ความแตกต่างระหว่างเพศในประสิทธิภาพแห่งตนในการป้องกันเอชไอวีและโรคเอดส์ของวัยรุ่นไทย

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บทคัดย่อ

ความสำคัญ: ในปัจจุบันพฤติกรรมเสี่ยงทางเพศในกลุ่มเด็กวัยรุ่นไทยมีบทบาทสำคัญต่อการแพร่กระจายเชื้อ เอชไอวีและโรคเอดส์ จากผลการศึกษาทั้งหลายได้ชี้ให้เห็นว่าประสิทธิภาพแห่งตนมีบทบาทสำคัญในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ซึ่งสัมพันธ์กับพฤติกรรมเสี่ยงทางเพศในวัยรุ่น โดย Bandura ได้กล่าวไว้ในทฤษฎีการเรียนรู้ทางปัญญาเชิงสังคม (Social cognitive theory) ว่า บุคคลที่มีประสิทธิภาพแห่งตนสูงนั้นมีความเป็นได้น้อยที่จะมีพฤติกรรมเสี่ยงทางเพศ อย่างไรก็ตาม ความแตกต่างระหว่างเพศในประสิทธิภาพแห่งตนในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ของวัยรุ่นไทยยังไม่ได้มีการศึกษามากนัก

วัตถุประสงค์: เพื่อเปรียบเทียบประสิทธิภาพแห่งตนในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ของวัยรุ่นเพศชายและเพศหญิง

วิธีการศึกษา: การศึกษานี้ใช้ระเบียบวิธีวิจัยเชิงพรรณนา ณ จุดเวลาใดเวลาหนึ่ง แบบตัดขวาง กลุ่มตัวอย่างคือวัยรุ่นอายุ 16-18 ปี จำนวน 734 คนที่กำลังศึกษาในระดับมัธยมศึกษาทั้งผู้ที่มีและไม่มีประสบการณ์ทางเพศให้ทำการตอบแบบสอบถาม

ผลการศึกษา: ในการศึกษานี้พบว่า ประสิทธิภาพแห่งตนในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ โดยรวมของวัยรุ่นเพศหญิงสูงกว่าวัยรุ่นเพศชายอย่างมีนัยสำคัญทางสถิติ ทั้งในผู้ที่มีและไม่มีประสบการณ์ทางเพศ วัยรุ่นทั้งเพศหญิงและเพศชายรายงานว่า ประสิทธิภาพแห่งตนในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ที่สูงที่สุดได้แก่เรื่องการใช้ถุงยางอนามัยอย่างถูกต้อง การปฏิเสธการมีเพศสัมพันธ์กับคนที่ไม่รู้ประวัติทางเพศและประวัติการใช้สารเสพติด และการหาเงินเพื่อใช้ซื้อถุงยางอนามัย นอกจากนี้ยังพบว่ากลุ่มตัวอย่างเพศหญิงมีความมั่นใจอย่างมากในความสามารถของตนที่จะปฏิเสธการมีเพศสัมพันธ์กับคนที่เพิ่งจะรู้จักไม่นาน(mean = 4.56, SD = 1.31) ในขณะที่กลุ่มตัวอย่างเพศชายมีความมั่นใจน้อยกว่า (mean = 3.55, SD = 1.40) ในประเด็นนี้

สรุปและข้อเสนอแนะ: ผลการศึกษานี้สามารถนำไปเป็นข้อมูลเพื่อสร้างและพัฒนาโปรแกรมที่ช่วยในการเสริมสร้างประสิทธิภาพแห่งตนในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ของวัยรุ่นไทยและควรเป็นโปรแกรมที่มุ่งเน้นเฉพาะวัยรุ่นในแต่ละเพศเท่านั้นเนื่องจากวัยรุ่นเพศชายและเพศหญิงให้เหตุผลและมีประสิทธิภาพแห่งตนในการป้องกันการติดเชื้อเอชไอวีและโรคเอดส์ที่แตกต่างกัน

คำสำคัญ: ความแตกต่างทางเพศ ประสิทธิภาพแห่งตนในการป้องกัน HIV/AIDS วัยรุ่นไทย

Background

Young people are at increasing risks of the HIV/AIDS pandemic while the threats of HIV/AIDS quickly spread all over the world. Asia, which is estimated to have 2.2 million cases of HIV infected young people, is the region with the second highest prevalence of HIV infection in the world (World Health Organization (WHO), 2010). Sexual activity has been identified as the major form in which HIV transmission occurs in most reported AIDS infected cases (Center for Disease Control (CDC), 2011). Early age of sexual intercourse initiation, multiple sexual partners, inconsistent or no condom use, and substance use during intercourse have been found as influential factors that increase the risk of contracting HIV (Sturdevant et al. 2001; Tapert, Aarons, Sedlar & Brown, 2001). Young Thai people are at a high risk of being exposed to HIV infection as youths in other countries. In Thailand, 76% of HIV infected persons are 10 to 39 years-old (Center for Diseases Control and Prevention, Thailand, 2010). An increased prevalence of sexually active young Thai with a decreased onset of age of sexual intercourse was identified (Khumsaen & Gary, 2009). It has also been noticed that Thai adolescents engage in high-risk sexual behaviors such as having multiple sexual partners and lack of condom use (Khumsaen & Gary, 2009). Increasing rates of HIV/AIDS infections among young Thais draw attention to the need for emphasizing the reduction of sexual risk behaviors, a major contributor to the spread of HIV/AIDS.

Self-efficacy, a unique type of expectancy regarding people's beliefs or judgments about their capabilities to successfully perform specific or required behaviors (Bandura, 1986), has been identified as an essential contributor to behavioral changes. Individuals who have higher self-efficacy to a specific task have greater confidence in their abilities to achieve the desired performance and therefore have higher possibilities to undertake that behavior (Bandura, 1977). Numerous studies have employed the concept of self-efficacy on individuals' changes in health-related behaviors such as weight-control (Borrelli & Mermelstein, 1998), and compliance with medical regimens (Brus, Laar, Taal, Basker & Wiegman, 1999). Self-efficacy has also been found playing an essential role in the prevention of HIV/AIDS-related sexual risk behavior. Studies have revealed that self-efficacy was significantly related to safer sexual practices among adolescents (Dilorio, Dudley, Soet, Watkins & Maibach, 2000). While knowledge and skills regarding the reduction of sexual risk was

found to be necessary but inadequate for exercising self-protective behavior and behavior changes, increasing the level of self- efficacy has been considered as a valuable strategy for changing behaviors and increasing personal control over the prevention of sexual risk-taking behaviors (Bandura, 1995; Brown, 2000). The developmental phases have been considered as potential influences on the development of one's self-efficacy (Bandura, 2006). Adolescents are at a time in life when multiple critical tasks merge together. Developmental changes, including social changes, cognitive changes, and physical changes, have an impact on adolescents' perceptions of their own capacities and efficacy beliefs (Schunk & Meece, 2006). Conflicts from managing interpersonal relationships and social environments might depress adolescents' attitudes to managing their sexualities which involve management of interpersonal relationships (Bandura, 2006). The more adolescents possess higher attitudes toward condom use, the less the probability of their risky sexual behaviors can be increased by emotional and social factors (Bandura, 2006). Enhancing positive HIV/AIDS preventive self-efficacy for reducing HIV/AIDS related risk behaviors may be especially important for adolescents.

HIV/AIDS preventive self-efficacy might be different across gender (Cecil & Pinkerton, 2000; Rosenthal, Moore & Flynn, 2002). In Rosenthal, Moore, and Flynn's cross-sectional study (2002), findings from the 1,008, 17-20 year-old participants indicated that males had higher self-efficacy than females in asserting their sexual needs ($F = 20.62$, $p < .001$) but less self-efficacy in saying no to sexual demands ($F = 137.59$, $p < .001$). Kasen and colleagues (1992) conducted a cross-sectional designed survey on 181 tenth grade students and found that there were differences in self-efficacy of HIV/AIDS prevention between girls and boys. Although the findings of many studies have indicated that the factor structure and the function of self-efficacy beliefs are comparable across different cultures, the ways in which self-efficacy was implemented, how efficacy beliefs are developed and structured, and the purposes of self-efficacy were situated cross-culturally (Bandura, 2006). In the review of existing literature, information regarding HIV/AIDS preventive self-efficacy among Thai adolescents is extremely limited. Moreover, interventions for enhancing individual's HIV/AIDS preventive self-efficacy to prevent HIV/AIDS infection has been missed and not a part of the HIV/AIDS prevention programs in Thailand.

Purpose

The purpose of this study was to explore whether HIV/AIDS preventive self-efficacy varies with gender among Thai adolescents. The research questions in this study were: (a) What are the degrees of HIV/AIDS preventive self-efficacy among Thai adolescents?; (b) Is there a significant difference in degree of HIV/AIDS preventive self-efficacy between male and female in Thai adolescents?; and (c) What are the variations across gender in the degree of HIV/AIDS preventive self-efficacy among Thai adolescents?

Methods

A cross-sectional descriptive comparative designed survey was conducted to investigate gender differences in Thai adolescents' HIV/AIDS preventive self-efficacy. The study obtained the approval of the Boromarajonani College of Nursing, Suphanburi (BCNSP)'s institutional review board, Thailand and permission of the schools before approaching the potential subjects. Adolescents were assured confidentiality, anonymity, and voluntary participation both orally and in writing. Signed assent forms from adolescents and informed consents from parents were received before anonymous, self-administrative questionnaires were distributed to the participants. Adolescents were encouraged to complete the questionnaires and were informed of their anonymity. However, they were also told to skip any question which made them feel uncomfortable.

Setting and Sample

This study recruited 16-18 year-old male and female adolescents who were studying in high schools in Thailand and able to respond independently to the questionnaires. Adolescents who were studying in special classes that only provided for individuals with mental or cognitive disorders were excluded. Using convenience sampling method, a total of 22 classes distributed among 7 schools in the big city of central region, Thailand were selected. Principals and teachers of the selected schools and classes were contacted for scheduling the best time for data collection. All data was collected in the classrooms of participants' schools in Thailand. Among 920 students who were academically enrolled in the selected 22 classes, a total of 734 Thai adolescents who met the research criteria participated in this study.

Instruments

HIV/AIDS preventive self-efficacy was measured by the AIDS-Prevention Self-Efficacy Scale (Kasen, Vaughan & Walter, 1992). Participants were asked about their beliefs regarding condom. This AIDS Preventive Self-Efficacy Scale was composed of 22 items distributed into three dimensions: refusing sexual intercourse (items 1 to 9), questioning potential sex partners (items 14 to 22), and condom use (items 10 to 13). Each item contains a five-point scale, and the response options are: "(1) not at all sure", "(2) a little sure", "(3) somewhat sure", "(4) pretty sure", and "(5) very sure". The range of total possible scores for this scale was from 22 to 110. Higher scores in the AIDS-Prevention Self-efficacy Scale indicated higher self-efficacy to prevent HIV/AIDS, and lower scores indicated lower self-efficacy to prevent HIV/AIDS. Internal consistency was reported as Cronbach's alpha .81 and .76 for the dimensions of refusing sexual intercourse and condom use in the population of 14-18 year-old students, and structure validity had also been reported (Kasen, Vaughan & Walter, 1992). The AIDS-Preventive Self- efficacy Scale had been used with adolescents, and a good internal reliability for overall scale (Cronbach's alpha = .93) was reported (Wang & Wang, 2000). Congruent with the literature and the definition of HIV/AIDS preventive self-efficacy in this study, three dimensions of AIDS preventive self-efficacy were identified and named through factor analysis using the principal axis factoring extraction method with varimax rotation: refusing sexual intercourse (9 items), questioning potential sexual partners (4 items), and condom use (9 items) (Kasen, Vaughan, & Walter, 1992). Good internal consistency with the Cronbach's alpha equal to .90 was also found for the Thai version of the AIDS Preventive Self-Efficacy Scale in this study. Internal consistency measured by Cronbach's for three additional subscales (refusing sexual intercourse, questioning potential sexual partners, and condom use) are equal to .90, .76, and .82, respectively.

Demographic data Participants were asked to answer some questions regarding their demographic background. Information such as age, gender, and grade were collected. Participants were also asked about substance use history (including smoking, alcohol drinking, and illicit drug use) and sexual intercourse experience (including yes/no have ever had sexual intercourse experience, and the age of initial sexual intercourse experience).

Data Analysis

The overall HIV/AIDS preventive self-efficacy was calculated by summing up sores from all 22 items on AIDS Prevention Scale. Descriptive statistics were utilized to describe the distribution of preventive self-efficacy and the characteristics of the participants. Independent t-test was performed to analyze the differences in HIV/AIDS preventive self-efficacy between male and female Thai adolescent participants.

Results

Characteristics of the Sample

Of all 734 participants, 464 are males and 270 are females. The average age of the 734 participants was 17.17 (SD = 0.85) years old. The average age of female participants (Mean= 17.30, SD= .81) was significantly older than the average age of male participants (Mean = 17.09, SD= .87) in this study (t = 3.27, p= .001). Of all participants, 27.1% were in the 10th grade, 38.0% were in the 11th grade, and 34.9% were in the 12th grade.

About 30.23% of participants reported that they had substance use history including 15% smoked, 23.8% drank alcoholic beverages, and 5.3% used illicit drugs. Twenty-three percent (169 adolescents) of the 734 participants reported that they had had sexual intercourse experience. The average age of initial sexual intercourse experiences occurrence was 15.81 (SD= 1.32) years-old among participants with sexual intercourse experiences.

The average age of initial sexual intercourse occurrence in male adolescents was slightly lower (Mean = 15.6, SD = 1.6) than their female counterparts encounters (Mean = 16.0, SD = 1.2), but the difference was not significant (t = 1.51. p=.13).

HIV/AIDS preventive self-efficacy among all participants

The average overall HIV/AIDS preventive self-efficacy (possible scores is 22 to 110) among all participants was 74.45 (SD = 17.05). All Thai adolescents who participated in this study also reported a mean score of 30.67 (SD= 9.35) on the dimension of HIV/AIDS preventive self-efficacy regarding "refusing sexual intercourse" (possible score is 9 to 45), and of 15.03 (SD = 4.31) on the dimension regarding questioning potential sexual partners" (possible score is 4 to 20), and the average score on the dimension regarding condom use (possible score is 9 to 45) was 33.42 (SD = 7.67). While each item of the AIDS-Prevention Self-Efficacy Scale was checked individually, the top three items with lowest scores indicated that the greatest vulnerabilities of self-efficacy among the participants are related to refusing sex under several various situations. They are less confident to refuse sexual intercourse with someone "whom you have already had sexual intercourse", "whom you want to fall in love with", and "who have dated for a long time". In contrast, all participants reported they had the highest HIV/AIDS preventive self-efficacy regarding "refusing sexual intercourse after smoking marijuana", "refusing sexual intercourse with someone whose sex and drug use history is not known", "use condom correctly", and "get the money needed to buy condoms".

Gender differences and HIV/AIDS preventive self-efficacy

There were significant differences in overall HIV/AIDS preventive self-efficacy scores between male adolescents and female adolescents. The overall HIV/AIDS preventive self-efficacy in females was significantly higher than in the males among participants who never had sexual intercourse experiences as well as among participants who have had sexual intercourse experiences. Table 1 presents the summaries of gender differences in HIV/AIDS preventive self-efficacy among all participants, among participants who never had sexual intercourse experiences, and among participants who have had sexual intercourse experiences. Each dimension of HIV/AIDS preventive self-efficacy also varied with gender. Female participants reported higher self-efficacy in all three dimensions than the male did. The results for both sexual intercourse experienced students and non-sexual intercourse experienced students are presented in Table 2. The scores in Table 3 indicate that both male and female participants presented their highest HIV/AIDS preventive self-efficacy on "using condom correctly", "refusing to have sexual intercourse with someone whose sex and drug use history is not known", and "get the money

needed to buy condoms". Female participants in this study were highly certain of their ability to "refuse having sexual intercourse with someone you have known for a few days or less" (mean = 4.56, SD = 1.31) while male participants had much less certainty (mean = 3.55, SD = 1.40) on this item.

Mean scores on each item also indicate that male participants were greatly vulnerable on their abilities regarding the refusal of sex under a variety of circumstances. Table 4 presents five items in HIV/AIDS preventive self-efficacy scale with lowest scores ordered mean for male and female participants. Similar to the male participants, female participants had the lowest HIV/AIDS preventive self-efficacy related to the refusal of having sexual intercourse with someone "whom you have already had sexual intercourse" and "who you want to fall in love with". Dissimilar to the result found in the male participants, the items ordered by mean scores indicated that female participants' had relatively lower HIV/AIDS preventive self-efficacy related to buying and using condoms.

Discussion

The average overall score of 74.45 indicated a medium degree of HIV/AIDS preventive self-efficacy and an overall weakness among these Thai adolescents in their abilities to perform HIV/AIDS preventive behaviors. Further analysis found that only 35 out of the 734 participants were very sure or sure in their abilities to perform all HIV/AIDS preventive behaviors asked in the questionnaire. This study also revealed that most participants were uncertain about their abilities to refuse having sexual intercourse with someone who they already had sexual intercourse with, who they want to fall in love with, and who they have dated for a long time. When adolescents perceived insufficient social skills to refuse potential partners who attracted them sexually, they may feel vulnerable under this high social pressure condition (Kasen, Vaughan, & Walter, 1992). These results indicate that most adolescents in this study need to reinforce or develop their skills of communication, negotiation, and personal control in sexual situations. Consistent with previous research in which HIV/AIDS preventive self-efficacy was found to vary by gender (Cecil & Pinkerton, 2000; Rosenthal, Moore, & Flynn, 2002), this study demonstrated that female Thai adolescents had significantly higher HIV/AIDS preventive self-efficacy than their male counterparts had. Moreover, while 90.2% of female participants were

pretty sure or very sure (Mean = 4.56, SD = 1.31) "to refuse having sexual intercourse with someone she has known for a few days or less", only 56.7% of male participants were confident (pretty sure or very sure) to do the same (Mean = 3.55, SD = 1.40) ($t = -11.59$, $p<.001$). The developmental stage of adolescents and Thai cultural social expectations for different gender role behaviors probably contributed to this dissimilarity. Developing a sense of identity, including peer identity, individual identity, and sex-role identity is an important task in adolescence (Erikson, 1963).

Masculinity, expected for every male in Thai culture, is usually linked to the ability and performance of sexual activities by many Thais. These Thai male adolescents might feel that 'to refuse sexual intercourse' indicates being inconsistent with the social expectation of masculinity. In contrast, females are traditionally expected to be conservative and self-constrained in sexual issues. Females who easily express their sexual desires outside of marriage and are open in their sexual practices are usually viewed as transgressing morality. They are also viewed as being inconsistent with the definition of a good woman by traditional Thai cultural perspectives. These traditional Thai cultural expectations of females might explain why most female participants reported a high degree of self-efficacy on refusing sex with someone whom she has known for only a few days or less. In this study, "walk into a store and buy condoms" was one of the HIV/AIDS preventive behaviors which female adolescents are least confidant to perform.

It should be noticed that to enhance the responsibility of Thai female adolescents in using condoms to protect themselves is important. Especially, the study also found that male adolescents had less self-efficacy than females had on "insisting on use of a condom during sex even if the boyfriend or girlfriend will not use a condom" and "refusing to have sex, if their boyfriend/girlfriend does not use a condom". However, unmarried people who actively express sexual desires may bring shame to the family and such acts are not condoned in traditional Thai culture (Hahm, Lahiff, & Barreto, 2006). Unmarried young girls who carry or prepare condoms might be considered being lustful, shameless, and highly inappropriate. This kind of cultural belief might be a barrier for HIV/AIDS prevention in sexually active Thai adolescents. Interventions should aim to increase Thai female adolescents' confidence with being in charge of protecting themselves from HIV/AIDS infections.

Several limitations of the study should be noted. First, findings cannot be considered representative of the Thai female adolescents and Thai male adolescents due to the fact that a non-probability, convenience sampling method was used to obtain this study sample. However, this potential source of bias threatens this study which intended to investigate Thai adolescents' HIV/AIDS preventive self-efficacy through a qualitative aspect to a lesser degree than prevalence studies. Second, even though anonymous self-administrative questionnaires were used to collect data, self-report of data might have influences on the results. However, this threat to the reliability of study was minimized since enormous care and procedures were taken to assure the confidentiality of participants during the data collection procedure. Third, characters of participants with potential interference on female and male participants' HIV/AIDS preventive self-efficacy were not controlled while the differences of self-efficacy were examined across gender. However, this potential bias might have been diminished because the main aims of this study were to examine the differences of HIV/AIDS preventive self-efficacy between female and male adolescents', not to examine the influential effects of gender on HIV/AIDS preventive self-efficacy.

Conclusion and Recommendation

Few studies have examined Thai adolescents' HIV/AIDS preventive self-efficacy. Positive relationships of HIV/AIDS preventive self-efficacy on behavioral changes of reducing HIV/AIDS related risk behaviors (Bandura, 1994) highlight the value of enhancing self-efficacy for preventing HIV/AIDS related sexual risk behaviors. Enhancing self-efficacy for preventing HIV/AIDS related sexual risk behaviors should be one of the goals to be included in HIV/AIDS preventive interventions for Thai adolescents. Understanding the differences in HIV/AIDS preventive self-efficacy between male and female Thai adolescents may aid healthcare providers' capabilities to design gender-specific and culturally competent interventions for this population. Although the non-random sample of this study limits its generalizability, findings from this study show that a gender specific approach is necessary when developing HIV/AIDS prevention programs for Thai adolescents. Nurses can utilize information from this study to develop HIV/AIDS preventive interventions for adolescents in Thailand.

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Table 1

The comparisons of overall HIV/AIDS preventive self-efficacy between male and female Thai adolescents

		Male		Female		
	d.f.	Mean	SD	Mean	SD	t-value
All participants	600	74.45	17.05	86.99	14.08	-10.35*
Without sexual intercourse experience	388	75.65	17.18	89.23	13.50	-9.69*
With sexual intercourse experience	165	69.05	15.41	82.93	14.27	-6.04*

Table 2

The comparisons of each three dimensions of HIV/AIDS preventive self-efficacy between male and female Thai adolescents

Dimensions of HIV/AIDS preventive self- efficacy		Male		Female		
	d.f.	Mean	SD	Mean	SD	t-value
All participants						
Refusing sexual intercourse	629	28.14	9.38	34.90	7.53	10.43*
Questioning potential sexual partners	658	14.26	4.43	16.39	3.74	-6.86*
Condom use	628	32.03	8.06	35.76	6.34	-6.86*
Without sexual intercourse experience						
Refusing sexual intercourse	409	29.27	9.21	36.31	7.12	-9.60*
Questioning potential sexual partners	394	14.12	4.43	16.10	3.77	-5.42*
Condom use	463	32.19	8.03	36.73	5.77	-7.55*
With sexual intercourse experience						
Refusing sexual intercourse	166	22.83	8.34	32.29	7.63	-7.68*
Questioning potential sexual partners	166	14.95	4.42	16.96	3.64	-3.18*
Condom use	165	31.27	8.16	33.83	6.98	-2.19*

Table 3

Top five HIV/AIDS preventive self-efficacy items with highest scores across gender

Items	Mean
Males	
14. Use a condom correctly	4.08
2. (Say no to sex) with someone whose sex and drug use history is not known to you	3.99
9. (Say no to sex) with someone after you have been smoking marijuana	3.98
20. Get the money needed to buy condoms	3.98
22. Have a sexual relationship with only one person for a long period of time	3.90
Females	
2. (Say no to sex) with someone whose sex and drug use history is not known to you	4.67
1. (Say no to sex) with someone you have known for a few days or less	4.56
20. Get the money needed to buy condoms	4.33
14. Use a condom correctly	4.32
10. Ask your boyfriend/girlfriend if he/she has ever injected drugs such as heroin or cocaine into his/her veins	4.24

Table 4

Five HIV/AIDS preventive self-efficacy items with lowest scores across gender

Items	Mean
Males	
5. (Say no to sex) with someone with whom you have already had sexual intercourse	2.44
6. (Say no to sex) with someone who you want to fall in love with you	2.67
7. (Say no to sex) with someone who is pushing you to have sexual intercourse	2.79
4. (Say no to sex) with someone you want to date again	2.86
19. Refuse to have sex if your boyfriend/ girlfriend will not use a condom	3.01
Females	
5. (Say no to sex) with someone with whom you have already had sexual intercourse	3.16
6. (Say no to sex) with someone who you want to fall in love with you	3.43
21. Walk into a store and buy condoms	3.45
16. Use a condom during sex after you have been drinking	3.56
17. Use a condom during sex after you have been using marijuana	3.63

Gender differences in HIV/AIDS preventive self-efficacy among Thai adolescents

Abstract

Background: The sexual risk behavior among Thai adolescents plays a major role in the spread of HIV/AIDS. Studies indicated that self-efficacy plays an important role in the prevention of adolescent's AIDS related sexual risk behavior. Bandura's social cognitive theory proposed that people with higher self-efficacy are less likely to engage in sexual risk behavior. Nonetheless, how Thai adolescents with different gender perform HIV/AIDS preventive self-efficacy has not been specifically addressed in detail.

Purpose: This cross-sectional descriptive comparative study was designed to investigate gender differences in Thai adolescents' self-efficacy and sexual risk behavior.

Methods: Seven hundred and thirty-four (males=464, females=270) Thai high school students who were between 16-18 years of age and had sexual intercourse experience and no sexual intercourse experience completed several reliable and valid questionnaires.

Findings: The overall HIV/AIDS preventive self-efficacy in females was significantly higher than in the males among participants who never had sexual intercourse experiences as well as among participants who have had sexual intercourse experiences. Both male and female participants presented their highest HIV/AIDS preventive self-efficacy on "using condom correctly", "refusing to have sexual intercourse with someone whose sex and drug use history is not known", and "get the money needed to buy condoms". Female participants were highly certain of their ability to "refuse having sexual intercourse with someone you have known for a few days or less" (mean = 4.56, SD = 1.31) while male participants had much less certainty (mean = 3.55, SD = 1.40) on this item.

Conclusion and **Recommendation**: Gender specific approach is needed while providing HIV/AIDS prevention programs to adolescents. Healthcare providers may utilize the information derived from this study to develop different focused intervention for male and female adolescents to reduce their sexual risks of HIV/AIDS infections.

Keywords: gender differences, HIV/AIDS preventive self-efficacy, Thai adolescent