

Safer sex practices among male vocational students in Nakhon Pathom province*

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Abstract : A cross-sectional descriptive research was designed to examine safer sex practices and its related factors among male vocational students in Nakhon Pathom province, as conceptualized by Pender's Health Promotion Model. A cluster sampling was used to select 214 sexually active male vocational students aged 15-19 years. Data were collected by self-administered questionnaires. Means, standard deviations, Pearson's product moment correlation coefficient and stepwise multiple regression were used for the statistical analysis. Results revealed that in response to male vocational students safer sex practices, the mean score of avoidance of risky behaviors was higher than the use of condom and assertiveness skills ($\bar{X} = 2.14$, $\bar{X} = 1.20$, and $\bar{X} = 1.14$, respectively). The factors significantly related to safer sex practices were 1) perceived barriers of safer sex regarding execution and relationship concerns ($r = -.243$, $p < .001$ and $r = -.146$, $p < .05$), 2) perceived self-efficacy of safer sex regarding say no and precaution ($r = .326$ and $r = .405$, $p < .001$), 3) peer norm ($r = .304$, $p < .001$), 4) partner norm ($r = .287$, $p < .001$), 5) social support of peer regarding confidence ($r = .211$, $p < .01$), 6) social support of partner regarding confidence, information, and instrument ($r = .311$, $p < .001$, $r = .215$, and $r = .178$, $p < .01$), and 7) alcohol consumption ($r = -.138$, $p < .05$). The variables that can predict safer sex practices with 32% of the variance were perceived barriers of safer sex regarding execution, perceived self-efficacy of safer sex regarding say no and precaution, peer norm, social support of peer regarding information, and social support of partner regarding confidence. These findings contribute to better understanding of safer sex practices among male vocational students and can guide educational programs to promote safer sex. There should be programs established to promote sexual self-efficacy and decrease perceived barriers.

บทคัดย่อ : การวิจัยเชิงพรรณนาแบบภาคตัดขวางเพื่อศึกษาพฤติกรรมทางเพศที่ปลอดภัย และปัจจัยที่เกี่ยวข้องของนักเรียนอาชีวศึกษาชาย จังหวัดนครปฐม โดยประยุกต์ใช้แบบจำลองพฤติกรรมส่งเสริมสุขภาพของเพนเดอร์เป็นกรอบแนวคิดในการวิจัย กลุ่มตัวอย่างเป็นนักเรียนอาชีวศึกษาชายที่มีประสบการณ์การมีเพศสัมพันธ์ อายุ 15-19 ปี จำนวน 214 คน เก็บข้อมูลโดยใช้แบบสอบถาม วิเคราะห์ข้อมูลโดยใช้ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน สถิติสัมพันธ์สหสัมพันธ์ของเพียร์สัน และการวิเคราะห์ถดถอยพหุแบบขั้นตอน ผลการศึกษาพบว่า นักเรียนอาชีวศึกษาชายกลุ่มนี้มีพฤติกรรมทางเพศที่ปลอดภัย โดยพบว่า ด้านการหลีกเลี่ยงพฤติกรรมเสี่ยงทางเพศ มีค่าเฉลี่ยการปฏิบัติที่สูงกว่าด้านการใช้ถุงยางอนามัย และการใช้ทักษะการยืนยันในความคิดของตนเอง ($\bar{X} = 2.14$, $\bar{X} = 1.20$, and $\bar{X} = 1.14$, ตามลำดับ) ปัจจัยที่มีความสัมพันธ์กับพฤติกรรมทางเพศที่ปลอดภัย ได้แก่ 1) การรับรู้อุปสรรคด้านข้อแก้ตัวและสัมพันธ์ภาพ ($r = -.243$, $p < .001$ and $r = -.146$, $p < .05$) 2) การรับรู้สมรรถนะของตนเองด้านการปฏิเสธและการมีเพศสัมพันธ์ที่ปลอดภัย ($r = .326$ and $r = .405$, $p < .001$)

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3) บรรทัดฐานของเพื่อน ($r = .304, p < .001$) 4) บรรทัดฐานของคู่เพศสัมพันธ์ ($r = .287, p < .001$) 5) แรงสนับสนุนทางสังคมจากเพื่อนด้านการให้ความมั่นใจ ($r = .211, p < .01$) 6) แรงสนับสนุนทางสังคมจากคู่เพศสัมพันธ์ด้านการให้ความมั่นใจ การให้ข้อมูลข่าวสาร และการให้อุปกรณ์ ($r = .311, p < .001, r = .215, \text{ and } r = .178, p < .01$) และการดื่มแอลกอฮอล์ ($r = -.138, p < .05$) ปัจจัยที่ทำนายพฤติกรรมทางเพศที่ปลอดภัย ได้แก่ การรับรู้อุปสรรคด้านข้อแก้ตัว การรับรู้สมรรถนะของตนเองด้านการมีเพศสัมพันธ์ที่ปลอดภัย และด้านการปฏิเสธ บรรทัดฐานของเพื่อน แรงสนับสนุนทางสังคมจากเพื่อนด้านการให้ข้อมูลข่าวสาร และแรงสนับสนุนทางสังคมจากคู่เพศสัมพันธ์ ด้านการให้ความมั่นใจ โดยทั้งหมดสามารถร่วมกันทำนายพฤติกรรมทางเพศที่ปลอดภัยได้ร้อยละ 32 จากผลการวิจัยครั้งนี้ ควรมีการสนับสนุนให้มีความเข้าใจที่ถูกต้องเกี่ยวกับพฤติกรรมทางเพศที่ปลอดภัยในกลุ่มนักเรียนอาชีวศึกษาชาย และมีการจัดโปรแกรมให้ความรู้เพื่อส่งเสริมและสนับสนุนให้มีพฤติกรรมทางเพศที่ปลอดภัย โดยในโปรแกรมนี้ควรมีการส่งเสริมการรับรู้ความสามารถของตนเองในเรื่องเพศ และลดการรับรู้อุปสรรค

Keywords : safer sex practices, male vocational students : พฤติกรรมทางเพศที่ปลอดภัย, นักเรียนอาชีวศึกษาชาย

Background

Adolescence is a significant part of the society and plays an important role for national economic, social, and political development. At present, it is found that Thai adolescents are likely to have premarital sexual intercourse and unsafe sex which can lead to many negative consequences such as Sexually Transmitted Infections (STIs), HIV/AIDS, unwanted pregnancy, and illegal abortion (Kanchana, S. 2003 : 16). These serious consequences are major public health concerns resulting from inappropriate Thai adolescent sexual practices. They affect not only adolescents themselves, but also their families and society.

Among the negative consequences of unprotected premarital sexual behavior, Sexually Transmitted Infections (STIs) has an impact on many adolescents. Individuals who are infected sometimes disable or even die. Rates of STIs are significantly high among adolescents. In Thailand, 29% of people infected with STIs are youth aged between 10 and 24 (Kanchana, S. 2003 : 18). About 6.7% of sexually active vocational students were investigated having had STIs (Thato, S. 2002 : 98). Approximately, 8.5% of high school students reported having contracted STIs (Itsaranulux, S. & Techavanitpong, W. 2000 : 58).

Especially, AIDS is one of the most serious diseases for this group. Recent data indicated that adolescents have a significantly higher risk of acquiring HIV infection than any other group (Burke et al., 1990 : 2074). About 11.1% of those infected with AIDS were 10-24 year-old-adolescents (Kanchana, S. 2003 : 18). As a record from Nakhon Pathom provincial health office, 42.5% of people aged between 21 and 30 infected HIV infection (Nakhon Pathom provincial health office, 2004 : 3).

Another consequence of unprotected premarital sexual intercourse is unwanted pregnancy. In Thailand, about 11.9% of young mothers are under 19 years old which is higher than the goal of 10% as expected in national economic and social development plan (Patthachai, S. 2003 : 97). Especially, in Nakhon Pathom province, there was an increase of teenage mothers age under 20 years old from 1,730 in 2001 to 1,775 in 2002 (Nakhon Pathom provincial health office, 2003). There was a study conducted among urban vocational students, 22% of sexually active male students reported impregnating somebody and 28% of sexually active female students had been pregnant (Thato, S., 2002 : 98). Of these unwanted pregnancies, 83% of male students' partners had decided to terminate their pregnancies

by having an abortion (Thato, S. 2002 : 98). In 1999, survey on abortive situation in Thailand revealed that 28.5% of all abortions were illegal, whereas 46.8 % was performed in mothers age 24 years old or younger and almost 30% was under 20 years old. About 28.8% of illegal abortions resulted in serious medical conditions such as infection, uterine perforation, sterility or even death (Vorakamin, S. & Boonthai, N. 2001 : 5). Additionally, 20 out of 443 abortions (5%) in Nakhon Pathom province were illegal (Nakhon Pathom provincial health office, 2003).

In summary, premarital sexual intercourse is increasing among Thai adolescents, particularly for vocational students. Negative outcomes such as STIs/HIV/AIDS and unplanned pregnancies are increasing among this population as a result of unprotected sexual activity (Thato, S. 2002 : 4). The best way to prevent these problems is to avoid sexual intercourse or abstinence. Recently, adolescents are more exposed to media and telecommunication whereas they can be easily influenced from risky behavior. As a nature of adolescents, they like to try something new and natural sexual drive is the major motivation to premarital sex (Triemchaisri, S. 2002 : 60). It is not easy for them to avoid sexual experiment that often leads to sexual intercourse. Instead of restraining them from having sex, it is more important to provide them appropriate sex education to adopt safer sex practices.

Related Literature

From the empirical studies, safer sex was viewed exclusively as the use of condom during sexual intercourse. This narrow definition of safer sex excludes other behaviors that may reduce one's likelihood of contracting AIDS. More recently, investigators have called for the exploration of other types of safer sex practices such as : the use of assertiveness and interpersonal skills in negotiating

and protecting during sexual intercourse, the avoidance of alcohol and drug use before or during sexual intercourse, the avoidance of contact with body fluids, and the avoidance of those persons at greatest risk (Dilorio et al., 1992 : 204). The researcher concerned the importance of the safer sex behavior among adolescents, particularly vocational students. Therefore, a study was conducted to identify sexual behavior and to explore factors influencing safer sex behavior as conceptualized by Pender's health promotion model. Accordingly, this study will concentrate on vocational male students who have sexual experience because empirical studies have shown that they are considered a high-risk group (Saisung, P. 1998 : iv-v; Noparat, P. 2000 : 63-65; Srisawang, R. 2002 : iv; Saipan, N. 2003 : 47; Thato, S. 2002 : iii).

Conceptual framework

Pender's health promotion model provides the framework for this study to explore the complex biopsychosocial processes that motivate individuals to engage in behaviors directed toward the enhancement of health (Pender, et al., 2002 : 60). This study focuses on behavior-specific cognitions and affect because this set of variables is considered to be a major motivational significance. Thus, these variables constitute a critical "core" for future intervention, because they are subjected to modification through nursing actions (Pender, et al., 2002 : 69). Behavior-specific cognitions and affect consists of six concepts : (a) perceived benefits of action, (b) perceived barriers of action, (c) perceived self-efficacy, (d) activity-related affect, (e) interpersonal influences, and (f) situational influences. However, this study concentrates on perceived benefits and barriers of action, perceived self-efficacy, and interpersonal influences because the empirical studies have demonstrated only these variables having relationship

with safer sexual behavior (Diclemente et al., 1992 : 197; Mahuttano, K. 1996: ii; Chaipathum, W. 1997 : iii; Poka, S. 1998 : v; Saipan, N. 2003 : 46; Thato, S. 2002 : iii).

The purpose of this cross-sectional descriptive research was to examine safer sex practices and its related factors among male vocational students. The research question was "what are the safer sex practices among male vocational students? and Whether or not the perceived benefits of safer sex, perceived barriers of safer sex, perceived self-efficacy of safer sex, and interpersonal influences can predict safer sex practices?."

Methodology

The purposive samples for this study were 214 sexually active male vocational students from four out of six schools under the Department of vocational education in Nakhon Pathom province. Inclusion criteria were : (a) Aged between 15 and 19 years old; (b) The first, second and third year male students in certificate level, 1st semester of academic year 2004; (c) Having had sexual experience; (d) Voluntarily participate in this study.

Data collection

After, the study got approval by the ethical review board of Faculty Graduate Studies, Mahidol University. The researcher collected the data by submitting a Faculty of Graduate Studies letter to the directors of four vocational schools requesting their permission for data collection. Duration of data collection was on official working days. The researcher cooperated with the academic deputy directors, class advisors and other teachers who were given responsibilities to and coordinate in collecting data at the right time. The researcher cooperated with the liaison to schedule a convenient period for data collection. Potential subjects received an explanation

of the study and subjects who agreed to participate in the study were asked to complete the consent form. Confidentiality and anonymity of the questionnaires were also emphasized prior to the distribution of questionnaire. Approximate completing time was 30 minutes.

Data analysis

Descriptive statistics were used to summarize the demographic characteristics and other background information. Pearson's product moment correlation and Stepwise multiple regression were performed to examine the relationships and the predictive perceived benefits of safer sex, perceived barriers of safer sex, perceived self-efficacy of safer sex, interpersonal influences, and safer sex practices of male vocational students.

Results

The results showed that in response to male vocational students safer sex practices, the mean score of avoidance of risky behaviors was higher than the use of condom and assertiveness skills ($\bar{X} = 2.14$, $\bar{X} = 1.20$, and $\bar{X} = 1.14$, respectively) (Table 1). The factors significantly related to safer sex practices were 1) perceived barriers of safer sex regarding execution and relationship concerns ($r = -.243$, $p < .001$ and $r = -.146$, $p < .05$), 2) perceived self-efficacy of safer sex regarding ability to say no and precaution ($r = .326$ and $r = .405$, $p < .001$), 3) peer norm ($r = .304$, $p < .001$), 4) partner norm ($r = .287$, $p < .001$), 5) social support of peer regarding confidence ($r = .211$, $p < .01$), 6) social support of partner regarding confidence, information, and instrument ($r = .311$, $p < .001$, $r = .215$, and $r = .178$, $p < .01$), and 7) alcohol consumption ($r = -.138$, $p < .05$) (Table 2).

The variables that can predict safer sex practices with 32% of the variance were perceived barriers of safer sex regarding execution, perceived

self-efficacy of safer sex regarding say no and precaution, peer norm, social support of peer regarding information, and social support of partner regarding confidence (Table 3).

Discussion

Safer sex practices among male vocational students.

In this study, safer sex practices among male vocational students were measured in terms of (1) Use of condom, (2) Use of assertive skill and (3) Avoidance of risky behavior. Regarding to "Use of condom", male vocational students tended to have poor safer sex practices (1.20 on a 0 to 3-Likert scale). Although having a meeting or party may lead to having sex, only 36% sometimes carried a condom with them. About 41.1% refused to have sexual intercourse only from time to time if their sexual partner insisted not to use a condom. As can be seen, students in this group did not realize the danger of not using a condom. According to Mahuttano, Saisung and Srisawang, most of vocational students sometimes used condom when having sex, which was considered risky behavior and would increase the chances of STIs/AIDS and unwanted pregnancy (Mahuttano, K. 1996 : ii, Saisung, P. 1998 : 43, & Srisawang, R. 2002 : iv). Thus, male vocational students in this study revealed to have low safer sex practice regarding to condom use.

Regarding "Use of assertive skills", most of the sample did not adopt safer sex practices (1.14 on a 0 to 3-Likert scale). The students reported asking sexual partner about their sexual history (39.7%) and giving their opinion when disagreed with sexual partner about unsafe sex practices (44.4%) only from time to time. In addition, some of them never (19.2%), sometimes (43%) initiated a discussion about safer sex practices. Similarly, Pattarawanit found that three out of five male adolescents did not usually talk about

sex with their girlfriend, whereas over 70% never refused partner's intention to have sex (Pattarawanit, U. 1995 : 41). Mahuttano also supported that vocational male students normally had less talk with sexual partner about condom use: average three out of ten episode of sexual intercourse (Mahuttano, K. 1996 : 96). Overall, there is only a small portion of sexual partners to have conversation and interpersonal communication about safer sex practices resulting in more risky sexual behavior.

Regarding "Avoidance of risky behavior", the researcher found that most of male vocational students had high safer sex practice (2.14 of a 0 to 3-Likert scale). High portion of the sample would use some protection when having sex with person(s) at high risk. For example, they were likely to adopt some protection when having sex with a partner on the first date, with a person who ever used drug before and practiced oral-sexual intercourse without condom. In addition, having sex with unknown partner (43%) and drinking alcoholic beverage before or during sexual intercourse (37.9%) were also considered high-risk behaviors for STIs/AIDS and unwanted pregnancy.

The factors related to safer sex practices.

Perceived barriers of safer sex were negatively related to safer sex practices among male vocational students. From the results of this study, it can be explained that adolescents, who perceived fewer barriers of safer sex, were likely to have safer sex practices. Anticipated barriers that arouse avoidance of safer sex practices among male vocational students had influence on safer sex intention. Some barriers were just what they imagined. Basen-Enquist (1992 : 120) supported that perceived barriers of condom use had negative relationship with condom use intention, whereas those who had low perceived barriers tended to use condom for safer sex intention. Thato, S. (2002 : 121) supported that perceived barriers of condom use had negative relationship with

condom use intention among vocational students. Saipan, N. (2003 : 46) also addressed that most of students under the Department of vocational education did not adopt any protection for STIs including AIDS and unwanted pregnancy in their first sex. The main reason for not using any protection was that they never thought of sexual intercourse (62.7%). Some of the sample (22.9%) reported did not know how to use condom properly, not feeling naturally, not being aware of contracting STIs including contraception and were confident that sexual partner was not sexually infected. This was consistent to Pender's health promotion model that anticipated barriers of health-promoting practices affect intentions to engage in a particular behavior. Barriers may be real or imagined and they usually arouse individual to avoid health-promoting behavior (Pender, 2002 : 70)

Perceived self-efficacy was positively related to safer sex practices among male vocational students. The finding showed that the more male vocational students perceived self-efficacy; they were more likely to have safer sex practices. Rosenthal, et al., (1991 : 77) claimed that perceived self-efficacy had moderate relationship with safer sex practice. Also, there was relationship between perceived self-efficacy in ability to say no to sexual intercourse and safer sex practice. Perceived self-efficacy was revealed as a safer sex predictor among vocational students in both genders. Ichikawa (1997 : i-ii) explained that the important factors in predicting safer sex practice among male vocational students were social norms and self-efficacy. Previous study explained that perceived self-efficacy had negative relationship with risky sex behavior among high school students and vocational students (Noparat, P. 2000 : iv-v). Another study also supported that perceived self-efficacy had positive relationship with actual condom use among vocational students (Thato, S. 2002 : 122). According to Pender, perceived self-efficacy is a significant motivation which

arouses individuals to engage in particular behavior. More importantly, feeling efficacious and skilled in one's performance is more likely to encourage one to achieve the goal than ones' feeling incapable and unskilled (Pender, et al., 2002 : 70). Bandura explained perceived self-efficacy as a judgment of personal capability to manage a particular action and perception of skill has influence in choosing behavioral model, initiating and repeating such behavior constantly (Bandura, 1977 : 191).

Peer norms were positively related to safer sex practices among male vocational students. From the results, male vocational students having friends believe and have positive opinions about safer sex practice been likely to engage in safer sex practices. This study explains perceptions about behaviors, beliefs and attitudes of vocational male students that have influence on motivation to safer sex practice. Young adolescents consider friends as very important and reliable source of information because their friends usually respond to their needs better than other groups. For instance, they want to be independent, confident and accepted by the group, etc (Songchaikul, J. 1997 : 228). Bany and Johnson also supported that a group of friends had influence on adolescents' perceptions because they usually perceived and received the idea from how they were treated. Naturally, young adolescents perceive peer norm as a model for their behavior (cited in Songchaikul, J. 1997 : 238). Accordingly, friends are very important and influence on young adolescents, it can be explained that some of their behaviors are likely to imitate from their peers.

Partner norms from the results, male vocational students having partner believe and have positive opinion about safer sex practice was likely to engage in safer sex practices. This supported Pender's theory that interpersonal influences are cognitions concerning the behavior, beliefs and attitudes of

Table 1 Safer sex practices among male vocational students

Safer sex practices	\bar{X}	S.D.
Safer sex practices (0-3)	1.63	0.28
1. Avoidance of risky behaviors (0-3)	2.14	0.57
1.1 I use cocaine or other drugs before or during sexual intercourse	0.42	0.76
1.2 I have had sexual intercourse with someone who injects drugs (IV drugs) into his/her veins	0.50	0.84
1.3 I have sexual intercourse on a first date	1.01	0.96
1.4 I have sexual intercourse even when I do not know my partner's history	1.06	0.88
1.5 I do not have sexual intercourse when I have sores in my genital areas	1.64	1.05
1.6 I engage in oral sex without using protective barriers such as condom or rubber dam	0.99	0.93
1.7 I have sexual intercourse with someone who I know is a homosexual person	0.70	0.93
1.8 I take part in anal intercourse without using a condom	0.68	0.93
1.9 I drink alcoholic beverages before or during sexual intercourse	1.04	0.96
2. Use of condom (0-3)	1.20	0.61
2.1 I insist on condom use when I have sexual intercourse	1.53	1.03
2.2 I stop foreplay long enough to put on a condom (or for my partner to put on a condom)	0.99	0.86
2.3 My partner and I use a spermicide as well as a condom with each act of sexual intercourse	0.77	0.94
2.4 I carry a condom with me if I know a meeting may lead to sexual intercourse	1.46	0.98
2.5 I have a plan to practice safer sex if I know a meeting may lead to sexual intercourse	1.44	0.96
2.6 I refuse to have sexual intercourse if my partner insists on sexual intercourse without a condom	1.04	0.94
3. Use of assertiveness skills (0-3)	1.14	0.64
3.1 I ask possible sexual partners about their sexual histories	1.20	0.94
3.2 I ask possible sexual partners about a history of homosexual practices	0.79	0.94
3.3 I state my point of view if I disagree with information that my partner presents on safer sex practices	1.30	0.86
3.4 I introduce the topic of safer sex with my sexual partners	1.29	0.89

Table 2 Correlation between behavior-specific cognitions and affect and safer sex practices

Behavior-specific cognitions and affect	Safer sex practices	
	<i>r</i>	<i>p</i>
Perceived benefits of safer sex		
: decrease risk factors	0.107	0.120
: reduce anxiety	0.079	0.252
: protection against pregnancy and STIs/AIDS	0.074	0.280
Perceived barriers of safer sex		
: turnoffs	-0.115	0.093
: execution	-0.243	<0.001
: relationship concerns	-0.146	0.033
: hassles	-0.088	0.200
Perceived self-efficacy of safer sex		
: say no	0.326	<0.001
: precaution	0.405	<0.001
: assertive	0.022	0.747
: others	0.011	0.875
Peer norm	0.304	<0.001
Partner norm	0.287	<0.001
Social support of peer		
: confidence	0.211	0.002
: information	0.074	0.278
: instrument	0.099	0.149
Social support of partner		
confidence	0.311	<0.001
information	0.215	0.002
instrument	0.178	0.009
Alcohol consumption *		
never	0.057	0.404
rarely	0.128	0.061
sometimes	-0.028	0.682
usually	-0.125	0.068
always	-0.138	0.044

Table 3 The multiple regression of stepwise method between the predicting factors of safer sex practices

Variable	β	R^2	R^2 change	t	p
Perceived self-efficacy : precaution	0.251	0.164	0.164	2.335	0.020
Peer norm	0.392	0.203	0.039	3.734	<0.001
Perceived barriers : execution	-0.438	0.246	0.043	-4.203	<0.001
Social support of partner : confidence	0.302	0.287	0.041	3.909	<0.001
Social support of peer : information	-0.416	0.303	0.016	-2.319	0.021
Perceived self-efficacy : say no	0.157	0.320	0.017	2.263	0.025
Constant = 28.253					

others leading to health-promoting behavior. These cognitions may or may not correspond with reality (Pender, et al., 2002 : 72).

As of the results, perceptions about behaviors, beliefs and attitudes of sexual partner had influence on decision making on personal matter between sexual partners such as intention to have sexual intercourse. According to the research, it should be explained that interpersonal influences had an influence on encouraging safer sex among male vocational students. In late adolescents, they usually spend more time and give special care to opposite gender to satisfy themselves instead of holding group's interests with their friends (Thongdee, S. 1997 : 166). Therefore, it is clearly seen that boyfriend/girlfriend, lover, and partner have influences on young adolescents to perceive and behave a particular action.

Social support of peer from the results, male vocational students who received high support about safer sex from their friends were likely to practice safer sex. This study explained that these supports had influence on perception about safer sex practices as young adolescents were seeking for their own identity. For social development, they chose to learn from friends as they believed in and relied on their friends. Besides that, adolescents tended to form a group and followed the norms of the group in order to gain acceptance from other members (Thongdee, S.

1997 : 163). Peer influences were divided into (1) Information influence; friends giving information and knowledge about group norms, attitudes, perceptions and possible outcomes to other members of the group and (2) Normative influence; friends using pressure of the society encouraging others to follow the group norms (Sprinthall and Collins as cited in Songchaikul, J. 1997 : 236-237).

Social support of partner from the results, male vocational students who received high support about safer sex from their partner were likely to practice safer sex. Social support by partner is comprised of (1) Instrumental support (2) Emotional encouragement and (3) Information support. This study explained that these supports have influence on perception about safer sex practices among male vocational students as sexual intercourse was a personal matter between sexual partners. As a result, appropriate support of partner was a significant motivation leading to safer sex practices.

Perceived benefits of safer sex, perceived barriers of safer sex, perceived self-efficacy of safer sex, and interpersonal influences were predictors of safer sex practices among male vocational students. This study could explained that young adolescents who had low perceived barriers of safer sex and high perceived self-efficacy in precaution were likely to have safer sex practices. These two factors were related to health-promotion model of Pender which indicated that