Understanding Causes of Multiple Risk Behaviors in Thai Male Adolescents from Multidimensional Perspectives: A Qualitative Study

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Abstract: Multiple risk behaviors are of special concern worldwide and in Thailand. They have increased dramatically among male adolescents. Interestingly, many studies have highlighted only a single risk behavior without considering the importance of mutual relationship of this with other behaviors, and also have not included multiple perspectives from male adolescents, their parents and teachers. This qualitative descriptive study therefore aimed to explore the culturally-related factors causing multiple risk behaviors of Thai adolescents from different perspectives. Eleven focus groups comprising six groups of 25 male students with multiple risk behaviors, three groups of 16 parents, and two groups of ten teachers were held in a secondary school in eastern Bangkok. The data were analyzed by content analysis.

The findings indicated the presence of three related themes: *Individual issues* including knowledge on risk behaviors prevention, attitude, self-efficacy, emotional intelligence, and time management; *Family issues* including family relationships and parental monitoring; and *Environmental issues* referring to two components, friends and school. Friend issues were pressure and motivation, whereas school issues related to regulation, atmosphere, and school as an unsafe place. The findings suggest that preventive intervention programs should address the influences at the individual level, as well as the contextual level. Nurses and other health professionals should understand the uniqueness of adolescents and their needs in order to reduce risk opportunities. Planning to reduce multiple risk behaviors within family and schools should be supported and encouraged among male adolescents and their families.

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Introduction

Risk behaviors such as smoking, alcohol consumption and unprotected sexual intercourse are arrayed in adolescence and such behaviors, independently and collectively, are associated with negative outcomes.[1] In Thailand, the prevalence of multiple risk behaviors (MRB), or the concurrence of behaviors such as

smoking, alcohol use, and risky sexual behaviors, has increased among adolescents. In the Thai National Health Survey in 2018[2], 3.5% of adolescents smoked and 13.6% drank alcohol on a regular basis. The prevalence of sexual risk behavior among adolescents has increased.[3] The teenage pregnancy rate in Thailand remains the highest in South-East Asia. About 50 out of every 1,000 girls aged 15 to 19 gave birth each year during the last decade.[4] In 2017, the birth rate for Thai female adolescents aged 15 to 19 years was 39.6 out of every 1,000 girls.[3] Of teenage mothers, 80% report that their pregnancy was unintended, and nearly one third resorted to abortion.[4] Engaging in risky behaviors during adolescence may result in subsequent negative outcomes such as accidents, school dropouts, sexually transmitted diseases (STD), and unwanted pregnancy.[1] Very few studies have directly examined the prevalence of multiple risk behaviors particularly in low- and middle-income countries.[1]

Previous descriptive studies conducted in Thailand indicated that adolescents engage in MRB comprising smoking, alcohol use and misuse[5], and risky sexual behavior.[5] These risk behaviors stem from several overlapping factors. From an ecological perspective, adolescent development and engagement in risk behaviors is influenced by multiple domains including the individual, family, school, and community. These factors may be associated with a higher likelihood of engaging in risky behaviors (i.e., risk factors), whereas other factors such as individual assets and contextual resources (i.e., promotive or protective factors) operate to enhance healthy development and may reduce the negative effects posed by risk factors.[6]

Literature Review

From an ecological perspective, adolescent development and engagement in risk behaviors are influenced by factors through multiple levels including the individual, family, school, and environment.[7] This model encompasses different systems including microsystems, mesosystems, exosystems and macrosystems. Each system is affected differently within each level.[7] The first and the most basic level is linked to the roles, activities and relationships of the individual, named as the microsystem or interactional level. This microsystem level involves activities, roles and interpersonal relations encountered with the environment such as knowledge, attitude, self-efficacy, and emotional intelligence. The mesosystem involves synergy among settings including parental monitoring and time management. Parents and schools are key influencing factors and the core sources for adolescents' social support. The development of multiple behaviors is derived indirectly from family influences and negative connection with a school.

Previous studies examining the effectiveness of prevention interventions for adolescent risk behaviors have some limitations. First, most studies only focus on intervening in a single risk behavior.[6] Adolescents who already engage in one risky behavior are at risk for engaging in MRB. For example, adolescents who smoke cigarettes and drank alcohol are more likely to engage in risky sexual behavior.[7-9] Furthermore, previous findings suggest that risk behaviors tend to co-occur during adolescence.[6-10] The establishment of MRB patterns is therefore concerning given that each additional risk factor is associated with an increased risk of negative outcomes.[11] Thus, understanding the individual and contextual issues of adolescent risk-taking behaviors will help inform interventions aimed at preventing MRB during adolescence.

Aim

To understand the individual and contextual factors of multiple risk behaviors in Thai male adolescents from multidimensional perspectives.

Methods

Study design

A qualitative descriptive study was conducted with Thai male students, parents, and school personnel to explore individual and contextual factors that

contributed to engagement in MRB. Taking a qualitative descriptive approach enabled the researcher to understand the interested phenomena from the participants' perspective rather than the researcher's point of view. In addition, it is very useful when researchers want to know, regarding occurred events, who were involved, what was involved, and where did things take place.[12]

Setting and samples

Data were collected from students, parents, and school personnel at a big public secondary school located in eastern Bangkok, Thailand between July to November 2016. This school is located in the town center surrounded by a shopping mall, parks, and living spaces. Twenty-five male students were eligible for the study based on the following criteria: 1) aged 15-19 years; 2) studying in grade 10-12; and 3) engaged in two or more of the following risk behaviors: cigarette, alcohol or other drug use, or risky sexual behaviors. The primary investigator (PI) worked with school teachers to identify potential participants who met the inclusion criteria. After that snowball sampling was used, that is the participants referred their friends who met the inclusion criteria. If they agreed, the PI made an appointment for a focus group discussion (FGD).

Each male student identified the parent that they felt closest to and that parent was invited to participate in the study. In addition, 10 teachers who interacted with male students on a daily basis were recruited to participate.

Ethical considerations

The research was approved by the Institutional Review Board of Faculty of Public Health, Mahidol University (COA. No. MUPH 2016-079). Eligible participants were provided with written information about the study and consent forms. Parents of eligible student participants were provided with a letter describing the study purposes, voluntary, anonymity, confidentiality, and the right to withdraw, and information about providing consent for their child's participation. Parental consent and student assent was required for participation. Pseudonyms and keep file with password protection were executed to ensure data protection.

Data collection

Focus group guidelines were developed by the research team to explain why secondary school male students engaged in MRB, and explore the individual and contextually-related factors causing MRB from different perspectives. For example, *What do you think about students who had experience to do multiple risk behaviors?* (Teacher) *How do parents control student risk behaviors? How about relationships between students and parents?* (Parent) W*hat do you think about friend persuasion? Is persuasion from friends the main cause of risk behavior?*" (Male student). The contents of the guideline were reviewed by five experts in adolescent risk behaviors, adolescent development, and qualitative research.

The researcher conducted eleven FGDs (six groups of male students, three groups of parents, and two groups of teachers) with open-ended questions to explore the cultural factors causing MRB of male students. The meaning of MRB was explored first, followed by the experience of risk-taking behaviors. Next, individual and contextual related factors found from literature reviews were explored including three main issues: 1) Individual issues including attitudes towards MRB and confidence to avoid MRB; 2) Family issues including parental monitoring and family relationship; and 3) Environmental issues including friend motivation and school climate (see Table 1). Furthermore, parents and teachers were asked similar questions to the male students. How male students decided whether or not to engage in MRB and the contextually-related issues causing MRB were investigated in detail. Focus groups took place at the secondary school in a quiet room. Each focus group met for a session approximately between 70 and 90 min and until no new information emerged and was audio-recorded. (**Table 1**)

Table 1 Interview Guide for Explore Cultural Factors Related Multiple Risk Behaviors

Questions	Probing
1. Individual issues	
• What do you think about your friend who smokes and drinks alcohol? • Do you believe risk behaviors are acceptable?	– How do you feel about having multiple risk behaviors?
• What you will do if your friend ask you to try smoking? • Do you have self-confidence to avoid multiple risk behaviors?	– How confident do you feel to avoid your friend challenging you?
2. Family issues	
• How should parents control student's behaviors? • Do parents have to set rules with students or not? ... How should parents do this? • Should parents talk about alcohol drinking, drug use, and sexual risk behaviors with students? ... How should the parents do this? • Whether or not parents should set rules with students? ... How should the parents do this?	– Does monitoring from parents help to avoid multiple risk behaviors?
• How about relationship between students and parents? • Do you think that the relationship with parents is the cause that lead you to have multiple risk behaviors?	– How it drive students to have multiple risk behaviors?
3. Environmental issues	
• Have you ever been challenged by a friend to either smoke or drink alcohol? • What did you do when your friend challenged you to either smoke or drink alcohol?	– Why do you do as your friend asks you to do?
• How about your school surroundings? • Where is the private place within school that students get together?	– Why do you think that the private place is the cause of risk behavior?

Data analysis

The qualitative data were analyzed by content analysis. The audio-recorded focus groups were transcribed in full and the data analyzed using procedures based upon the principles of Graneheim and Lundman[13] consisting of five steps: 1) intimate familiarity with the data by reading transcripts several times, 2) coding the data word-by-word in order to extract the issues, 3) coding the data line-by-line to identify approaches and to describe words, 4) formulating themes, defining the approaches and refining the processes and comparisons of the themes, and 5) writing up the themes that emerged. Afterward, the researchers rechecked and confirmed the correctness of information by using a data triangulation technique through the various group discussions.

Trustworthiness

The criteria of credibility, dependability, confirmability, and transferability were applied to assure trustworthiness of the study.[13] Credibility was

done by assigning the three research members to check on the researcher's interpretation of data. Dependability was applied using an audit trail to describe and record the research processes and marking of transcriptions to ensure accuracy. Confirmability was conducted through audio-recordings, immediately recorded after finishing the interviews and rigorous content analysis to ensure data accuracy. Transferability was confirmed in that study could be replicated in a similar context or with similar participants.

Findings

Regarding the characteristics of the 25 male students, the average age was 17 years. Fourteen (56.0%) were in grade 12; six (24.0%) in grade 11 and five (20.0%) in grade 10. These participants had engaged in MRB, ranging between two to seven risk behaviors. Most indicated four risk behaviors (seven students; 28.0%), six (24.0%) indicated three and two risk behaviors respectively, and two (8.0%) seven risk behaviors. Interestingly, 19 students reported that their first risk behavior was smoking. (see **Table 2**)

Of the 25 parents, 16 parents agreed to participate in the study. Nine parents declined to take part in the study; the main reason given was not enough time to participate. In addition, ten teachers who interacted with students on a daily basis were recruited to participate in the study. All of the teachers agreed to participate in the focus groups. (see **Table 2**)

Table 2 Frequency and percentage of participants apostrophe demographic characteristics

Demographic characteristics	**Frequency**	**Percent**
Male students (n=25)		
Education level		
Grade 10	5	20.0
Grade 11	6	24.0
Grade 12	14	56.0
Age (year)		
17	20	80.0
18	5	20.0
Number of risk behaviors		
2-3	12	48.0
4-5	11	46.0
6-7	2	8.0
Parents (n=16)		
Father	4	
Mother	8	
Close relative (eg. uncle, aunt)	4	
Age (year)		
30-40	10	
41-50	6	
Sex		
Male	5	
Female	11	

Table 2 Frequency and percentage of participants apostrophe demographic characteristics (Cont.)

Demographic characteristics	Frequency	Percent
Teacher (n=10)		
Age (year)		
25-35	2	
36-45	6	
46-55	2	
Working experience (years)		
1-5	4	
6-10	4	
11-15	2	
Position		
Advisory teacher	4	
Guidance teacher	1	
Health education teacher	3	
Physical education teacher	2	

Meaning of multiple risk behaviors (MRB)

Participants identified the meaning of MRB, which means more than one risk behaviors, and at least two risk behaviors which have a mutual relationship:

> *I think it means more than one risk behaviors. My risk behaviors are about seven behaviors.* (Male student, 4B)

> *MRB mean many risk behaviors. The risk is still not good because there is harm to themselves and others, both direct and indirect effects.* (Parent, 2P; Teacher, 9T)

The findings about the individual and contextually-related issues causing MRB from different perspectives are presented in three themes, and described below:

Individual and contextual related issues causing multiple risk behaviors (MRB)

The information from focus groups elicited individual and contextual related issues causing MRB; these issues were clustered into three main themes. **Figure 1** describes the three themes with their components described as follows:

Theme I: Individual issues

These were identified as five issues causing MRB in male adolescents: knowledge on risk behaviors prevention, positive attitude towards MRB, less self-confidence to avoid MRB, emotional intelligence, and time management.

These participants described that they did not know the information about risk behavior prevention, especially contraception. Interestingly, they misunderstood about contraception. When asked what type of contraceptive they most often used, a male student shared his experience of using external ejaculation (e.g., withdrawal) and he believed that it was the safer method when compared to other methods:

> *I prevent teenage pregnancy by external ejaculation. That is the best way for me because my girlfriend will get a headache after she takes the contraceptive pill.* (Male student, 2A)

Many participants mentioned that adolescents have positive attitudes towards MRB; they feel good when they do risk behaviors, for example:

After I smoke, I feel good, happy, relax, and sleep well. (Male students: 1-2A, 2B, 6B, 1C, 3C, 5-6C)

Most adolescents ... they feel cool and smart. (Parent, 7P; Teachers: 1-2T, 4-5T, 9T)

In the following example, participants discussed that curiosity is an important drive for them to try risk behaviors. In addition, it is acceptable for them to perform these behaviors.

Although they know the substance use is a bad thing, but they are curious and want to try. (Parents: 1-3P, 5P, 11P, 13P; Teachers: 7-8T)

Male students think that risk behaviors make them smart and are very normal for their life. (Teachers: 1T, 2T, 4T, 5T & 9T Male students: 5C)

However, participants lacked self-confidence to avoid MRB when their friends persuaded them to try something, and made a joke about their fear.

I never say "No" with my friend because my friend says that I am inexperienced or do not dare to take risk behaviors. These words make me feel disgrace at being a man. (Male students: 1C, 8C)

If he denies the risk behaviors when his friends invite him (to do it), *that means he is not a true friend.* (Parents: 4P, 12P, 14-15P; Teachers: 2-3T, 5T)

The participants were unable to monitor, manage, and deal with stressful situations. For example, they talked about risk behaviors as relieving stress:

I choose the way for stress relief by smoking because I do not know how should I do this. If I play the game, I feel angry when I smoke with my friends, I feel good. Therefore, when I feel stressed, I usually smoke. (Male student, 5C)

Male students have several problems that make them feel stress. They do not know how should they do something. Thus, they always take the risk behaviors. (Teacher, 10T)

Furthermore, they usually engaged in risk behaviors when their parents punished them. The following extracts highlight these emotional intelligence concerns:

I like to resist and feel angry with my parent as Ying-Wa-Ying-Yu (in Thai: more warning the more daring). When my parent says NO to me, I felt uncomfortable, so, I would like to relieve it. (Male students: 1-2A, 3B, 3C)

He likes to resist and makes me feel really bad. (Parents: 1P, 15P; Teacher, 8T)

Adolescents perceived that they usually engaged in risk behaviors when they have free time as unplanned time.

Every time that I have free time, I am smoking and alcohol drinking. (Male student, 2A, 5A, 2-4B)

Furthermore, we asked them more detail about why they did not spend time to do useful things, and one student mentioned:

When I have free time, I do not know what should I do at that time. (Male students: 2A, 2-4B, 5C)

Theme 2: Family issues

Two family factors were identified as promoting MRB in male adolescents: family relationships and parental monitoring. The participants mentioned the role that poor parent-child relationships play in MRB. Some reported feeling a lack of warmth and affection in the family because their parents did not spend time with them. The following extracts highlight about family relationships:

My parents do not have time with me. (Male students: 2A, 2B, 5-6C)

I think that the cause which leads my son to do the risky behaviors is lack of warmth and affection in family. (Parents: 2P, 7P, 13P, 15-16P)

Because parents have to work hard, their son is abandoned and feels lonely. (Teacher, 2T)

The participants also mentioned parenting behaviors to control and monitor adolescent behaviors. For example, some mentioned that parents allowed their son to engage in risk behaviors because it is acceptable for males. Accordingly, there appears to be a double standard in Thai culture for engaging in risk behaviors:

My parents thought that risk behaviors are acceptable and allowed me to smoke and drink alcohol. (Male students: 1-4A, 3-4B, 6-7B, 4C, 8C)

I accept when my son invites his friends to smoke and drink alcohol at my home. (Parents: 3P, 7P, 13P)

Parents know that his/her son has risk behaviors, but they accept and allow him to do these behaviors at home. (Teachers: 3T, 6T, 8-9T)

Participants discussed about family's rules, especially expectations for curfews or spending time at home. They had freedom in daily life, and they usually spent time with their friends and used social media for chatting with a girlfriend:

My parent does not set the rule and time for come back home. If I want to do something, I can do it. (Male students: 1-2A, 4A, 1C, 4C, 7C)

I do not set the rule with my son. (Parents: 9P, 11P)

Most parents teach their sons ... but do not set the rule with them. (Teacher, 9T)

Theme 3: Environmental issues

According to data from focus groups, it was found that the environmental factors influencing the MRB of male students can be divided into two parts: motivation from friends and school factors.

Friends are an important part of the male adolescent's daily life and played a role in their MRB. Most participants referred to persuasion by friends, imitation of risk behaviors from their friends, wrong values from a group of friends, helping their friends in the wrong way, special occasions, and making friends engaged in MRB. For example:

My friends asked me to do the risk behaviors, I did the same way as my friends have done. (All of male students; Parents: 6-9P)

The issue of "pressure" was considered to be the greatest challenge faced by male adolescents. They could not ignore their friends because they need the acceptance from the group. The following extracts highlights these peer pressure concerns:

Male adolescents who study in the junior secondary school level, they usually feel fear about their friends not accepting them into the group. (Male students: 2A, 5A, 3-4B; Parents: 3P, 7P; Teachers: 1T, 8T)

When we explored methods used to convince friends to engage in MRB, participants reported that male adolescents are usually persuaded to engage in risk behaviors together or were challenged to engage in the behavior:

My friends use the challenge word (Kam-Tha-Tie: Thai) *with me such as "do not dare", and "weak""* (Male students: 3B, 1C, 5-6C, 8C; Parents: 7P, 9P, 13P, 15-16P)

School environmental issues identified through the focus groups included school climate, unsafe places in school, and school regulation. The participants mentioned that school has few campaigns to prevent MRB among male students. The following extracts highlight these school atmosphere concerns:

School has few campaign activities for prevent the risk behaviors. (Male students: 4A, 7A, 2-6B, 3C, 6-9C)

School rarely has continuous activities to prevent the risk behaviors as a one shot activity. (Teachers: 6T, 9T)

Additionally, the participants mentioned that there is unsafe place in school where male students were able to engage in risky behaviors. These were areas within the school, such as toilets, the area behind the buildings, that people rarely go.

I often smoke in the toilet of the building such as in building three, building six, and behind the building. (Male students: 7A, 6B, 8B, 5C, 9C)

School should conduct strict rules for control of the risk behaviors of male students. (Parent, 8P)

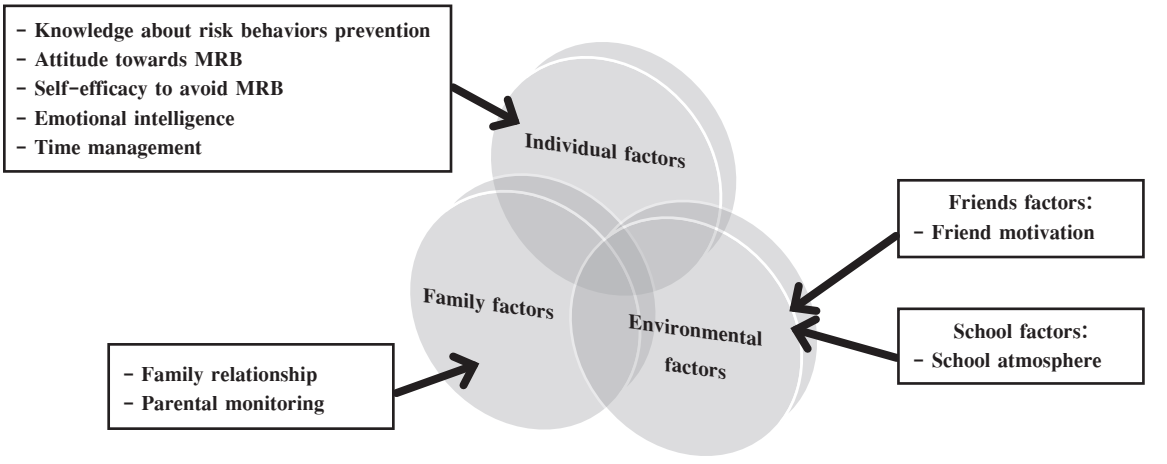

Figure 1 Perceived causes of MRB in male adolescents

Discussion

Our study findings are important as they help address the limitations of the existing literature regarding MRB among adolescents, and explore individual and contextual issues that contribute to MRB. The findings reveal a few prioritized behavioral concerns causing multiple risk behaviors, such as double standards between female and male Thai adolescents and malpractice adopted from familial context. For example, the parents did not place time limits on their sons being out of home.

Consistent with previous research[10-11], a broad definition of MRB is more than one behavior directly or indirectly influences individual health and well-being. Additionally, Hair et al.[15] explained that MRB means adolescents often engage in more than one risky behavior. Adolescents who engage in any one risk behavior are likely to engage in others.[7-8,10] This might not support traditional Thai beliefs about the five commandments of Buddhism.[16] Smoking seems to be the gateway to all other risk behavior, thus, abstaining from smoking is may be the single most important commandment because it helps to ensure reliability from not engaging in other risk behaviors.

There is a complex array of MRB facing male adolescents. Their development and engagement in risk behaviors is influenced by factors within the three themes of individual, family, and environmental issues.

Individual issues: The findings indicate misunderstanding about risk behavior associated with MRB. The adolescents described that they did not know the information to prevent risk behaviors especially contraception. In Asian culture, parents control over girls is more strict than boys in the manners that are part of gender roles. A virgin until marriage is a one symbol of a good woman that remains in Asian, specifically Thai, society.[17] Women are advised to

tolerate this situation and accommodate themselves to it, whereas men are flattered for their promiscuity.[17]

In addition, our findings showed that male students have positive attitudes towards engaging in MRB. Such attitudes contribute to MRB. Male adolescents feel good when they do the risk behaviors, and curiosity drives them further to engage in these. Attitudes and beliefs help determine a person's behavior to do certain things and adolescents make their choices following these. Thai fathers are known for being particularly protective and acquisitive of their daughters, exercising a great control over their daughters' intimacy with other teenage boys. For boys, however, sexual abandonment is approved or even encourage. Smoking is masculine in their perception. It is more acceptable for males to smoke compared to females. Consistent with previous studies, attitude towards smoking has a positive relationship with smoking behavior among adolescents.[17]

Our findings show that adolescents who engaged in MRB lacked self-confidence to avoid MRB when their friends persuaded them about this, and made a joke about their fear. "Losing face" or the idea or value behind saving face, is that nobody wants to lose face or dignity.[17] For example, most adolescents do not want to be embarrassed or look like a fool when they go so far as to tell you "yes" when they mean " I don't want to." This feeling might cause losing their capabilities to produce designated levels of performance that exercise influence over events that affect their lives. Adolescents refer to low refusal self-efficacy and assertiveness to say no, or stay away from the risk situation because they do not want to lose face. Consistent with the previous research, Liu et al.[18] found self-efficacy to avoid smoking was significantly correlated with male students' intention to smoke.

Another issue relates to emotional intelligence. The findings show that the male students who engaged in MRB were unable to monitor, manage, and deal with the emotional and mental condition as the stress situations. Moreover, they usually participated in risk behaviors when their parents punished and prohibited them from doing these. Emotional intelligence may act as a buffer against risk-taking behaviors and may protect males from engaging in potentially harmful behavior. For example, Resurreccion et al.[19] found a positive correlation between psychological maladjustment and emotional quotient in adolescents. Likewise, adolescents with low emotional intelligence were more likely to have engaged in risk-taking behavior as smoking behavior, alcohol consumption, and illegal drug use.[20]

The participants also perceived that they were unable to organize, plan, and manage their free time. In Thai culture, there is some evidence that adolescents whose parents used authoritative parenting practices engaged in delinquent or risk behaviors more than those whose parents are permissive or neglectful.[17] Previous studies support that adolescents who use free time in a manner that is not useful is one risk factor for adolescent risk behavior, and leisure spending is a predictive factor of perceptions of smoking-related risks.[5]

Family issues: The findings revealed that parents allowed sons to engage in risk behaviors because it is more acceptable for males. In Thai culture, parental monitoring includes tracking behaviors that supervise and provide consciousness of a child's whereabouts, activities, and companions are relevant to Thai adolescent behaviors.[21] Moreover, some parents did not set the family's rules, specifically, the time to come back home. Parenting style can either commit to, or prevent adolescent risks, such as substance use and delinquency. Authoritative parenting practices, characterized by intimidating and controlling parental behaviors, without warmth, are related to an increase risk of adolescent problem behaviors.[22] This information indicates that parents play a key role for preventing MRB of male students. Consistent with the previous study, adolescents who perceived less parental monitoring were more likely to have risk behaviors including alcohol drinking, smoking behavior[22], and sexual risk behavior[23].

Recent Thai culture changes are important to consider. Families are less unified with their neighborhoods. Urban lifestyles are more evolved by western influences, and are less closely knit than rural communities. Accordingly, the existing tension between Thai traditional values and the changes emerged in modern society resulting in increased pressure on adolescents to engage in risky behaviors.[24] The results point to difficulties in relationships between male students and their parents. Male students feel a lack of warmth and affection in their family because their parent(s) does not spend time with them. Family is the basic unit of Thai's society; parent rearing shapes attitudes, habits, and personality through the interaction between family members.[25] Currently, relationships between family members are reduced because of a single family, and parents do not have time to spend with their child. Adolescents whose parents had neglectful/unengaged or authoritarian parenting styles had an increased risk for drinking alcohol, smoking, and/or using drugs.[26]

Environmental issues: During adolescence, peer relations are very significant. Study findings point to the influence of peer as a primary contextual factor contributing to adolescents' tendency to make risky decisions. In addition to a puberty-related interest in opposite sex relationships, adolescents spend more time than children interacting with peers. They report the highest degree of pleasure when surrounding with peers, and accredit greatest priority to peer norms.[27] The findings point to friend persuasion, imitation, and wrong values as causes of MRB. As well, the issue of "pressure" was considered to be the greatest challenge faced by male students. All of these can refer to the concept of socialization that is important for Thai adolescents because it influences their way of thoughts and behaviors. Peer acquiescence and peer involvement is found to be significantly correlated with the students' health risk behaviors.[26-27] Connecting with friends who engaged in the same risk behaviors is the single most influencing factor triggered in other specific risk behaviors.

The findings also show student-school connection can be advanced by developing social skills and social competence, and improving school climate. Students are inspired by an authoritative teaching style that is demanding, supportive and fair. School atmosphere that influences risk behaviors of male students including few prevention campaign, not strict school regulation, and unsafe places in school. The United Nations Office on Drugs and Crime[28] mentioned that school environments are major protective factors against health-risk behaviors in adolescence. This indicates that improving school environment decreases adolescent risk behaviors.

Limitations of the study

Our findings should be considered in the context of some study limitations. Although this study did identify issues related to risk-taking behaviors of Thai male adolescents living in urban areas, factors that contribute to MRB may be different for diversity in Thai adolescents. This study involved a small sample of participants in only one province of Thailand. The caution should be taken to other populations. Further research should be undertaken to explore the impact of social and cultural norms among male adolescents.

Conclusion and Implications for Nursing Practice

Concerns about contextual related issues causing MRB of Thai male students have been documented in the literature for decades. The findings suggest that male students will engage in MRB within the various elicited 3 themes underneath with individual and contextual-related issues causing MRB among individual, family, friend, and school environment. Thus, the development of risk behavior prevention should be in collaboration with male students, parents, and teachers. Effective prevention MRB intervention programs should address the risks posed at the individual level, as well as the contextual level. These interventions should be delivered directly to adolescents, or indirectly

through targeting parents or family members, school teachers, or significant others of adolescents. Multiple component interventions should target psychological, educational, behavioral, parental, and environmental issues, and be delivered at different levels (individual, family or school). Specifically, at the individual level, interventions should highlight comprehensive interventions, motivational consultation, health literacy and/or arrangement of individual needs. Interventions delivered at the family level should strengthen family relationships and child rearing through family training for parents and family members. Interventions delivered in a school setting might be integrated into the school curriculum, and the school could launch policies against substance usage, training for teachers and peers, and develop environmental support. The focal point of interventions will be those that drive to enhance parenting skills; communication and interaction between parents and adolescents; teachers' consultation skills; adolescents' problem solving, decision-making skills, resilience, and health literacy.

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ความเข้าใจสาเหตุของพหุพฤติกรรมเสี่ยงของวัยรุ่นชายไทยจากมุมมองที่หลากหลาย: การศึกษาวิจัยเชิงคุณภาพแบบพรรณา

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บทคัดย่อ: พหุพฤติกรรมเสี่ยงในวัยรุ่นเป็นประเด็นระดับนานาชาติ อุบัติการณ์ของพหุพฤติกรรมเสี่ยงในวัยรุ่นชายไทยเพิ่มขึ้นอย่างต่อเนื่อง เป็นที่น่าสนใจว่าการแก้ไขปัญหาที่ผ่านมายังคงเน้นที่การปรับเปลี่ยนพฤติกรรมใดพฤติกรรมหนึ่ง โดยไม่ได้ให้ความสำคัญกับการเกิดร่วมกันของพฤติกรรมเหล่านี้ นอกจากนั้นแล้วยังขาดการพิจารณาสาเหตุของปัญหาร่วมกันที่มาจากวัยรุ่น ผู้ปกครอง และครู การวิจัยเชิงคุณภาพแบบพรรณนานี้มีวัตถุประสงค์เพื่อค้นหาปัจจัยทางวัฒนธรรมที่เป็นสาเหตุของการเกิดพหุพฤติกรรมเสี่ยงในวัยรุ่นชาย โดยศึกษาจากวัยรุ่นชาย ผู้ปกครอง และครู ซึ่งถือเป็นปัจจัยเชิงบริบทที่สำคัญ วิธีการศึกษาใช้การสนทนากลุ่มจำนวน 11 ครั้ง ประกอบด้วย วัยรุ่นชาย 25 คนที่มีพหุพฤติกรรมเสี่ยง จำนวน 6 ครั้ง ผู้ปกครอง 16 คน จำนวน 3 ครั้ง และครู 10 คน จำนวน 2 ครั้ง โดยศึกษาในโรงเรียนมัธยมศึกษาพื้นที่แถบชานเมือง ด้านตะวันออกของกรุงเทพมหานคร การวิเคราะห์ข้อมูลใช้เทคนิคการวิเคราะห์เนื้อหา

ผลการศึกษาจากแหล่งข้อมูลที่ได้จากวัยรุ่นชายที่มีพหุพฤติกรรมเสี่ยง ผู้ปกครอง และครู แสดงถึงความสอดคล้องของสาเหตุ 3 ประเด็นที่สำคัญ ประกอบด้วย 1) ปัจจัยส่วนบุคคล ได้แก่ ความรู้เกี่ยวกับการป้องกันพฤติกรรมเสี่ยง ทัศนคติที่มีต่อพหุพฤติกรรมเสี่ยง การรับรู้ความสามารถในการหลีกเลี่ยงพหุพฤติกรรมเสี่ยง ความฉลาดทางอารมณ์ และการจัดการเวลา 2) ปัจจัยทางครอบครัว ได้แก่ สัมพันธภาพในครอบครัว และการควบคุม กำกับ ติดตามของผู้ปกครอง 3) ปัจจัยทางสิ่งแวดล้อมในส่วนของเพื่อนและโรงเรียน ประกอบด้วย แรงกดดันและแรงจูงใจที่ได้รับจากเพื่อน และ กฎ ระเบียบ บรรยากาศ และพื้นที่เสี่ยงภายในโรงเรียน ผลการศึกษาแสดงให้เห็นถึงความสำคัญของโปรแกรมป้องกันพหุพฤติกรรมเสี่ยงของวัยรุ่นชายที่ต้องใช้การปรับเปลี่ยนทั้งปัจจัยระดับบุคคลและปัจจัยเชิงบริบท พยาบาลควรเข้าใจความต้องการเฉพาะในวัยรุ่นเพื่อลดโอกาสในการเกิดพหุพฤติกรรมเสี่ยง กิจกรรมที่ใช้ควรเน้นการมีส่วนร่วมระหว่างครอบครัวและโรงเรียน

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คำสำคัญ: ปัจจัยบริบท พหุพฤติกรรมเสี่ยง วัยรุ่นชาย การวิจัยเชิงคุณภาพแบบพรรณนา

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