were married couples, 66.1% of the adolescent students lived with their parents and 56.4% of the students had 2 siblings in the same family. The family characteristics had direct effects on family problems in the sex-risk group because a single family lacked of warmth, had less love, less bonding and less closeness between parents and children, and less caring for children². These factors affected the sex-risk group that they had more family problems of 19 out of 21 items than the non sex-risk group with statistical significance.

When considering each item of family problems among sex-risk adolescent students, two of the 21 items were the highest with average level of problems ($>50\%$). They were item 17: father or mother did not allow the children to go out with friends (56.6%) and item 1: Father worked outside with little time to talk to the children (51.1%). The problem item 17 was consistent with the research by Sumruayruen K, et al.⁹ which found that the parents' or guardian's supervision was negatively related with sex-risk behaviors.

The parents did not allow the students to go out with friends in the sex-risk group (56.6%) more than the non sex-risk group (38.6%). It could be explained that the parental supervision in the families of the sex-risk group must be rigorous because the sex-risk adolescents liked to go out at night with male friends. The problem item 1 was consistent with the research of Phuphaibul R, et al.³ which explained that Thai families have changed in the past ten years. There were more family break-ups, domestic violence, teenage pregnancy, increase in the elderly population and more family members were neglected. The family problems were caused by the changes in socio-economic status, lifestyles and values that impaired the performance of family functions.

Conclusion

Adolescent students in the sex-risk group and the non sex-risk group had very low level of family problems and the family problems in the sex-risk group were higher than the family problems in the non sex-risk group with statistical significance at .01 level. When considering the items of family problems in the sex-risk group, there were 130 to 164 students who had highest level in the range of 41-50%. If only half of these students were pregnant, the cost would be enormous. Therefore Thai society, organization and institutions should be involved in helping the families with adolescents. During annual school orientation to the students and the parents, the secondary schools should include the session of "Parenting teenagers that foster good family relationships" by an expert in family psychology.

Acknowledgement

The researchers would like to thank the President, Director of the Research and Development Institute and personnel of Suan Sunandha Rajabhat University who helped and supported the Source of research funding. We thanked the school Directors, Vice Directors, Administrative teachers and all teachers of

Thawaranukul School, Amphawan Witthayalai, Satthasamut School who helped to accomplish this research.

References

1. Kensee K, Sontirat S. Behavioral Imitation, Family Relationship, Life Skill and Risk Sexual Behavior of Primary Grade 6 Student at Nong Chok District in Bangkok Metropolitan. *J of Soc Sci & Hum* 2020;46:113-45. (in Thai).
2. Thammaraksa P, Powwattana A, Wannasuntad S, Tipkanjanaraykha K. Factors Related to Multiple Risk Behaviors among Female Secondary School Students. *Journal of Boromarajonani College of Nursing, Bangkok* 2019;35:224-35. (in Thai).
3. Phuphaibul R, Thayansin S, Kumhom R, Deoisres W, Jongudomkarn D, Tejagupta C, et al. Integrative Thai Family Study Based on Family Life Cycle, Research Report. Mahidol university, 2019. (in Thai). [Internet]. 2019 [cited 2022 Jan 21]. Available from: https://socadmin.tu.ac.th/uploads/socadmin/file_research/Family%20Study%20Based.pdf
4. Kata W, Somkumlung P, Mangkarakeree N. The Model Development of a Family Capacity Building for Adolescent Pregnancy Prevention in Nakhon Phanom Province. *Journal of The Royal Thai Army Nurses* 2020;21(3):203-14. (in Thai).
5. Junsri S, Nitipong V, Rieangrong B. The factors related to Postpartum Depression in Teenage Mothers. *Journal of The Royal Thai Army Nurses* 2017;18(3):236-43. (in Thai).
6. Olsson P, Wijewardena K. Unmarried women's decisions on pregnancy termination: Qualitative interviews in Colombo, Sri Lanka. *Sex Reprod Healthc* 2010;1(4):135-41.
7. Bureau of Reproductive Health. Annual report 2020. Department of Health, Ministry of Public Health [Internet]. 2019 [cited 2022 Jan 21]. Available from: https://rh.anamai.moph.go.th/web-upload/7x027006c2abe84e89b5c85b44a692da94/202101/m_news/32053/200929/file_download/5499b750564075b590cc442f64caae41.pdf

8. Thongkhamdee S, Boonshuyar C, Thongnopakun S, Visanuyothin S. Sexual Risk Behavior of Primary School Students in Industrial Area, Chonburi Province. *The Public Health Journal of Burapha University* 2020;15:85-98. (in Thai).
9. Sumruayruen K, Poocharoen O, Junsukon E. The Relationship between Parents Styles, Communication and Sexual Risk Behavior among High School Female Student, Phitsanulok Province. *Rajabhat J Sci Humanit Soc Sci* 2017;18:41-50. (in Thai).
10. Ministry of Public Health. Inspection of Ministry of Public Health for the fiscal year 2020 [Internet]. 2020 [cited 2022 Feb 18]. Available from: <https://apps.hpc.go.th/dl/web/upFile/2020/02-5005-20200206102546/ed00e75a3f2f5094340dd9b2300f3d95.pdf>
11. Isaro N, Toonsiri C, Srisuriyawet B. Factors Predicting Appropriated Sexual Behaviors among the Lower Secondary School Students in Chanthaburi Province. *The Journal of Faculty of Nursing Burapha University* 2016;24(2):72-84. (in Thai).