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Conference Proceedings

**INTERNATIONAL BUSINESS ECONOMIC TOURISM SCIENCES TECHNOLOGY
HUMANITIES SOCIAL SCIENCES AND EDUCATION RESEARCH CONFERENCE**

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5 – 7 April, 2017*

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INTRODUCTION

We would like to welcome our colleagues to the International Business Tourism Transport Technology Social Sciences Humanities Education Research Conference. It is the seven series in 2016 of Conference on Business Tourism and Apply Sciences was held in Amsterdam. As always many members of the ICBTS 2016 community look forward to meeting, sharing and exchanging their research ideas and results in both a formal and informal setting which the conference provides. Likewise, the concept of alternating the international conference every one month on April to November between Europe and the rest of the world is now well established. This year's event in London (UK) Paris (France) Munich (Germany) Amsterdam (Netherlands) Boston (USA) Toronto (Canada) London (United Kingdom) Zurich (Switzerland) Berlin (Germany) Tokyo (Japan) and another continues with the cultural following the very successful and productive event held in London-Zurich in August 2016 in the field of various types for international academic research conference on Business Economics Social Sciences Humanities Education and Apply Sciences. As usual The ICBTS 2016 brings together leading academics, researchers and practitioners to exchange ideas, views and the latest research in the field of Business Tourism and Apply Sciences.

The theme of this event The 2016 ICBTS International Business Tourism Social Sciences Humanities and Education Research Conference is "Opportunities and Development of Global Business Economics Social Sciences Humanities and Education" It is also represents an emerging and highly challenging area of research and practice for both academics and practitioners a like, The current industrial context is characterized by increasing global competition, decreasing product life cycles, Global Business, Tourism Development, Social Sciences Humanities Education Apply Sciences and Technology collaborative networked organizations, higher levels of uncertainties and, above all, and customers. In our view holding this event in Tokyo represents a timely opportunity for academics and researchers to explore pertinent issues surrounding Business Economics Tourism Social Sciences Humanities Education Sciences and Technology.

Potential authors were invited to submit an abstract to the International Conference Session Chairs. All abstracts were reviewed by two experts from the International review committee and final papers were further reviewed by this volume with 30 contributing authors coming from 18 countries. This book of proceedings has been organized according to following categories:

- Business
- Management
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- Accounting
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TABLE OF CONTENTS

ORGANIZE

INTRODUCTION

INTERNATION ADVISORY COMMITTEE

INTERNATIONAL COMMITTEE

SPEAKER

CROSS-SECTIONAL STUDY TO IDENTIFY THE PREVALENCE OF ABUSE AND ITS TYPES, ITS CAUSES AND ITS RESOURCES FOR A SAMPLE OF CHILDREN AND ADOLESCENTS	1
<i>Raghad Ibrahim, Mohammed Baqir</i>	
THE IMPACT OF CORPORATE SOCIAL RESPONSIBILITY ON EGYPTIANS' PURCHASE INTENTION "THE CASE OF TELECOMMUNICATION SECTOR IN ALEXANDRIA"	22
<i>Dina ElSalmy, Ahmed ElSamadicy, Mohamed Mostafa</i>	
DEVELOPMENT OF ANALYTICAL READING BASED ON THE TRANSACTIONAL STRATEGIES INSTRUCTION	33
<i>Tasanee Sathapong</i>	
BLENDED LEARNING MODEL AND ACHIEVEMENT IN A FOUNDATION OF MARKETING COURSE	39
<i>Narumon Chomchom</i>	
TOURISM LIFE CYCLE ANALYSIS AND SUSTAINABLE TOURISM MANAGEMENT FOR URBAN CULTURAL TOURIST ATTRACTION: A CASE STUDY OF KOH KRED, THAILAND	46
<i>Siripen Yiamjanya</i>	
OPPORTUNITY TO INCLUDE A SECONDARY DESTINATION FOR TOURIST EXPERIENCES WITH HERITAGE POTENTIALS THE CASE STUDY OF KHIRIWONG COMMUNITY, LANSKA DISTRICT, NAKHON SI THAMMARAT, THAILAND	56
<i>Nuntana Ladplee</i>	
GENERATION 'Y' (MILLIANIAL TOURIST) PERCEPTIONS AND VISITATION PATTERNS TOWARDS MUSEUMS	64
<i>Tran Trung Kien and Dr. Vipin Nadda</i>	
THE IMPACT OF CORPORATE SOCIAL RESPONSIBILITY ON CORPORATE REPUTATION CAPITAL	89
<i>Kritchana Santawee</i>	
MARKETING MIX OF OTOP: FROM THAI LOCAL WISDOM TO GLOBAL THROUGH THAI AIRWAYS INTERNATIONAL	99
<i>Krongthong Khairiree</i>	
THAILAND AND TECHNOLOGICAL PRODUCTS: A SOCIAL SCIENCES CASE STUDY	104
<i>Darma R. Khairiree</i>	
FACTORS RELATED TO SPORTS OR EXERCISE BEHAVIORS OF THAI PEOPLE	110
<i>Dr.Rattana Panriansaen, Dr.Kingkanok Saowapawong and Kantapong Prabsangoba</i>	
9/11 THE DOMESTICS CRUSADERS REGISTERS VIOLENCE AGAINST MUSLIMS FOLLOWING 9/11	116
<i>Rehab Farouk and Mona Anwar</i>	
THE CONTRIBUTIONS OF WOMEN ENTREPRENEURS IN SOCIOECONOMIC DEVELOPMENT (A STUDY OF SELECTED LOCAL GOVERNMENTS IN ANAMBRA STATE NIGERIA)	143
<i>Muogbo Uju .S. PhD</i>	
FACTORS AFFECTING TOURISTS DECISION MAKING IN CHOOSING HOMESTAY IN AMPHAWA DISTRICT, SAMUTSONGKRAM, THAILAND	154
<i>Kanamon Suwantada</i>	
INTENTION TO VISIT GREEN HOTELS OF THAI TOURISTS IN BANGKOK, THAILAND	159
<i>Kanyapilai Kunchornsirimongkon</i>	
NEW DIMENSIONS TO ADMINSTRATE HUMAN DEVELOPMENT TO CONSERVE BUDDHISM OF MAHAYANA CHINESE SECT: THE STUDY OF MUNGKORNKAMALAWAS CHINESE TEMPLE, BANGKOK	167
<i>Saowapa Phaitayawat, Suwaree Yodchim, Yaninie Phaitayawat</i>	
DEVELOPMENT OF STUDENT TEACHERS' REFLECTIVE THINKING ABILITIES	172
<i>Sucheera Mahimuang</i>	

SAFETY BEHAVIOR OF OPERATION STAFFS IN WATER PRODUCTION AND SUPPLY DEPARTMENT BANGKHEN WATER PLANT, BANGKOK, THAILAND <i>Pongsak Jaroengarmsamer, Wanwimon Mekwimon Kingkaew</i>	177
PROSPECTIVE STUDY OF RABIES ELIMINATION MODEL AND STRATEGY, FORMULATED BY THE PEOPLE IN 2-EPIDEMIC COMMUNITIES <i>Thavatchai Kamoltham, Wattanasak Sornrung, Chalatchawan Nanui</i>	184
JOB SATISFACTION AND EMPLOYEE PRODUCTIVITY IN THE NIGERIAN PUBLIC SECTOR (A STUDY OF ANAMBRA STATE UNIVERSITY) <i>Ezeamama Ifeyinwa G.</i>	191
AN OUTLOOK OF STOCK MARKET PERFORMANCE AND ITS CONTRIBUTION TO ECONOMIC GROWTH: BRICS AND MINT <i>Behiye Korpe</i>	202
DEMONETIZATION IN INDIA: AN OVERVIEW <i>Abhinav Singh Chandel</i>	203
EFFECT OF AROMA OIL MASSAGE AND HERBAL COMPRESSION WITH ANALGESIC DRUGS ON PAIN IN PERSONS WITH LOW BACK PAIN <i>Ladaval Ounprasertpong Nicharajana, Chanvate satthaputh MD</i>	205
THE APPLICATION OF PALMISTRY KNOWLEDGE IN THE DIAGNOSIS OF DISEASES FOLLOWING THE PRINCIPLES OF TRADITIONAL THAI MEDICINE <i>Phatphong Kamoldilok, Orawan Sinpaiboonlert, Mukda Tosang</i>	212
PIET MONDRIAN'S PAINTING INSPIRED YVES SAINT LAURENT, THE WORLD CLASS FASHION DESIGNER <i>Jaruphan Supprung</i>	217
SOCIAL SUPPORT OF POSTPARTUM MOTHERS BASED ON FOLK MEDICINE IN NAKORN PATOM PROVINCE, THAILAND <i>Supparas Oatsawaphonthanaphat, Wichai Srikam, Vichai Chokevivat</i>	223
DEA MODEL MEASURING AIRPORT PERFORMANCE IN THAILAND <i>Piyaon Sriwan</i>	231
COMMUNICATION BILINGUAL APPROACH IN A THAI SCHOOL ON VOCABULARY AT HOME AND AT SCHOOL <i>Suwaree Yordchim, Goragot Butnian, Palaunnaphat Siriwongs</i>	237
DIABETES CARE AND PATIENTS' PERSPECTIVES ON DIABETES MELLITUS IN RURAL THAILAND: A QUALITATIVE STUDY <i>Kantapong Prabsangob</i>	243
AN ANALYTICAL STUDY OF SOCIAL PROBLEMS OF WOMEN RELATED TO SPORTS <i>Shagufta Jahangir, Dr. Asma Manzoor, Dr. Nusreen Aslam Shah, Raisa Jahangir</i>	249
THE INVESTIGATION OF CLINICAL EXPERIENCE ON LEARNING BEHAVIORS AND STRESS FOR NURSING STUDENTS <i>Yen-ju Hou</i>	250
LONDON INTERBANK OFFER RATE VOLATILITY: THE US DOLLAR, THE BRITISH POUND, THE JAPANESE YEN AND THE EURO: HOW IT AFFECTS MULTINATIONAL COMPANIES (1986-2016) <i>Alhassan Ndekugri</i>	262
CORRUPTION, POLITICAL ACCOUNTABILITY AND THE CHALLENGES OF GOVERNANCE IN NIGERIA <i>Imoukhuede Benedict Kayode</i>	280
THE PARTICIPATION IN THE DEVELOPMENT OF PACKAGING AND LOGOS TO THE NEEDS OF THE CONSUMER PRODUCTS KHANEONGHIN COMMUNITY PERSONNEL BANGKOK <i>Jitima Suathong, Supassawee Morakul, Worraruethai Harnchotipan</i>	290
LIFE QUALITY PROMOTION FOR THE ELDERLY <i>Ponpun Vorasiha, Anchalee Jantapo</i>	295
FABRIC PRINTING DESIGN, AN INSPIRED FROM THAI TRADITIONAL TIN TOYS <i>Suwit Sadsunk</i>	301
THE ART OF DESIGNING, FABRIC PATTERN BY MOLD WITH NATURAL DYES <i>Chanoknart Mayusoh</i>	311
HEALTH PROBLEMS AND NEEDS FOR HEALTH SERVICE OF THE ELDERLY: A CASE STUDY OF ELDERLY IN TAMBON WANGTAKOO, NAKORN PATHOM PROVINCE, THAILAND <i>Prapaiwan Danpradit, Boonsri Kittichotipanich</i>	319

OUTCOME OF FOOT CARE EDUCATION PROGRAM IN DIABETIS MELLITUS AT PREMRUTHAI PRAVATE COMMUNITY BANGKOK	325
<i>Tipapan Sungkapong, Boonsri Kittichottipanich, Namthip Martkoksoong</i>	
TOURISM IMPACT ON DESTINATION ECONOMY: EVALUATING THE RELATIONSHIP BETWEEN TOURISM RECEIPTS AND ECONOMIC GROWTH IN THE UK	331
<i>Abimbola Alexandra Dada, Adenike Adebola Adesanmi, Dr. Vipin Nadda</i>	
MEDIA LITERACY: ADVANTAGES AND APPLICATIONS A CASE STUDY OF SRINAKHARINWIROT UNIVERSITY	343
<i>Sasithon Yuwakosol</i>	
ASSESSMENT OF THE RELATIONSHIP BETWEEN HUMAN RESOURCE MANAGEMENT PRACTICES AND PERFORMANCE OF HOTELS IN KENYA	354
<i>Owiti, Phelix Onyango, Erick Fwaya</i>	
PARENTAL EDUCATION BACKGROUND AND STUDY MATERIALS AS CORRELATES OF ACADEMIC PERFORMANCE OF SECONDARY STUDENTS IN ABIA STATE	355
<i>Beatrice Okore Ogbonnaya</i>	
THE CONSEQUENCES OF POOR CURRICULUM IMPLEMENTATION IN NIGERIA	356
<i>Okorafor philomena nmennaya (ph.d)</i>	
THE EFFECTS OF WORL CHARACTERISTICS AND SELF-ESTEEM ON WORK BURNOUT FOR ENTRY—LEVEL EMPLOYEES IN HOTELS	357
<i>Hany Hosny Sayed Abdelhamied</i>	
EMPOWERMENT PROGRAM ON PROMOTING PERCEIVED SELF-EFFICACY AMONGPREGNANT WOMEN FOR PREVENTING GESTATIONAL DIABETES MELLITUS	358
<i>Napissara Dhiranathara, Petcharat Techathawewon</i>	
THE STUDY OF SEXUAL HEALTH BEHAVIORS IN ADOLESCENT	364
<i>Boonsri Kittichottipanich, Udornporn Yingpaiboonsuk, Saree Dangtongdee, Ancha Dangtongdee</i>	
EDUCATION PROGRAM ON PROMOTING PERCEIVED SELF-EFFICACY IN PREGNANCY WOMEN FOR DIABETES MELLITUS PREVENTION	369
<i>Petcharat Techathawewon, Warunsiri Praneetham</i>	
THE EFFECTSOFT HAI MIND-BODY EXERCISE“RUSIE DUTTON” ON BODY WEIGHT AND BLOOD LIPID LEVEL INMENOPAUSAL WOMEN	374
<i>Kanit Ngowsiri, Assoc. prof. Suchitra Sukonthasab, Assoc. prof. Prasong Tunmahasamut</i>	
EDUCATION PROGRAM OUTCOMES IN PREGNANCY PREVENTION OF SEX-RISK FEMALE ADOLESCENTS:	380
A CASE STUDY OF STUDENTS IN S AMUT-SONGKRAM PROVINCE, THAILAND	
<i>Premwadee Karuehadej</i>	
STUDY OF SEX HEALTH KNOWLEDGE AND DEMAND OF SEX HEALTH CARE IN UNDERGRADUATE STUDENTS	386
<i>UdornpornYingpaiboonsuk, KanyaNapanglk, Boonsri Kittichottipanich, AnchaDangthongdee</i>	
ENVIRONMENTAL MANAGEMENT BEST-PRACTICE AND STRATEGIES WITHIN THE INSTITUTIONAL CONTEXT: THE CASE OF (UAE)	394
<i>Dr.Ahmed Zain Elabdin Ahmed</i>	
Activity-Based Costing of Library Services in Universities – A Case Study of a Private University	409
<i>Dr.Hala Elias</i>	
Influence of Cultural dimensions on Management practices in Hospitals: A Study of Indian Subcontinent	411
<i>Dr.Devjani Chatterjee</i>	
PROMOTION OF EXERCISE FOR THE ELDERLY	424
<i>Anchalee Jantapo, Ponpun Vorasiha</i>	
PATTERN DESIGN FROM THE CONCEPT OF THE CARP FISH WEAVE	430
<i>Siracha Samleethong</i>	
THE HISTORY OF THAI WOMEN LINGERIE	437
<i>Junjira Monnin</i>	
SATISFACTION OF URINATION PROMOTION IN BENIGN PROSTATIC HYPERPLASIA	446
<i>Kanya Napapongsa, Warunsiri Praneetham, Nopbhornphetchara Maungtoug, Kanit Ngowsiri</i>	
EXPLORING HEALTH STATUS AMONG OLDER ADULTS IN THE URBAN COMMUNITY OF BANGKOK, THAILAND	452
<i>Chotisiri, L, Charoonpongsak, A</i>	
Face-to-face learning, cross-cultural virtual teams and study abroad: Incorporating experiential learning into a multi-modal class	458
<i>Denise Luethge, Carole Cangioni</i>	

TOURISM REVENUES REGRESSION FOR TOURISM PROMOTION INVESTMENT DECISION– MADEIRA CASE STUDY <i>Élvio José Sousa Camacho</i>	460
Alauddin Malay King Mosque- searching for architectural symbols and identity <i>Roslan Bin Talib</i>	461
THE TEACHING OF ENGLISH LANGUAGE AS A MEANS TO AN END FOR BUSINESS TOURISM <i>Nande C.K. Neeta</i>	462
Dealing with Identity Loss and Stigma of Unemployment in Georgia - Perspective of Youth <i>Anastasia Kitiashvili</i>	468
The Portuguese Presence in the Arabian Gulf as Reflected in Local Omani Historical Narratives <i>Hasan Al Naboodah</i>	469
Antecedents of Customer Satisfaction Levels in UAE Museum Shops <i>Akin Fadahunsi and Salwa Osama</i>	470
COMPARISON OF SKIN APPEARANCE WITH APPROPRIATE TIME IN SELF REFLEXOLOGY AREA WITH THAI TRADITIONAL MEDICINE IN GERIATRICS <i>Natsinee Sansuk</i>	471
PEER OBSERVATION AND SELF-MONITORING IN PRE-SERVICE TEACHERS’ MICROTEACHING <i>Wipada Prasansaph</i>	476
ESL STUDENTS’ EXPERIENCE OF PROJECT-BASED LEARNING <i>Abigail Melad Essien</i>	483
THE EFFICACY OF EXPLICIT INSTRUCTION ON IMPLICIT AND EXPLICIT KNOWLEDGE OF ENGLISH ARTICLES <i>Faten A. Alarjani</i>	489
TOPSIS METHOD TO SELECT LOCATION OF GRASS FLOWER IN WAREHOUSE <i>Martusorn Khangkhan</i>	509
ONLINE MARKETING IMPLEMENTED ON HIGHER EDUCATION IN THAILAND: A CASE OF INTERNATIONAL COLLEGE, SUAN SUNANDHA RAJABHAT UNIVERSITY <i>Nalin Simasathiansophon</i>	515
GUIDELINES FOR BUDDHIST ORGANISATION DEVELOPMENT IN THE PRESENT THAI SOCIETY <i>Cholvit Jearajit Ph.D</i>	523

EDUCATION PROGRAM OUTCOMES IN PREGNANCY PREVENTION OF SEX-RISK FEMALE ADOLESCENTS: A CASE STUDY OF STUDENTS IN SAMUT-SONGKRAM PROVINCE, THAILAND

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ABSTRACT

This research is a one-group measured before and after experiment research. The objective is to study education program outcomes in pregnancy prevention of sex-risk female Adolescents : A case study of students in Samut-Songkram Province, Thailand. The samples were sex-risk female early-secondary school students at the fourth largest school in SamutSongkram Province. Thirty female students were purposively selected by social dimension screening and confirmed by their classroom teachers. The research tools were reproduction health education program, pregnancy, pregnancy prevention by contraception methods, sex counseling by online network telephone and test for pregnancy prevention by contraception. The research was conducted from October 2015 to August 2016. Data were analyzed by percentage, average, standard deviation and paired t-test

The result showed:

1. There were 30 sex-risk female adolescents who were purposively selected by social dimension screening and confirmed by their classroom teachers from total of 166 male and female students or 6 times more than expected sample size.

2. The sex-risk female adolescents had low level of knowledge before participating the educational program for pregnancy prevention by contraception. Their knowledge were increased to medium level after participating the educational program with statistical significance at $p < .01$.

3. Outcome of numbers of pregnancy in the sex-risk female adolescents after participating the educational program for 10 months were none.

4. There were nine sex-risk female adolescents who used online network telephone for sex counseling and two of them consulted for emergency contraception after having sex relation.

Keywords– Sex-Risk Female Adolescents, Pregnancy Prevention

INTRODUCTION

At present the birth rate of 10-14 years old female population increases from 0.6 per 1000 of 10-14 years old female population in 1992 to 1.7 in 2013. The trend increases since 2009. The birth rate of 15-19 years old female population increases over the Department of Health target of 50 per 1000 of 15-19 years old female population in 2008 to 51.2 in 2013. The 10-16 years old females are students in early secondary school. Their pregnancy will affect quality of the working age group population, public health, society and economic development of the country. Therefore all parties involved should accelerate prevention and solving problem of teenage pregnancy. (Statistics on Adolescent Births, Thailand, 2013, p 20)

Researches during 2007-2013 showed that there were public and private sector cooperation of this matter including descriptive, qualitative and experimental researches. For examples: the Bureau of Reproductive Health, Department of Health, Ministry of Public Health by Yupa Punkham, et al (2009) studied health promotion and prevention of health risk behavior and health problem. The Ministry of Social Development and Human Security funded Siriporn Jirawat, et al (2011) of Khonkaen University to study prevention and solving problem of teenage pregnancy. Sripen Tantiwes (2013) conducted the research of teenage pregnancy situation in Thailand for the project of technological and health policy evaluation of Department of Health, Ministry of Public Health. Experimental researches and projects included Petchrada Petcharat, et al (2012) who were funded by Sukhothai Thammatirat University to conduct the project of premature sex relation prevention for youth leaders. Anchalee Phumjantuek (2554, 55-65) studied the effectiveness of health education program for life skill education and social support to prevent premature sex relation in grade 6 students. Natesai Panyachoon, et al (2009,32-41) studied life skill promoting program to prevent sex relation in early secondary school female students by two-group measured before and after semi-experimental research. Kalasin hospital (2009) conducted life skill enhancement project for youth. However, teenage pregnancy rate still increases which reflects that there were no effective projects to delay teenage sex and pregnancy. Most researches were the experiments to enhance skill for female adolescents to avoid sex relation. But in reality of present Thai society, there are many factors of teenage pregnancy, such as adolescents tend to become adulthood faster which result in opposite sex interest and natural sex desire sooner. Current social context which leads them to access various media easily can sexually stimulate them to have sex relation. Female adolescents who are in early secondary school are the sex risk group. They go out at night with boyfriends and may see porn movies as couple or group. The researchers believe that life skill education to prevent premature sex relation may be ineffective. We should educate teenagers to prevent pregnancy by contraception. They will learn or know the counseling resources when they intentionally or unintentionally had sex relation. Teenagers like counseling by online telephone because they are not embarrassed to tell the truth. (Kalasin hospital, 2009) In Samut Songkram Province, the birth rate of 15-19 years old female population was 15.9 per 1000 of 15-19 years old female population (Bureau of Reproductive Health, 2015, 15) which was the fifth highest rate in Thailand. The researchers are interested in the outcomes of education program in pregnancy prevention by contraception and sex counseling by online network telephone to numbers of pregnancy in sex-risk female adolescents of the fourth largest school in Samut Songkram Province.

OBJECTIVES

1. To study and compare knowledge of pregnancy prevention by contraception in sex-risk female adolescents of early secondary school students at the fourth largest school in Samut Songkram Province before and after participating education program in pregnancy prevention by contraception and sex counseling by online network telephone.

2. To follow the numbers of pregnancy in sex-risk female adolescents of early secondary school students at the fourth largest school in Samut Songkram Province after participating the program for 10 months.

HYPOTHESIS

The sex-risk female adolescents of early secondary school students at the fourth largest school in Samut Songkram Province, after participating the education program in pregnancy prevention by contraception and sex counseling by online network telephone, have better knowledge in pregnancy prevention than before participating the program.

METHODOLOGY

Step 1 Selection of female students of early secondary school students who were in sex risk group at the fourth largest school in Samut Songkram Province by social dimension screening.

Research methodology of step 1

1. Study sex risk behavior data from documents and researches concerning sex risk behavior to make conclusion and construct the risk behaviors in social dimension aspect for 6 items and another 8 general items.

2. Distribute the constructed social dimension questionnaire to 166 male and female early secondary school students from 15 classrooms of the fourth largest school in Samut Songkram Province and let each student identify friends who had the behaviors of the 14 items.

3. Analyze data to identify the sex risk students by content analysis. All name lists of friend-identified female students were enumerated for frequency. The sex risk students included the students who were identified at least 1 item for sex risk behavior from 2 or more friends. The name lists were confirmed by classroom teachers. Male students who were identified to have many girlfriends were assigned to participate in the program to create ethical atmosphere but were not statistically analyzed. The classroom teachers were asked to protect the students' rights and keep the name lists confidential.

The screening result: there were 30 female students who were in sex risk group and 10 male sex risk group who participated in the program but were not the samples.

Step 2 Implementation of the program

The samples were 30 female students who were in sex risk group selected in step 1.

Research tools of step 2 consisted of experiment tools and data collection tools.

1. Experiment tools were education program of pregnancy prevention by contraception methods which consisted of contents in reproductive health, pregnancy, pregnancy prevention by contraception methods: condom, safety period, contraceptive pills, implants, emergency contraceptive pills, intrauterine device and contraceptive patch.

2. Data collection tools were questionnaires to evaluate knowledge of pregnancy prevention by contraception. They were constructed by the researchers and consisted of:

Part 1 - general data of samples, fathers and mothers of the sex-risk female adolescents.

Part 2 - questionnaires to evaluate knowledge of pregnancy prevention by contraception and comprised of 20 true-false items.

Knowledge scores of 20 were categorized into very good level for 16.00-20.00, good level for 14.00-15.99, average level for 12.00-13.99, low level for 10.00-11.99 and very low level for less than 10.00.

The questionnaires to evaluate knowledge of pregnancy prevention by contraception were examined for content validity. The reliability of the questionnaires was analyzed by Kuder Richardson KR-20 and the yielded reliability = 0.88.

Steps of research method and data collection

1. Official letters from Suan Sunandha Rajabhat University were sent to school director and classroom teachers to ask for permission to conduct the research, data collection and appointment. We asked the classroom teachers to inform name lists of real female and male student who were in the sex risk group to enter the program.

2. The samples did pre-test for knowledge of pregnancy prevention before starting the program.

3. The education program was started by lecture in knowledge of reproductive health, pregnancy, sexually transmitted diseases, pregnancy prevention by contraception methods, advantages and disadvantages of each method. There were demonstration and student participation by presentation and

reflection for facts, advantages, disadvantages and necessity of contraception. The education media were lecture sheets, video and mannequin. Total lecture time was 6 hours. The group of online network telephone was introduced and appointed for counseling time between 6.00-22.00. Then the samples did post-test for knowledge of pregnancy prevention by contraception methods.

4. After participating the program for 10 months, the researchers followed numbers of pregnancy in the sex-risk female adolescents by contacting the classroom teachers for information of pregnancy in female students.

Data analysis

The general data of samples were analyzed by percentage. The data of pre-test and post-test knowledge in pregnancy prevention by contraception were analyzed by mean, standard deviation (SD) and paired t-test.

RESULTS

1. There were 30 sex-risk female adolescents who were screened by social dimension questionnaires and confirmed by classroom teachers from 166 male and female early secondary school students (grade 7-9). It was 6 times more than expected numbers which showed that the social dimension questionnaires could screen sex-risk group more than the target. This was in compliance with the reproductive health data in 2011 (Bureau of Reproductive Health, 2013) which suggested that, in order to avoid sex relation, adolescents should avoid risk situations as the followings: 1) avoid being together in private places such as home, classroom or friends' home to do homework, tutorial, go out or watch video since there was 100% chance of sex relation. 2) avoid going together to secluded location 3) avoid watching sexual arousal such as porn video that contained group sex or strange posture, romantic movie, porn magazine, porn cartoon or love story 4) avoid going out at night 5) avoid narcotic drugs and alcohol 6) should not dress to stimulate sex emotion such as tight blouse, singlet or miniskirt 7) avoid being touched, hugging and kissing. The social dimension questionnaires contained all risk behaviors that could screen sex-risk group. The method to have each student identify friends who had risk behaviors and the students identified by 2 or more friends should be truly in the sex risk group. The high numbers of sex-risk female adolescents were in compliance with the increase rate of sex relation in teenagers from 15.5% in 2010 to 18.9% in 2014. (Bureau of Reproductive Health, 2015)

2. The sex-risk female adolescents of early secondary school students at the fourth largest school in Samut Songkram Province had knowledge of pregnancy prevention by contraception at low level (mean = 12.30, SD = 1.89) from 20 scores before participating the program. They scored after participating the program at average level (mean = 14.03, SD = 1.51) with statistically significant increase ($p < .01$).

3. Result of follow up the numbers of pregnancy in sex-risk female adolescents after participating the program for 10 months showed no pregnancy.

DISCUSSION

The education program was effective as the objectives and hypothesis since the sex-risk female adolescents had low level of knowledge in pregnancy prevention by contraception before participating the program. It was in compliance with Suwachai Intraprasert who described that most adolescents lacked sex education knowledge, no teaching from public sectors and did not know correct contraceptive methods. Kritsada Sa-nguanpong, et al found that female late secondary school students had knowledge of contraception at low level (62.1%), of contraceptive pills at average level (49.1%). It was also in compliance with Pourpen Krinara, Methinee Ketvatimart and Muntana Maneecho (2013) which found that early adolescents had low level of knowledge in pregnancy prevention before training and their knowledge increased to average level after training with statistical significance. ($p < .001$) In Thailand, sex education teaching in secondary school is taught by school teachers and emphasizes sex relation avoidance and skill for

denial. The teachers may not have enough knowledge as health team and may not demonstrate the real pictures. Our program described pregnancy and pregnancy prevention by contraception methods with demonstration and student participation to present and reflect facts, advantages, disadvantages and necessity of contraception. These knowledge could be useful in real life for pregnancy prevention. The sex risk group who were identified by friends were interested in the education program and sex counseling with health team of researchers via online network telephone. It was in compliance with Suwachai Intraprasert who found that online clinic was the effective sex counseling because the adolescents did not attend medical service for fear and embarrassment. Siriporn Jirawat et al (2011) and the study of Kalasin Hospital (Kalasin Hospital, 2009) also found that most adolescents talked with friends who did not have correct sex knowledge when they had sex problems. Therefore they preferred telephone counseling with health team without being present. They were not embarrassed to tell the truth. The researchers, as the nursing instructors in Obstetrics and Gynecology, were able to give correct counseling for contraception. There were nine sex-risk female adolescents who used online network telephone for sex counseling and two of them consulted for emergency contraception after having sex relation.

CONCLUSION

The program was effective since the sex-risk female adolescents increased knowledge of pregnancy prevention by contraception after education program and there was no pregnancy in the sex risk group after participating the program for 10 months.

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