

## เจตคติ และพฤติกรรมเสี่ยง ต่อการป้องกันการตั้งครรภ์ไม่พึงประสงค์ ตามการรับรู้ของนักศึกษาพยาบาล

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### บทคัดย่อ

การตั้งครรภ์ไม่พึงประสงค์ในวัยรุ่นอาจเกิดจากปัจจัยหลายประการ เจตคติต่อการป้องกันการตั้งครรภ์และพฤติกรรมเสี่ยงต่อการตั้งครรภ์ที่ไม่พึงประสงค์ อาจเป็นปัจจัยสำคัญในการป้องกันการตั้งครรภ์ตามการรับรู้ของนักศึกษาพยาบาลไทย วัตถุประสงค์ของการสำรวจครั้งนี้เพื่อ 1) ประเมินระดับเจตคติต่อการป้องกันการตั้งครรภ์ไม่พึงประสงค์ 2) ประเมินระดับพฤติกรรมเสี่ยงต่อการตั้งครรภ์ไม่พึงประสงค์ตามการรับรู้ของนักศึกษาพยาบาลและ 3) ทดสอบความสัมพันธ์ระหว่างเจตคติต่อการป้องกันการตั้งครรภ์กับพฤติกรรมเสี่ยงต่อการตั้งครรภ์ไม่พึงประสงค์ ประชากรเป้าหมาย คือ นักศึกษาพยาบาล จำนวน 639 ราย ในปีการศึกษา 2558 กลุ่มตัวอย่างจำนวน 90 ราย ได้จากการสุ่มอย่างง่ายตามสัดส่วนของนักศึกษาแต่ละชั้นปี เก็บรวบรวมข้อมูลโดยใช้แบบสอบถาม ความตรงตามเนื้อหาตรวจสอบโดยผู้เชี่ยวชาญ 3 ราย ความเชื่อมั่นตามวิธีสัมประสิทธิ์แอลฟาของครอนบาคของแบบสอบถามส่วนเจตคติและพฤติกรรมเสี่ยงต่อการป้องกันการตั้งครรภ์ไม่พึงประสงค์มีค่า .80 และ .70 ตามลำดับ วิเคราะห์ข้อมูลด้วยสถิติบรรยายและทดสอบความสัมพันธ์ตามวิธีของเพียร์สัน

ผลการศึกษาพบว่ากลุ่มตัวอย่างส่วนใหญ่เป็นเพศหญิง อายุ 20-21 ปี ค่าเฉลี่ยคะแนนเจตคติต่อการป้องกันการตั้งครรภ์อยู่ในระดับสูง ( $M = 80.56, SD = 8.59$ ) ส่วนค่าเฉลี่ยคะแนนพฤติกรรมเสี่ยงต่อการตั้งครรภ์ไม่พึงประสงค์ในระดับดี ( $M = 59.31, SD = 6.11$ ) ผลการทดสอบความสัมพันธ์ระหว่างเจตคติต่อการป้องกันการตั้งครรภ์กับพฤติกรรมเสี่ยงต่อการตั้งครรภ์ไม่พึงประสงค์ พบว่ามีความสัมพันธ์กันทางบวกในระดับปานกลาง ( $r = .495, p < .05$ )

นักศึกษาพยาบาลรับรู้ว่าการมีเจตคติที่ดีต่อการป้องกันการตั้งครรภ์มีความเกี่ยวเนื่องสัมพันธ์กับการปฏิบัติพฤติกรรมที่ช่วยป้องกันการตั้งครรภ์ไม่พึงประสงค์ ดังนั้น นักศึกษาพยาบาลจึงควรมีความรับผิดชอบต่อพฤติกรรมของตนเอง มีเจตคติดีต่อการป้องกันการตั้งครรภ์ และศึกษาหาความรู้เกี่ยวกับเรื่องเพศ เพื่อให้เกิดความเข้าใจในตนเองและประเมินตนเองได้อย่างถูกต้อง

**คำสำคัญ:** การตั้งครรภ์ไม่พึงประสงค์ เจตคติ พฤติกรรมปฏิบัติ นักศึกษาพยาบาล

## Nursing Students' Attitude towards Unwanted Pregnancy and Their Practice Behaviors for Preventing Unwanted Pregnancy

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### Abstract

There are many key factors contributing to unwanted adolescent pregnancy. Attitude toward unwanted pregnancy and practice behaviors for preventing unwanted pregnancy might be one of the most important factors for pregnancy prevention among Thai nursing students. This survey research is aimed to determine the level of nursing students' attitude towards unwanted pregnancy, to identify the level of their practice behaviors for preventing unwanted pregnancy, and to evaluate the relationship between their attitude towards unwanted pregnancy and their practice behaviors for preventing unwanted pregnancy. The target population was 639 nursing students in the academic year of 2015. The proportions of 90 samples were randomly drawn from each class using a simple random sampling technique. The Attitude toward Unwanted Pregnancy Questionnaire and the Practice Behaviors for Preventing Unwanted Pregnancy Questionnaire were used for collecting data. Content validity was approved by 3 experts. Cronbach's alpha coefficient for those two questionnaires was .80 and .70, respectively. Descriptive statistics and Person's Production Moment Correlation were used for data analysis.

The majority of participants were single females, aged 20-21 years old. The average score of attitude toward unwanted pregnancy was at a high level ( $M = 80.56$ ,  $SD = 8.59$ ) whereas the average score of practice behaviors for preventing unwanted pregnancy was at a good level ( $M = 59.31$ ,  $SD = 6.11$ ). There was a statistically significant positive correlation at the moderate level between the attitude toward unwanted pregnancy and the practice behaviors for preventing unwanted pregnancy ( $r = .495$ ,  $p < .05$ ).

Improvements in the unwanted pregnancy attitude were found to be relevant to the promotion of practice behaviors for preventing unwanted pregnancy among nursing students. In order to ensure unwanted pregnancy among nursing students, it is strongly suggested that nursing students learn to be responsible for their own practice behaviors and attitudes, and obtain correct knowledge about their understanding and evaluation of sexuality.

**Keywords:** unwanted pregnancy, attitude, practice behavior, nursing student

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## Background

Thailand is home to approximately 10.2 million adolescents, or about 15% of the total population (UNICEF Thailand, 2013). Most of the Thai nursing students are women aged 19-22 years old that are in late adolescence and early adulthood periods. Many adolescents face pressures to initiate sexual relationships at earlier ages, putting themselves at high risk for unintended pregnancies. Many also experience a wide range of adjustments and mental health problems. Behavior patterns that are established during this developmental period, such as drug use or non-use, and sexual risk taking or protection, can have long-lasting positive and negative effects on their future health and well-being (WHO, 2016). Due to the differing quality in education, many Thai adolescent students from upcountry have to migrate to big cities for schooling (UNICEF Thailand, 2015). As a result, many have to stay in dormitories away from parental care, which can lead to sexual activity and pregnancy (The United Nations Population Fund Thailand Country Office and the Office of the National Economic and Social Development Board, 2014). Although there are no precise figures for the number of adolescent nursing students who quit school because of pregnancy, pregnant students usually do drop out or move to another school. This is because pregnancy and sexual activity among students is not accepted in Thai society. If a student does become pregnant, she and her parents are likely to feel shame and humiliation (The United Nations Population

Fund Thailand Country Office and the Office of the National Economic and Social Development Board, 2014).

While the overall birth rate in Thailand is decreasing, pregnancy among women under the age of 20 is rising. According to Thailand Public Health Statistics, the Thailand adolescent birth rate decreased from 42.2 per 1,000 women aged 15-19 in 1990 to meet the lowest rate of 31.1 in the year 2000. After that, the adolescent birth rate has steadily increased. The latest data in 2012 shows that the Thailand adolescent birth rate is 53.8 per 1,000 women aged 15-19 (Sukrat, 2014). Several factors contribute to Thai adolescent pregnancy, including a lack of comprehensive sex education, and negative attitudes towards premarital sex that refuse to acknowledge the reality of adolescent behavior (UNICEF Thailand, 2015). Social and economic changes are also factors stimulating or inducing adolescents to have sex (UNICEF Thailand, 2015). These include late-night entertainment, media and living together in dorms that fail to provide security for residents. Also, adolescents do not always recognize the importance of contraception and lack the skills to say no to sex or to negotiate safe sex (The United Nations Population Fund Thailand Country Office and the Office of the National Economic and Social Development Board, 2014).

Like any other among their peers, nursing students also engage in self-destructive behaviors such as multiple sexual partners and unprotected

sexual intercourse, which might lead to sexually transmitted infections and unwanted pregnancies (Wyatt, Carmona, Loeb, Guthrie, Chin & Gordon, 2000; Grant & Hallman, 2006). Some study results show that adolescents, especially students, think adolescent pregnancy is inappropriate because the girls are not ready to take care of their children. Another study suggests that most adolescents are against premarital pregnancy because it ruins self-esteem, making them feel worthless. They say it cuts short their teenage life, preventing them from socializing with their peers because they have to take care of the baby (Muangpin, Tiansawad, Kantaruksa, Yimyam & Vonderheid, 2010). Most research confirms that adolescents are not ready for pregnancy and motherhood. Thus, adolescent pregnancy is often undesirable regardless of whether it is planned or not (The United Nations Population Fund Thailand Country Office and the Office of the National Economic and Social Development Board, 2014).

Unwanted pregnancy affects the retention, completion, and success of a large number of college students. There are a number of studies on the attitudes and practice behavior of Thai adolescents, both in and out of school, towards sexual activity and pregnancy among their peers, but not many among nursing students (Desiderato & Crawford, 2000).

### **Aim of the study**

The aims of the study were to:

- 1) Determine the level of nursing students' attitude towards unwanted pregnancy
- 2) Identify the level of their practice behaviors for preventing unwanted pregnancy
- 3) Evaluate the relationship between their attitude towards unwanted pregnancy and their practice behaviors for preventing unwanted pregnancy

## **Research Methodology**

### **Study Design**

A contextual quantitative descriptive survey was conducted in order to determine the levels of nursing students' attitude towards unwanted pregnancy and their practice behaviors for preventing unwanted pregnancy, and to evaluate the relationship between attitude towards unwanted pregnancy and practice behaviors for preventing unwanted pregnancy among nursing students at Boromarajonani College of Nursing, Nakhonratchasima, in the academic year of 2015.

### **Study Population**

The study population consisted of all ages of female nursing students in the academic year of 2015. A total of 639 female nursing students were recruited from different levels of study, with 163 students in their first year of study, 142 were second year, 220 were third year, and 114 were fourth year. According to most questions that were focused on issues related to sexuality which might have been sensitive issues for some individuals, the

minimum rate of population (15%) from each class was applied to recruit the representative participants (Tirakanant, 2014).

### **Sample**

A simple random sampling with a proportional method was adopted for this study. The inclusion criteria were female nursing students of all age groups, who attended mandatory nursing classes during the period of data collection. A total of 90 participants were recruited from each study level, with 23 of the first year, 20 of the second year, 31 of the third year, and 16 of the fourth year.

### **Research Instruments**

Two two-page, anonymous, self-administered questionnaires, "The Attitude toward Unwanted Pregnancy Questionnaire" and the "Practice Behaviors for Preventing Unwanted Pregnancy Questionnaire," were used to collect data. The questionnaires had both closed and open - ended questions. They were pre-tested on twelve nursing students - three from each class level - who did not participate in the actual study. It was composed of three parts. The first part was for requesting demographic information from respondents. The second part was for identifying personal attitudes that contributed to unwanted pregnancy. Each item of attitude was rated so that "strongly disagree" was 1 point and "strongly agree" was 5 points. The minimum overall score for each respondent was 20 and the maximum was 100. The interpretation of the

scores was the higher the number of scores the better the attitude toward preventing unwanted pregnancy. The last part was focusing on practice behaviors of respondents that contributed to unwanted pregnancy prevention. Each item of practice behavior was rated so that "strongly disagree" was 1 point and "strongly agree" was 5 points. The minimum overall score for each respondent was 15 and the maximum was 75. The interpretation of the scores was the higher the number of scores the better the practice behavior for preventing unwanted pregnancy.

### **Data collection procedures**

Participants were individually contacted and invited to participate in this study. The sample recruitment timeline was scheduled. If some refused to be part of the study, the next participants would be randomly selected and invited to participant before the end of recruitment timeline. Questionnaires were distributed among participants during their mandatory attendance. On the day of administration of the questionnaires, participants were requested to gather in the college hall. To reduce the non - respondent rate, the information was not disclosed until all participants had gathered in the hall. They were then informed of the survey, its objectives and procedures, and assured that the information collected would be treated as confidential and used only for research purposes. They were also asked to request for clarification if any item in the questionnaires was not clear. Students were not required to identify themselves

by writing their name on the questionnaires and confidentiality was emphasized. They were also asked to sign the consent form. The exercise took about 30 - 35 minutes to complete and they handed them back to the researcher immediately upon completion.

### **Ethical considerations**

Participation was voluntary and an informed written consent was obtained from each participant prior to collecting data. Questionnaires were not linked to the signed informed consent in order to maintain anonymity. Human rights, anonymity (students' names were not used) and confidentiality were maintained throughout the study by the researcher.

### **Validity and reliability of the study**

The content validity of the questionnaires was approved by three experts. The questionnaires were pre-tested among nursing students from different levels of study. Cronbach's alpha coefficient for the Attitude toward Unwanted Pregnancy Questionnaire and the Practice Behaviors for Preventing Unwanted Pregnancy Questionnaire were .80 and .70, respectively.

### **Results**

#### **Sample characteristics**

Ninety participants (100% responding rate) completed the questionnaires. The socio-demographic characteristics of the respondents are illustrated in Table 1.

**Table 1** Socio-demographic characteristics of respondents ( $N = 90$ )

Characteristics	Frequency (n)	Percentage (%)
Age Groups (years)		
18 - 19	20	22.2
20 - 21	50	55.6
22 - 23	20	22.2
Level in College		
1 <sup>th</sup> year	23	25.6
2 <sup>nd</sup> year	20	22.2
3 <sup>rd</sup> year	31	34.4
4 <sup>th</sup> year	16	17.8

Characteristics	Frequency (n)	Percentage (%)
Monthly income (Baht)		
< 2,000	3	3.3
2,000-3,000	16	17.8
3,001-4,000	25	27.8
4,001-5,000	23	25.6
5,001-6,000	15	16.7
> 6,000	8	8.9

As seen in Table 1, 55.6% ( $n = 50$ ) of respondents were aged 20-21 years old, 100% of participants ( $N = 90$ ) were single females, 34.4% were third year students, and monthly income was 3,000 - 4,000 Baht.

#### Attitude toward unwanted pregnancy

The attitude toward unwanted pregnancy of the respondents is illustrated in Table 2. Of the respondents, 82.22% ( $n = 74$ ) reported their attitude in the high level whereas only 17.78% ( $n = 16$ ) indicated that they were in the moderate level. The average score was 80.56 ( $SD = 8.59$ ). The maximum score was 100 whereas the minimum score was 57.

**Table 2** Attitude toward unwanted pregnancy ( $N = 90$ )

Attitude Level (score)	$n$ (%)	$M$ ( $SD$ )	Max	Min
High (74 - 100)	74 (82.22)			
Moderate (47 - 73)	16 (17.78)			
Low (20 - 46)	0 (0)			
Overall		80.56 (8.59)	100	57

#### Practice behaviors for preventing unwanted pregnancy

The practice behaviors for preventing unwanted pregnancy of the respondents are illustrated in Table 3. Of the respondents, 75.56% ( $n = 68$ ) reported their practice behaviors for preventing

unwanted pregnancy in the good level whereas only 24.44% ( $n = 22$ ) indicated that they were in the moderate level. The average score of practice behaviors for preventing unwanted pregnancy was 59.31 ( $SD = 6.11$ ). The maximum score was 73 whereas the minimum score was 46.

**Table 3** Practice behaviors for preventing unwanted pregnancy ( $N = 90$ )

Practice behavior level (score)	<i>n</i> (%)	<i>M</i> ( <i>SD</i> )	Max	Min
Good (55 - 75)	68 (75.56)			
Moderate (35 - 54)	22 (24.44)			
Not good (15 - 34)	0 (0)			
Overall		59.31 (6.11)	73	46

### The relationship between attitude and practice behaviors

The relationship between attitude and practice behaviors of the respondents was tested. There was a statistically significant positive correlation at moderate level between attitude toward unwanted pregnancy and the practice behaviors for preventing unwanted pregnancy ( $r = .495, p < .05$ ).

### Discussion of findings

Study results revealed the incidence of high attitude and good practice behavior for preventing unwanted pregnancy among the respondents. However, attitude towards unwanted pregnancy showed a statistically significant positive correlation with practice behaviors only at the moderate level ( $r = .495, p < .05$ ). Although some respondents who believe in their self-esteem and self-value ( $M = 4.88, SD = .51$ ) would be able to protect themselves from unwanted pregnancy, sexuality education is also an important issue for preventing them from unwanted pregnancy ( $M = 4.50, SD = .82$ ). In Thailand, sexuality education including family planning and

sexually transmitted disease is taught at the primary or secondary school level. However, the percentage of people aged 20-24 who have never received sex education is higher than in the 15-19 age range – 14.2 and 8.2 percent, respectively (The United Nations Population Fund Thailand Country Office and the Office of the National Economic and Social Development Board, 2014). Many adolescents still lack correct knowledge and understanding of sexual relations. Obviously, sex education lessons have limitations. Schools do not provide comprehensive knowledge about sexuality and reproductive health education, and lack positive communication about sex. Some teachers also have conservative attitudes and choose not to speak about sex, preferring to limit themselves to biological aspects instead. As a result, sex education is not as effective as it should be (Thaweessit & Boonmonkon, 2009). A 3-month trial study under the Youth-led Educational Program in Primary Schools in the Northern provinces of Thailand (Fongkaew, Settheekul, Fongkaew & Surapagdee, 2011) found that though students were taught and encouraged to take a positive attitude to sexual and reproductive health, including condom use, their attitudes to risky sexual behaviors,



concerns about having sex, safe sex and ability to refuse sex did not improve.

According to the nursing school's rules and academic purposes, all of the nursing students studying at Boromarajonani Nursing College have to live together in the dormitories provided by the nursing school. Thai adolescents' behavior is partly determined by the type of family they grew up in, such as a nucleus family or extended family, and how they live, i.e., by themselves or in a dormitory (The United Nations Population Fund Thailand Country Office and the Office of the National Economic and Social Development Board, 2014). An adolescent who grows up in a loving family – has a good relationship with her parents and other family members, interacts and exchanges ideas, is taught discipline and other facts of life – is less likely to get pregnant than one who grows up in a family lacking such features (Rakamnuaykij, 2013). However, other studies have found that family factors have little or no significance in the incidence of adolescent pregnancy rates (Manopaiboon, Kilmarx, Griensven, Chaikummao, Jeeyapant, Limpakarnjanarat, & Uthaiworavit, 2003). In addition, the economic and social status of the family affects the methods of nurturing, teaching and developing of values, as well as the educational opportunities of the adolescent. One of the item scores of this study regarding family member relationship showed that the relationship among adolescents and other family members is also an important key factor for keeping them away from unwanted pregnancy ( $M = 4.71$ ,  $SD = .54$ ).

The results of this study also revealed that, other than family relationship and sexuality education being relevant to pregnancy, users of drugs ( $M = 4.3$ ,  $SD = .95$ ) and alcohol ( $M = 4.27$ ,  $SD = .79$ ) do constitute a risk in risk-taking behavior that leads to pregnancy. Many studies indicated that drinking alcohol can contribute to premature sexual activity among adolescents (Prasartwanakit, Songwathana & Phetchara, 2009) and were a key cause of adolescent pregnancy (Ubonsaad, 2009). Nevertheless, other studies showed that drinking alcohol did not have a statistically significant effect on pregnancy (Manopaiboon, et al., 2003). However, it has been indicated that male drinkers have 20 percent more unprotected sex than non-drinking males.

## Conclusion

The high attitude toward unwanted pregnancy and good practice behavior for preventing unwanted pregnancy among these respondents might be the indicators of no incidence of unplanned pregnancy during their college life. The opinions and perspectives on adolescent pregnancy, its negative impact at the personal and social levels, and views on the management of such problems, are moving in a direction to protect the rights of adolescents and to act so that they can fulfill their potential. Dealing with the problem by focusing solely on changing adolescents' behavior to prevent sex is not tackling the problem at its root. Instead, safe sex and

responsibility should be emphasized among nursing students.

### **Implications**

The results of this study underlie the need for sexuality education at all school levels. Further studies are, however, needed to determine the nature and magnitude of the false information and misunderstanding among nursing students so that they can be particularly addressed in health education programs. Unwanted pregnancy affects the retention, completion, and success of a large number of college students, yet it is an issue that colleges often overlook when considering their student completion agendas. Therefore, learning resources about sexuality education including family planning and sexually transmitted disease should be available to colleges to use for free in order to improve students' knowledge, attitude, and behavioral intent when it comes to prevention of unplanned pregnancy.

### **Recommendations**

A need for support that will reduce the incidence of unwanted pregnancies among nursing students is essential by implementing the following recommendations:

- Encouraging the delay of the first sexual intercourse is important because an older age is positively associated with more stable relationships, fewer partners, and an increased likelihood of contraceptive use.

- A student-friendly counseling center needs to be established on the college campus. Student-friendly service should be friendly, accessible and appropriate for adolescents, both male and female.
- Programs such as "Comprehensive Sex Education or Reducing the Risk" curriculum, which combine sexuality education, social skills training and practice in applying skill with comprehensive information about contraceptives, should be incorporated into the college curriculum at the first year level. Furthermore, there is a need for future studies to address the issue of emergency contraceptives.
- Providing lines, leaflets, booklets and magazine articles on family planning could help to disseminate information to students.

### **Limitations of the study**

This study only concentrated on female nursing students at one college and could not explore the views of male students on the same topic. Most questions focused on issues that were related to sexuality which might have been sensitive issues for some individuals. Some respondents were not keen to reveal information regarding sexual issues.

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