

A STUDY OF ATTITUDES TOWARD SEX OF PRE-CLINICAL
AND SPECIALIZED DIPLOMA NURSING
STUDENTS IN THAILAND

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Chapter I

THE PROBLEM, DEFINITIONS OF TERMS USED, AND LIMITATIONS OF THE STUDY

This chapter includes the introduction and background of the study, the statement of the problem, the purpose of the study, the research hypothesis and the definitions of the terms used.

INTRODUCTION

Sex has never been treated as equally important in all cultures, because sexual patterns are influenced by each particular culture. Five years spent in the United States, a country where sex is talked about quite openly, have made the researcher, a Thai, wonder about what the attitudes toward sex are in Thailand now.

Only one research study of the sexual attitudes of Thai students has been done lately. Some of the studies that were done in Thailand have not been published and are difficult to obtain.¹ This is not surprising because Thai society has long placed strong taboos on the subject of sex, but now more liberal education and the exchange of culture with Western countries have doubtless resulted in cultural changes. The time has come to investigate current attitudes.

¹ Julian Wohl and Andrew Dunlop, "Sexual Attitudes of Thai Students: An Exploratory Cross-Cultural Study," Human Organization, Vol. 29, No. 3, (Fall, 1970), p. 190.

I. THE PROBLEM

The preparation of a graduate nurse for coping effectively with her patients stresses the interrelationship of physical and mental problems. Psychological problems may have their origin in sexual concern. Therefore, the nurse must be competent in this area.

Statement of the Problem

Is there a significant difference in the attitudes toward sex of the pre-clinical students and the specialized students attending Women's Hospital School of Nursing Medical Department of Thailand.

Statement of the Hypothesis

There is no significant difference in the attitudes toward sex of the pre-clinical students and the specialized students attending Women's Hospital School of Nursing Medical Department of Thailand.

Purpose of the Study

The purpose of this study was to discover differences in the attitudes toward sex between the pre-clinical students and the specialized students attending Women's Hospital School of Nursing Medical Department of Thailand.

II. DEFINITIONS OF TERMS

To assure unity of thought, the following terms are defined.

Pre-clinical Students

The first year students in the school of nursing, who are

studying in pre-nursing subjects, basic nursing care, and general education at Women's Hospital School of Nursing Medical Department of Thailand.

Specialized Students

The students in the fourth year in the school of nursing at Women's Hospital Medical Department of Thailand have completed both theoretical and practical study of general nursing care and specific disease nursing care. They pursue study and practice in Obstetrical nursing and Public Health nursing.

LIMITATIONS OF STUDY

The study had the following limitation: The population was limited to the pre-clinical and the specialized diploma nursing students attending Women's Hospital School of Nursing Medical Department of Thailand during October and December 1974. There was no random sampling because of the small size of the population.

The questionnaire was carefully constructed with proper respect to Thai's cultural patterns, and translated into Thai language to eliminate misinterpretation.

Chapter II

REVIEW OF LITERATURE

It would seem that humans have always had an interest in sex, but the acceptance of sex as a legitimate field for intellectual and scientific inquiry has been a very recent development. The early researchers were strongly influenced by the restriction of Victorian thinking; however each was able to push significantly beyond these restricted patterns to make his individual contribution to the study of human sexuality.²

The first of the Victorians to take a modern view of sexual attitudes was Havelock Ellis an English physician. His scholarly series, Studies in the Psychology of Sex, claimed that attitudes toward sex are individually and culturally determined. This was a keystone of all modern research in sexual psychology.³

Also attacks upon Freud are well known. Freud shocked his Victorian world when he insisted that sexuality is a powerful motivating force in human behavior. However, Freud's theory turned out to be a cultural factor in psychosexual development known as adult sexual behavior, and marital adjustments were also strongly conditioned by

² Fred Belliveau and Lin Richter, Understanding Human Sexual Adequacy, (Boston: Little, Brown and Co., 1970), p. 4.

³ Ibid.

cultural attitudes about sexuality.⁴

Another individual who did much to transform American attitudes toward sexuality was Alfred Kinsey. His contribution and the institute for sex research he founded had a very liberating effect on the public's attitudes toward sexuality.⁵ Undoubtedly, sex became a subject which could be discussed and studied far more openly than ever before.

In regard to the sexual attitudes of the college students, Packard has reported that Italian university girls were the most conservative of any national sample in believing that coital experience should occur only after marriage.⁶ Extreme freedom of behavior and permissiveness of attitudes were found among the English students.⁷

Interest in sexual study was shifted from Western countries to Asian countries. Yasumasa Tanaka, a Japanese social psychologist, reported interesting similarities and contrasts of the students' attitudes toward premarital sexual behavior in seven Asian and Pacific countries. He divided premarital activity into nine stages, from dating to sexual intercourse. His study showed a universal pattern of the percentage of the students approving further intimacy almost identical between the samples from Japan, Korea, HongKong, Singapore, Malaysia, Australia,

⁴ Edward J. Murray, Motivation and Emotion, (New Jersey: Printice-Hall, Inc., 1964), p.p. 45-47

⁵ Vance Packard, The Sexual Wilderness, (New York: David McKay Co., 1968), p. 72.

⁶ Ibid., p. 170.

⁷ Ibid., p. 166.

and New Zealand, but the opposition got stronger after stage six (touch woman's genitals) than was shown in the report of the two Anglo-saxon countries. The second pattern was that all cultures placed strong taboos on sex activity by girls, adding the agreement that a nice girl really should not go much beyond a friendly kiss.⁸

In 1968 the study of attitudes toward marriage roles of Thai students by Gardiner was published in The Journal of Psychology. Jacobson's scale was slightly modified for Thai understanding. The study showed a significant difference on the overall scale: Thai males were high on male dominance while Thai females high on equalitarianism.⁹ When compared with similar groups of varying ethnic background, Thai females differed significantly from other groups (Japanese-American, Caucasian-American) except Japanese females who were in the direction of greater equalitarianism. Thai males were not significantly different from the other male groups, except for the Japanese-Americans in Hawaii who were significantly more male-dominant.¹⁰

Recently a series of research studied reported on sexual attitudes of Thai students by Julian Wohl and Andrew Dunlop. The samples were the Thai students of Chiang Mai University, the British students

⁸ Jack Horn, "Courtship Behavior in Asia: Beyond the Hug or Kiss, It's Better to Be Occidental," Psychology Today, VIII, No. 3, (August 1974), p. 61.

⁹ Harry W. Gardiner, "Attitudes of Thai Students Toward Marriage Roles," The Journal of Social Psychology, Vol. 75, (June 1968), p.p. 61-65.

¹⁰ Ibid.

from the University of Lancaster, and the American students from the University of Toledo, Ohio. In the sample of each group composed of males and females, the response analysis showed that the Thai students were stronger in disapproving assertiveness in women than were the Western groups; also they expected their authority to be stronger, more directive, and more morally clear cut than did the Westerners. Besides that the Thai students tended to see sexually related behavior in moralistic terms to a greater extent than did other groups. They expressed less tolerance of norm-violating behavior than the Western groups.¹¹

¹¹ Wohl & Dunlop, *op. cit.*, p.p. 190-196

Chapter III

METHOD

INTRODUCTION

Information included in this chapter consists of the facts on the questionnaire, population sample, administration procedure, method of analysis, and the statistical test used.

STUDY DESIGN

Questionnaire

The questionnaire was designed to obtain information about childhood experience and attitudes toward sex. Factors such as religions and cultural background which have shaped attitudes toward sex, and personal information such as age and hometown were asked. In the pilot study, research was done to determine the validity of the questionnaire. The Thai female students attending Emporia Kansas State College during Fall semester 1974 were asked to answer the questionnaire in the English language and Thai language. It was found that there was some difference between the response to those questions in English and those in the Thai language. Also the response to three questions showed no validity. All the subjects reported that they had received no instruction on birth control from their parents and two other questions received no specific answer, so those questions were eliminated. It

should be noted that the questionnaire used for this study was designed to elicit attitudes toward sex of the single Thai female only.

Population Sample

The samples for this study were two classes of the student nurses attending Women's Hospital School of Nursing Medical Department of Thailand between October and December 1974. These two classes were composed of one hundred twenty-seven subjects in Pre-clinical Block, and one hundred eight subjects in Specialized Block. There was no random sampling because of small total population.

Administration

Each class was divided into four groups, called group A, group B, group C, group D, for convenience in nursing practice. The questionnaire was administered to each group at the beginning of the class. Each subject was asked to give the answer carefully because individual opinion was needed. In order to help the subject feel free to answer and give any opinion, the subject was asked not to write her name on the answer sheet. The questionnaire used can be found in the appendix (see appendix A).

Statistical Technique

Correlation of the scores of pre-clinical students and the scores of specialized students was done by a chi-square ($p < .05$) analysis. The level of significance used was at the ($p < .05$) level. The degree of freedom varied from one to three depending upon the size of the cell being analyzed. To measure the relationship between two variables the coefficient of contingency was used.

Chapter IV

ANALYSIS OF DATA

INTRODUCTION

This chapter contains the response analysis, statistical analysis, and interpretation of the study's results. The statistical technique of chi-square (χ^2) was used to compare the groups.

RESPONSE ANALYSIS

Three hundred thirty-five questionnaires were administered to two selected classes of student nurses at Women's Hospital School of Nursing Medical Department Bangkok, Thailand. There were one hundred twenty-seven subjects in the pre-clinical class, and one hundred eight subjects in the specialized class. The questionnaires were administered during October and December 1974. All of the questionnaires were returned, but there was not a one hundred percent response to all items on the questionnaire.

STATISTICAL ANALYSIS

In this section data from the questionnaire has been analyzed statistically. Chi-square was the test selected to determine if deviations were significantly different from their expected values. A chi-square table was used to obtain the necessary value at the .05 level of significance at the required degree of freedom. The expected frequencies were computed on the assumption that there was no relation-

ship between the variables as the null hypothesis was formed for the study. The contingency coefficient (C) was also calculated to determine the degree of relationship between the independent and dependent variables.

Pre-clinical students' responses to thirty statements in the questionnaire were compared to the response of specialized students. The responses to each of the thirty statements were computed and analyzed in the same manner, since a chi-square value of the .05 level was used. No significant relationship was found between their background and attitudes toward twenty-three statements (Table 8). A significant relationship was observed in the case of the other seven statements in the questionnaire. Detailed analysis of their response is discussed in the following section. The comparison of general background and attitudes between the two groups of pre-clinical student nurses and the specialized student nurses was made, and measured through their response to thirty statements of the questionnaire. The detailed statistical analysis with respect to response of item #1 has been shown in Table 1.

Item #1: Subjects' age

The first question indicated the difference in age between the two groups. A chi-square value of sixty-four point zero four was obtained. Using two degrees of freedom, a value of $\chi^2 \gg 5.99$ was required to reject the null hypothesis at the .05 level of significance. Since the obtained chi-square was greater than the tabled value, the null hypothesis was rejected. It was concluded that a significant relationship did exist between the number of years in school (independent

variable) and the response (dependent variable) to the statement "How old are you?" This difference was due to the limitation of the new students' age, since no one under seventeen and no one more than twenty-five years old can be registered to start in nursing school in Thailand.

Table 1

Chi-Square Value and Contingency Coefficient
of Student Nurse Respondents to Item 1
(Subjects' age)

| Response | Between 17-20 | Between 21-25 | Over 25 | Totals |
|--------------------------|-------------------|------------------|-------------|--------|
| Pre-clinical students | 100* (69.71)** | 27 (56.20) | 0 (1.08) | 127 |
| Specialized students | 29 (59.28) | 77 (47.79) | 2 (0.91) | 108 |
| Totals | 129 | 104 | 2 | N= 235 |

*of = observed frequency

$$\chi^2 = 64.04$$

**ef = expected frequency
in pstrnyhrdrd

$$df = 2$$

$$C = .46$$

Item #5: Rating of Degree of Religion

Table 2 refers to the question, "How religious would you say you are?" The students in the pre-clinical class rated themselves less religious than the students in the specialized class. The difference was significant at the .05 level. This difference was possibly due to maturity as the students in the specialized class were older than the

students in the pre-clinical class. Also, during three years of nursing experience, they had had greater opportunity for helping people.

Table 2

Chi-Square Value And Contingency Coefficient
of Student Nurse Respondents to Item 5
(Rating of Degree of Religion)

| Response | Very religious | Somewhat religious | Slightly religious | Not at all religious | Totals |
|--------------------------|-------------------|-----------------------|-----------------------|-------------------------|--------|
| Pre-clinical students | 6 (5.94) | 60 (69.17) | 55 (44.85) | 6 (7.02) | 127 |
| Specialized students | 5 (5.05) | 68 (58.82) | 28 (38.14) | 7 (5.97) | 108 |
| Totals | 11 | 128 | 83 | 13 | N= 235 |

$$\chi^2 = 7.93$$

$$df = 3, C = .18$$

Item #6: Age of the Mother When She Married

Table 3 refers to the response of the student nurses to determine their mothers' age when she married. It showed that the mothers of the students in the pre-clinical class tended to marry at an older age than the mothers of the students in the specialized class.

The comparison between the mothers' age of the students in the pre-clinical and the mothers' age of the specialized students showed a significant difference beyond the .01 level. These differences were believed to be the effect of the expansion of higher education for

women since only single girls can be in school in Thailand, so the girls had to stay in school longer before they married.

Table 3

Chi-Square Value And Contingency Coefficient
of Student Nurse Respondents to Item 6
(Age of the Mother When She Married)

| Response | Under 17 | Between 17-20 | Between 21-25 | Over 25 | Totals |
|--------------------------|-------------|------------------|------------------|---------------|--------|
| Pre-clinical students | 3 (4.34) | 45 (56.44) | 60 (52.10) | 19 (14.11) | 127 |
| Specialized students | 5 (3.65) | 59 (47.55) | 36 (43.89) | 7 (11.88) | 107 |
| Totals | 8 | 104 | 96 | 26 | N= 234 |

$$\chi^2 = 12.26$$

$$df = 3, C = .22$$

Item #16: Personal Experience of Seeing Anybody
Kissing In the public

The sixteenth item which questioned the personal experience of seeing anybody kissing in public showed that the specialized students have more experience than the pre-clinical students.

A significant difference was found at .05 level. The experience of the specialized students and the pre-clinical students was significantly different. It was believed that the specialized students were far more exposed to the people who lived in the metropolitan area than

the pre-clinical students.

Table 4

Chi-Square Value And Contingency Coefficient
of Student Nurse Respondents to Item 16
(Personal Experience of Seeing Anybody Kissing in Public)

| Response | Never | Occasionally | Very often | Totals |
|-----------------------|------------|---------------|-------------|---------|
| Pre-clinical students | 74 (63) | 49 (60.30) | 3 (2.69) | 126 |
| Specialized students | 43 (54) | 63 (51.69) | 2 (2.30) | 108 |
| Totals | 117 | 112 | 5 | N = 234 |

$$\chi^2 = 8.8$$

$$df = 2, C = .19$$

Item #20: Comparison of the Attitudes Toward
Birth Control Pills

Table 5 was to compare the attitudes toward birth control pills between the two groups of pre-clinical students and specialized students. The detailed statistical analysis with respect to the response to item #20 is shown in Table 5.

A significant difference was found at .05 level. The pre-clinical students have not attended the classes dealing with birth control pills. As a result, they do not have the same attitudes toward birth control pills as the specialized students. Undoubtedly the specialized students developed more positive attitudes toward birth

control pills than did the pre-clinical students. Since the pilot study for this research had shown that none of the subjects had been instructed about birth control pills, it would appear the pre-clinical students have not been informed about birth control pills by their parents either.

Table 5

Chi-Square Value And Contingency Coefficient
of Student Nurse Respondents to Item 20
(Attitudes Toward Birth Control Pills)

| Response | Not for single girl | For family planning in marriage only | For any women to avoid having unwanted child | Totals |
|--------------------------|---------------------------|--|--|---------|
| Pre-clinical students | 30 (22.17) | 50 (50.26) | 22 (29.56) | 102 |
| Specialized students | 15 (22.82) | 52 (51.73) | 38 (30.43) | 105 |
| Totals | 45 | 102 | 60 | N = 207 |

$$\chi^2 = 9.25$$

$$df = 2, C = .20$$

Item #29: Comparison of the Attitudes
Toward X-Rated Movies

X-rated movies were not permitted to be shown to the public in Thailand, but were shown only in particular groups of men's clubs. It was noted that very few of the subjects in both groups had ever been exposed to X-rated movies, although they knew what X-rated movies were

about. The statistical analysis with respect to item 29 was presented in Table 6.

Table 6

Chi-Square Value And Contingency Coefficient
of Student Nurse Respondents to Item 29
(Attitudes Toward X-Rated Movies)

| Response | Should not be shown at all | Should limit the age of the person | It can be useful and harmful | It is personal right to desire | Totals |
|--------------------------|----------------------------------|--|------------------------------------|--------------------------------------|---------|
| Pre-clinical students | 17 (12.82) | 27 (39.55) | 41 (37.94) | 39 (33.67) | 124 |
| Specialized students | 7 (11.17) | 47 (34.44) | 30 (33.05) | 24 (29.32) | 108 |
| Totals | 24 | 74 | 71 | 63 | N = 232 |

$$\chi^2 = 13.81$$

$$df = 3, C = .23$$

The attitudes toward X-rated movies showed a marked statistical difference existing between the pre-clinical students and specialized students above the ($p < .005$) level. The majority of the pre-clinical students were concerned about the value of the movies and the right of the person to see them. The large majority of the specialized students tended to favor limiting the age of the person viewing the movies. It should be noted that thirty percent of the pre-clinical students indicated a preference for the option: "It should not be shown at all," while only six percent of the specialized students' responses showed

opposition. This would indicate that pre-clinical students had developed more negative attitudes toward X-rated movies than specialized students, otherwise they indicated the personal right to see them.

Item #30: Comparison of the Opinion For the Best Source of Sex Education For Children

Sex education in Thailand was generally speaking in terms of biological comparison. However, the cultural pattern does not arouse the children to want to ask more questions. But the fact that the children will talk more openly with their own group, undoubtedly indicated that sex would be one of the interesting subjects of conversations within the group.

To determine the opinion of the best source of sex education for children with the two groups, pre-clinical students and specialized students, the response to item #30 was analyzed and is shown in Table 7.

Comparison between the pre-clinical students and the specialized students showed that the pre-clinical students advocated that sex information should be given at school, while the specialized students preferred friends as the most reliable source of information. However the large majority of both groups still favored parents as the best source of sex education for children.

Presentation of All the Items Showing No Significant Relationship

There were twenty-three items in which there was no significant difference between the two groups. Comparison between the two groups is shown in Table 8.

Table 7

Chi-Square Value And Contingency Coefficient
of Student Nurse Respondents to Item 30
(Opinions For the Best Source of Sex Education For Children)

| Response | Books | Friends | Schools | Parents | Totals |
|--------------------------|---------------|---------------|---------------|---------------|---------|
| Pre-clinical students | 32 (35.13) | 8 (11.71) | 36 (25.46) | 34 (37.68) | 110 |
| Specialized students | 37 (33.86) | 15 (11.28) | 14 (24.53) | 40 (36.31) | 106 |
| Totals | 69 | 23 | 50 | 74 | N = 216 |

$$\chi^2 = 12.57$$

$$df = 3, C = .23$$

Table 8

Chi-Square Value And Contingency Coefficient Obtained
For All Items Showing No Significant Difference*

| Item | Statement | χ^2 | df | C |
|------|--|----------|----|-----|
| 3 | Hometown | .14 | 1 | .02 |
| 4 | Religion | 1.09 | 2 | .06 |
| 7 | Number of boyfriends | 4.14 | 3 | .13 |
| 8 | Experience in dating | 4.29 | 2 | .14 |
| 9 | Parents' concern for lack of boyfriend | 2.32 | 2 | .10 |
| 10 | Choice of boyfriend | 5.08 | 3 | .17 |
| 11 | Rating of happiness in family | 5.18 | 3 | .15 |

Table 8 continued

| Item | Statement | χ^2 | df | C |
|------|--|----------|----|-----|
| 12 | Number of close relatives who have married a second time | 2.56 | 3 | .10 |
| 13 | General conversation about sex subjects in family | 5.75 | 3 | .15 |
| 14 | Source of information about sex | 3.02 | 3 | .11 |
| 15 | Number dreaming about marrying someone | 3.14 | 2 | .11 |
| 17 | Attitudes toward kissing in public | 3.50 | 3 | .12 |
| 18 | Attitudes toward nudity in family | .08 | 3 | .02 |
| 19 | Attitudes toward sexual problems in marriage | .22 | 2 | .03 |
| 21 | Attitudes toward discussing "Sex" | 4.58 | 3 | .14 |
| 22 | Attitudes toward birth out of wedlock | .63 | 3 | .05 |
| 23 | Attitudes toward premarital sexual intercourse | 3.94 | 2 | .13 |
| 24 | Attitudes toward cohabitation | 1.69 | 3 | .08 |
| 25 | Opinion about relationship between love and sex | 3.85 | 2 | .12 |
| 26 | Attitudes toward extramarital sexual intercourse | 1.08 | 3 | .06 |
| 27 | Attitudes toward sex education in high school | 2.36 | 3 | .10 |
| 28 | Attitudes toward homosexuality | 2.93 | 3 | .11 |
| 31 | Attitudes toward prostitutes | 5.61 | 3 | .16 |

* not significant at the .05 level.

Comparison between the two groups on item #3 showed that the subjects in the two groups had no difference in early childhood experience. Seventy-six percent of the pre-clinical students and seventy-four percent of the specialized students were from provinces outside of Bangkok, and twenty-four percent of the pre-clinical students and twenty-six percent of the specialized students were from Bangkok.

Item #4 refers to the question: "What is your religion?" Statistical analysis showed no significant difference between the two groups. The large majority of both groups, ninety-six percent of the pre-clinical and specialized students were Buddhist, only one point six percent of the pre-clinical students and two point seven percent of the specialized students were Christian, there were two point three percent of the pre-clinical students and point nine two percent of the specialized students were Islamic.

Responses to item #7 and item #8 showed that the large majority of both groups had no boyfriend and had never dated, whereas fifty-seven percent of the pre-clinical students answered that they had no boyfriend. Only forty-three percent of the specialized students' responses were obtained, therefore fifty-nine percent of the pre-clinical students showed no experience in dating, while the percentage was forty-four percent for the specialized students. This would suggest that some insignificant difference did exist below the .05 level. The contingency coefficient of these two items confirmed the fact that they were not significant ($C = .13$ and $.14$).

Response to item #9 showed that the parents of both groups were not worried about the subjects "have no boyfriend." Nine subjects from

the pre-clinical group and four subjects from specialized group commented that their parents preferred that they wait to finish school before having a boyfriend. This would seem to indicate that their parents would not worry about their daughter's having no boyfriend while in school.

Response to item #10 revealed that the subjects in both groups were influenced by similarity of attitudes and intelligence in choosing their boyfriend, but some difference was found when three point four percent of the specialized group gave "physical attractiveness" as the basis for their choice, while none of the pre-clinical group did. Also thirty-seven percent of the pre-clinical students and eighteen percent of the specialized students answers had to be eliminated because directions for marking had not been followed. Some had indicated more than one choice; others had marked all choices. So only sixty-three percent of the pre-clinical and eighty-two percent of the specialized subjects' responses were analyzed.

Item #11 was to evaluate the happiness in the subjects' families. The subjects in both groups came from rather happy families, so there was no significant difference between the two groups.

Item 12 showed that the large majority of both groups have no close relative who married the second time. Yet, forty-one percent of the pre-clinical group and thirty-two percent of the specialized group had a close relative who married the second time.

Item 13 showed that the subjects in both groups came from the families where sex was occasionally the subject of general family conversation. Twenty-six percent of the pre-clinical group and fourteen

percent of the specialized group came from the families in which there was no general conversation about sex subjects.

Item 14 showed that the subjects in both groups have the same sources of information about sex; books and friends, were identified as the principal source of their information.

Item 15 presents the finding for the question of dreaming of marrying someone. The response showed that thirty-eight percent of the pre-clinical group and twenty-eight percent of the specialized group never dreamed about marrying; while fifty-eight percent of the pre-clinical group and sixty-nine percent of the specialized group have had such dreams occasionally. The difference between the two groups was not significant at .05 level.

Item 17 was to determine the attitudes toward kissing in public. The response showed no significant difference between the two groups. Eighty-six percent of the pre-clinical group and ninety-three percent of the specialized group had negative attitude toward kissing in public.

Item 18 revealed a similar background with respect to the attitudes toward nudity in their families. The subjects in both groups came from families which had negative attitude toward nudity.

Item 19 showed that the subjects in both groups agreed strongly that sexual problems were important in marriage.

Item 21 revealed that the large majority of the subjects in both groups emphasized that "sex is one problem of human need," so it should be discussed. Somehow, there were more subjects in the pre-clinical group than in the specialized group who favored sex as an interesting subject to discuss, but the difference was not significant at the .05

level.

Item 22 showed that the subjects in both groups were strongly agreed in having negative attitude toward birth out of wedlock for a close relative. However, there were twenty-four percent of the pre-clinical group and twenty-five percent of the specialized group who thought "birth out of wedlock was permissible."

Item 23 refers to the question, "What is your opinion about pre-marital sexual intercourse?" The large majority of the subjects in both groups: ninety-two percent of the pre-clinical group and eighty-four percent of the specialized group took a negative position. It was noted that two point five percent of the pre-clinical group and eight percent of the specialized group felt that it is acceptable when the couple is engaged. Also six percent of the pre-clinical group and eight percent of the specialized group tended to feel that premarital sexual intercourse for the couple in love was permissible.

Responses of the subjects in both groups to item 24 showed that they were firmly opposed to permitting "cohabitation" in Thai society.

Analysis of the responses in item 25 showed no significant difference in rating the relationship of love and sex at the .05 level. Thirty-one percent of the pre-clinical and forty-two percent of the specialized group liked love and sex as dependent upon each other, while fifty percent of the pre-clinical group and forty-six percent of the specialized group emphasized that "sex should not be without love, but love can be without sex." Nevertheless, nine percent of the pre-clinical group and twelve percent of the specialized group felt that

love and sex were independent of each other.

Item 26 revealed that there was no significant difference in the attitudes toward extramarital sexual intercourse. Fifty-three percent of the pre-clinical group and forty-nine percent of the specialized group took a conservative position. There were twenty-five percent of the pre-clinical group and twenty-nine percent of the specialized group who felt that extramarital sexual intercourse was still reserved for the men, but not the women. The positive attitude was found in nineteen percent of the subjects in the pre-clinical group and twenty-one percent of the specialized who favored extramarital sexual intercourse as permissible if their spouse agreed. It should be noted that three percent of the pre-clinical group and two percent of the specialized group took a strong positive attitude toward extramarital sexual intercourse.

The response to item 27 showed that the subjects in both groups recommended that sex education in high school was very useful.

Item 28 refers to the attitudes toward homosexuality. The subjects in both groups (seventy-two percent of the pre-clinical group and sixty five percent of the specialized group) considered homosexuality as a character disorder, while ten percent of the pre-clinical group and eighteen percent of the specialized group took the position that "homosexuality is an individual matter." Positive attitude was still found in eighteen percent of the pre-clinical group and seventeen percent of the specialized group who accepted homosexuality as proper and preferable in many ways.

The response analysis for item 31 showed that sixty-seven

percent of the pre-clinical group and fifty-three percent of the specialized group considered that the availability of prostitutes decreases the crime rate against nice girls. Twenty-seven percent of the pre-clinical group and thirty-five percent of the specialized group indicated negative attitude toward prostitutes. There was no significant difference in the attitudes toward prostitutes from the subjects of those groups: the pre-clinical group and the specialized group.

Chapter V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter contains the summary, and conclusions of the study. Recommendations for future study are also presented in the last part of this chapter.

SUMMARY

The purpose of this study was to determine whether or not three years experience in nursing school would influence the attitudes toward sex by the students in the specialized class.

The two classes of student nurses, the pre-clinical class comprising one hundred twenty-seven students, and the specialized class comprising one hundred eight students, were administered the questionnaire, "The Attitudes Toward Sex," during October and December, 1974.

A preliminary review of literature related to the subject suggested that Asian countries have placed strong taboos on sex activity by girls.¹² One study by Wohl and Dunlop reported that Thai students tended to see sexually related behavior in moralistic terms, and to show less tolerance of norm-violating behavior.¹³

¹² Horn, loc. cit.

¹³ Wohl & Dunlop, loc. cit.

Thirty items on the questionnaire were used in assessing the students' childhood, general background, and attitudes toward sex. The responses of the pre-clinical students and the specialized students were compared by chi-square computation and conclusions were made as to the probable factors influencing each item.

CONCLUSIONS

Conclusions based on the data obtained include the following:

1. Three years experience in nursing school have not changed the attitudes of the student nurses toward sex. In fact, they tended to reinforce the attitudes toward sex already formed by the cultural pattern.

2. The attitudes of the specialized students toward birth control pills were markedly different and much more positive than those of the pre-clinical students. Factors influencing this difference were thought to reflect the specialized students' experience in caring for the patients, where birth control pills could afford protection from suffering. The actual attendance at family planning class was believed to be another factor influencing the attitudes toward birth control pills.

3. The attitudes toward X-rated movies revealed a statistical difference between the pre-clinical students and the specialized students, but the factors which might account for the difference of ages and the personal right of the subjects would need to be the subject of further research.

4. The choice of the best source of sex education for children

indicated another significant difference between the specialized students and the pre-clinical students. The result was puzzling, because the specialized students who had more sex education in the school of nursing, favored parents and books, whereas the pre-clinical students strongly advocated schools as the best source of sex education for children. The factors which had probably negatively influenced the specialized students' attitudes included the conflict of the cultural pattern and sex education in the school of nursing.

5. The marriage age of mothers of the subjects in both groups showed that the mothers of the specialized students married at younger ages than the mothers of the pre-clinical students. The difference was significant. The expansion of higher education for women was believed to be the factor which influenced this difference.

6. The specialized students rated themselves more religious than the pre-clinical students. Factors influencing this difference were the specialized students' maturity and opportunity to help people.

RECOMMENDATIONS

Thailand has made great progress in both the quality and the quantity of mass education for women in the last thirty years. Therefore, since it can be assumed that mothers of the pre-clinical students were older when they married because they had received more education than the mothers of the specialized students. The present researcher suggests the need of further study of the relationship between the marriage age of the mothers and the amount of their education.

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APPENDIX A

QUESTIONNAIRE ON ATTITUDES TOWARD SEX

1. How old are you?
 1. Under 17 years old.
 2. Between 17-20 years old.
 3. Between 21-25 years old.
 4. Over 25 years old.
2. What is your classification?
 1. Pre-clinical student.
 2. Specialized student.
3. What is your home town?
 1. Province
 2. Thonburi
 3. Bangkok
4. What is your religion?
 1. Buddhist.
 2. Christian
 3. Other specific
5. How religious would you say you are?
 1. Very religious.
 2. Somewhat religious.
 3. Slightly religious.
 4. Not at all religious.
6. How old was your mother when she married?
 1. Under 17 years old.
 2. Between 17-20 years old.
 3. Between 21-25 years old.
 4. Over 25 years old.
7. Do you have a boyfriend?
 1. No.
 2. Used to have.
 3. Yes.
 4. Have more than one.

8. Have you ever gone out with your boyfriend alone?
1. Never.
 2. Yes, occasionally.
 3. Yes, very often.
9. How much do your parents worry about you, when you do not have a boyfriend?
1. They are proud.
 2. No worry.
 3. Somewhat worried.
 4. Very regretful.
10. How do you choose your boyfriend?
1. Physical attractiveness.
 2. Intelligence.
 3. Attitudes similar to you.
 4. Warmth and affection for you.
11. How do you rate your family?
1. Very warm and happy.
 2. Average in happiness.
 3. Somewhat unhappy.
 4. Broken home.
12. How many of your close relatives have married a second time?
1. None.
 2. One.
 3. Two.
 4. More than two.
13. How often was sex the subject of general family conversation?
1. Never.
 2. Seldom.
 3. Frequently.
14. Where did you get most of your information about sex when you were a child?
1. Books.
 2. Friends.
 3. Schools.
 4. Parents.

15. Have you ever dreamed about marrying someone?
1. No.
 2. Yes, occasionally.
 3. Yes, very often.
16. Have you ever seen anybody kiss in public?
1. No.
 2. Yes, occasionally.
 3. Yes, very often.
17. How do you feel about kissing in public?
1. Very disgraceful.
 2. Somewhat disgraceful.
 3. No feeling.
 4. It is fine behavior for those who are in love.
18. What was the attitudes toward nudity in your home when you were a child?
1. Much concern, no nudity.
 2. Concern that people were properly attired.
 3. Casual, some nudity.
 4. Very casual, much nudity.
19. How important do you rate sexual problems in marriage?
1. Not important at all.
 2. Somewhat important.
 3. Very important.
20. What is your opinion about the birth control pills?
1. It can be misused by the single girl.
 2. It is useful for family planning in marriage.
 3. It is useful in any women who want to avoid having unwanted child?
21. How do you feel about discussing "sex"?
1. It is shameful to talk about it.
 2. It can be discussed in a private way.
 3. It is interesting to discuss openly.

22. If one of your close relatives gave birth out of wedlock, how would you feel?
1. Very shameful.
 2. Somewhat shameful.
 3. It can happen to anyone who is in love.
 4. No reason to be ashamed.
23. What is your opinion about premarital sexual intercourse?
1. It is wrong; couples should wait until they are married.
 2. It is all right for couples who are engaged.
 3. It is all right for couples who are in love.
24. How do you feel about "cohabitation"?
1. Positively disagree.
 2. Somewhat disagree.
 3. Nothing wrong with it.
 4. Strongly agree.
25. How close do you think "love" and "sex" are related?
1. Love and sex are independent.
 2. Sex and love are dependent upon each other.
 3. Sex should not be without love; but love can be without sex.
26. What is your opinion about extramarital sexual intercourse (extramarital sexual intercourse is used to denote activity with someone other than one's spouse)?
1. It is wrong whatever the reason.
 2. It is all right for men, but not for women.
 3. It is permissible if their spouse agrees.
 4. It adds a dimension to marriage, and there is nothing wrong with it.
27. How do you feel about sex education in high school?
1. School age children should not be involved in sex subjects.
 2. Sex education arouses the school age children's interest in sex.
 3. Sex education is good for school age children as well as adults.
 4. Sex education is very useful in helping school age children to understand human life.

28. What is your opinion about "homosexuality"?
1. It is a character disorder, a kind of mental illness and homosexuals need therapy.
 2. It is an individual matter, but I do not care to engage in homosexual relations.
 3. There is nothing wrong with it, there is an element of homosexual in everyone.
 4. In many ways homosexuality is preferable.
29. How do you feel about X-Rated movies?
1. Should not be shown at all.
 2. Should limit the age of the person viewing the movies.
 3. They can be harmful and useful to entertain.
 4. It is your right to see them or not.
30. For children; what do you think is the best source of instruction concerning sex?
1. Books.
 2. Friends.
 3. Schools.
 4. Parents.
31. How do you feel about prostitutes?
1. They are very disgusting.
 2. Somewhat disgusting.
 3. It does not matter to me.
 4. Fine as they decrease the crime rate against the nice girl.
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