

# Youth Friendly Health Services for Rural Thai Teenagers

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**Abstract**—Young people today has sexual activities differing from those of earlier generations, in that teenagers are likely to have multiple partners, and are frequently in short-term relationships or with partners that are not well known to them. The proportion of teenage mothers in Thailand has increased. Young people were not specifically addressed during the overall very successful HIV-prevention campaigns. Because of this missed opportunity, they are still unaware of the risk of unsafe sexual behavior. Aims: To describe the reproductive health care services in perspectives of rural Thai teenagers Methods: This survey was one part of a mixed method approach taken using survey and focus groups with 439 teenagers aged 12-18 years in 5 villages, Udonthani, Thailand. The standard questionnaire survey had been used for collecting data. The numeric data was checked and analyzed by using descriptive statistics. Results: Most teenager respondents stated that they do not know where sexual reproductive health services provided for them. Most teenagers felt difficult to access and talk with health staff about sexual related issues. They stated that discussing, or consulting with health providers might not be safe. Teenagers might lose opportunities to access and get advice from health care services. The mean knowledge score of contraception and condom reproductive was 6.34 from a total score 11. Most teenagers especially girls expressed a need for counseling services and reported a need for telephone services. Conclusions: The need of appropriate information focusing on sexual relationships and contraception should be designed to help young people make wise decisions and there should be set health care services for Thai teenagers to make sure that teenagers could access easily. Health care providers need to be trained to improve their knowledge, attitudes and skills in reproductive health care practices for Thai teenagers.

**Keywords**—Youth friendly health services, rural, Thai, teenagers.

## I. INTRODUCTION

It is clear that today's young people are sexually active at an earlier age than previous generations and that a majority of them become sexually active before high school graduation [1], [2]. As a result of high rates of sexual activity and high risk behaviours, teenagers are exposed to sexually transmitted infections and unintended pregnancy [3]-[6]. Premarital sex is unacceptable in Thai society but teenagers are still having sexual relationship before marriage and nowadays premarital sex have increased as many countries [7].

The proportion of teenage mothers in Thailand has increased from 10.4% to 12.4% between 2000 and 2003 [8]. A study by [9] found that 13.3% of all Thai pregnancies occurred in women under 20 years of age and the highest percentage of

teenage pregnancies was found in North-Eastern region of the country (18%). The study of 832 Thai vocational students [10] found that the average age of first sexual intercourse was 17.6 years. Nearly half of male students (48%) and female students (43%) reported not using contraceptives when they are having sex. These studies demonstrate clearly that unprotected intercourse among teenagers is one of the neglected healthcare problems in Thailand. Because of this missed opportunity, they are still unaware of the risk of unsafe sexual behavior, HIV and sexually transmitted infections. Unsafe abortion is a serious problem in many developing countries. Unsafe abortion cases are reported in developing countries around 18.5 million, and 14% of cases relate to young women [11]. It is difficult to calculate the annual numbers of adolescent abortions in developing countries but informed estimates range from 1 to 4.4 million [12]. Many teenagers have undergone unsafe abortions because of limited access to reproductive information and advice. They may lack safe resources because abortion is still illegal in many developing countries. Many of them have considered complications of induced abortions but premarital sex is unacceptable in Thai society that means sexually active girls try to solve the problems of unintended pregnancy by terminating it [13].

## II. OBJECTIVE

This study aimed to explore the existing attitudes of rural Thai teenagers towards reproductive health care services.

## III. METHODS

This survey research focused on 439 rural teenagers who live in 5 villages, Udonthani, Thailand. The questionnaire survey composed of three main parts including demographic characteristics of the participants, the knowledge and awareness of sexual health. The reliability of instrument had been checked by using Cronbach's alpha. Descriptive statistics were used to analyze data by using frequency, percentage, mean and standard deviation. The target population of the study was adolescents living in five villages within five districts of Udonthani province, Thailand. The five districts were selected purposively because of their high levels of teenage pregnancies.

All participants were able to speak well enough in Thai or local language, so that they could communicate with the researcher who was fluent in both languages. Adolescents were aged 12 to 18 years and studied at secondary schools in these five settings. The teenage participants were also required to have a signed permission to participate from at least one parent or guardian. The permission from 439 parents or

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guardians had been received to allow 439 teenagers to join in the project. All participants received a full explanation of the research and their role within it.

#### IV. RESULTS

The overall findings of the questionnaire surveys are presented for demographic characteristics of the participants and the knowledge and awareness of sexual health.

##### A. Demographic Characteristics of Teenagers

In order to establish the characteristics of the participants of both sexes aged 12 to 18 years, they were asked questions which determined their gender, age, educational levels, religion, and family background. The findings showed 283 teenage respondents (64.5%) were female and 156 were male (35.5%); the mean age was 14.88 years. The respondents were studying at a variety of levels. Nearly a third, 103 of respondents (23.5%) were studying at the ninth grade.

TABLE I  
KNOWLEDGE OF PREVENTION OF PREGNANCY, CONDOMS, AND AIDS

	Numbers (%) of teenagers who answered questions correctly					
	Male		Female		Total	
	n	%	n	%	n	%
Mali can get pregnant on the very first time that she has sexual intercourse	90	57.7	150	53	240	54.7
Somchai can pull out of a girl before he comes (ejaculates), to prevent her getting pregnant	49	31.4	100	35.3	149	33.9
They can avoid sex on days when pregnancy is most likely to occur	66	42.3	125	44.2	191	43.5
Mali can take a pill every day to stop her having a baby	73	46.8	175	61.8	248	56.5
Mali can have an injection every 2 or every 3 months to stop her having a baby	67	42.9	139	9.1	206	46.9
Somchai can put a condom on his penis before sex to protect a girl getting pregnant	112	71.8	240	84.8	352	80.2
Mali can take a pill soon after sex to stop her getting pregnant	65	41.7	142	50.2	207	47.1
Condom can be used more than once for sex	77	49.4	175	61.8	252	57.4
People can protect themselves from HIV	132	84.6	267	94.3	399	90.9
It is possible to cure AIDS	123	78.8	199	70.3	322	73.3
People can take a blood test to find out HIV	74	47.4	145	51.2	219	49.9
Total Score (11)						
Minimum Score		0		0		0
Maximum Score		11		11		11
Mean		5.95		6.56		6.34
SD		2.53		2.18		2.33

##### B. The Knowledge of Sexual Health

In order to assess the teenagers' knowledge of prevention of pregnancy, use of condoms, and AIDS, the respondents were asked eleven statements about knowledge related to subjects. Overall, knowledge about prevention of pregnancy, condoms, and AIDS in both genders was not significantly different. However, female teenagers had higher average scores (mean=6.56, SD=2.18) than male teenagers (mean=5.95, SD=2.53). The mean knowledge score of both genders was 6.34 from a total score of 11. The findings indicated that teenagers of both sexes were not very knowledgeable, as shown in Table I.

Teenagers were asked about the awareness of importance of using condoms when having sex, assessed by asking all teenagers about their level of agreement with eleven statements ranging from 1 to 5. The average mean score for all items for teenagers of both sexes was 3.72, SD=1.08, for male teenagers at 3.55, SD=1.19 and for female teenagers at 3.82, SD=1.00. Female teenagers had higher average mean score (higher levels of agreement) than male teenagers in all topics, as shown in Table II.

TABLE II  
THE AVERAGE OF THE AWARENESS OF IMPORTANCE OF USING CONDOMS

	The average of the awareness of using condoms for teenagers					
	Male		Female		Total	
	Mean	SD	Mean	SD	Mean	SD
Mali could suggest to Somchai that he use a condom	4.42	.99	4.72	.49	4.62	.72
Somchai could suggest to Mali that he use a condom	4.03	1.20	4.44	.76	4.29	.96
It would it be too embarrassing for someone like Somchai to buy or obtain condoms	3.11	1.17	3.49	1.15	3.35	1.17
If Mali suggested using a condom, Somchai might think she did not trust him	3.07	1.26	3.33	1.22	3.23	1.24
If Mali suggested using a condom, Somchai might think Mali had relationship with others	2.97	1.21	3.31	1.19	3.19	1.20
If Somchai and Mali want to have sex before marriage, they could use condoms	3.87	1.26	4.31	.88	4.15	1.05
Condoms are an effective way of protecting against HIV/AIDS	4.06	1.17	4.24	.91	4.18	1.01
Condoms are suitable for steady, loving relationships	3.76	1.21	3.75	1.13	3.76	1.16
Condoms reduce sexual pleasure	2.73	1.12	2.95	1.11	2.87	1.12
Condoms can slip off the boy and disappear inside the girl's body	3.09	1.26	3.25	1.19	3.19	1.21
Condoms are an effective way of protecting against sexually transmitted diseases	3.94	1.21	4.19	.95	4.10	1.06
Sum	3.55	1.19	3.82	1.00	3.72	1.08

##### C. The Awareness of Health Services

More than 60% of teenagers of both sexes did not have much information about available sexual health services, provided for them. They did not think health care officials were useful for them (80%). Most teenagers did not access and get advice from health care services (98%). Most teenagers never talked with health care staff about sexual topics that they were not sure that talking with health care staff was private. Teenagers might lose opportunities to access and get advice from health care services, as shown in Table III.

More male than female teenagers reported that they had seen posters about health issues provided in health care facilities. Female teenagers were more aware of having seen posters than male teenagers in every topic. Ninety male teenagers (57.7%) reported having seen a poster about condom use whereas; 185 of female teenagers (65.4%) admitted having seen it. Chi-square and Fisher's exact test found no significant difference ( $P>0.05$ ) between gender about the proportion of yes, no, or not sure answer about health information posters, as shown in Table IV. The findings showed that male teenagers might pay attention to the health media, provided by

health care offices rather more than girls in most topics, as shown in Table IV.

TABLE III  
AWARENESS OF HEALTH SERVICES

		Frequency and percent of teenagers						$\chi^2$	P value
		Male		Female		Total			
		n	%	n	%	n	%		
I don't know where they are									
Yes	105	67.3	223	78.8	328	74.7	1.81	.011*	
No	51	32.7	60	21.2	111	25.3			
I don't know what services they provide for adolescents									
Yes	88	56.4	178	62.9	266	60.6	.76	.187	
No	68	43.6	105	37.1	173	39.4			
They do not have services for adolescents									
Yes	90	57.7	130	45.9	220	50.1	1.61	.022*	
No	66	42.3	153	54.1	219	49.9			
I worry people who work there will judge me									
Yes	119	76.3	212	74.9	331	75.4	1.077	.817	
No	37	23.7	71	25.1	108	24.6			
I don't think they are very useful									
Yes	126	80.8	225	79.5	351	80	1.08	.804	
No	30	19.2	58	20.5	88	20			
It is difficult to get to them									
Yes	149	95.5	281	99.3	430	97.9	7.16	.012*	
No	7	4.5	2	0.7	9	2.1			

## V. CONCLUSIONS

The survey gave a broad picture of knowledge and attitudes of adolescents regarding sex education generally and particular aspects such as contraception and safe sex practices. It highlighted limitations in knowledge and misunderstandings of methods of contraception and prevention of STIs. The key findings from the survey of teenagers showed that most teenagers of both sexes reported that they missed opportunities to receive accurate information on sex related issues from their schools. Most teenagers of both sexes agreed that the condom is an effective way to protect themselves from sexually transmitted infections. However, nearly half of boys stated that condoms reduce sexual pleasure. Around two third of teenagers stated they did not know about where and what kind of health services are provided for them, and they felt embarrassed to ask questions with health care officials. Teenagers wanted to discuss their sexual health problems privately. The services such as telephone advice might be easy for them to access and help them to feel less embarrassment.

## VI. LIMITATIONS OF THE STUDY

This study was conducted in only five rural villages in the north-eastern region of Thailand. Its sample was narrow in its limitation to one province but provided good representation of the teenagers in those areas and a good platform for the participants to outline their views. Moreover, this study was limited only adolescents who studied in the five secondary schools. The experiences of adolescents who out of schools might differ depending on whether they are that should be addressed in future research.

TABLE IV  
POSTERS PROVIDED BY HEALTH CARE FACILITIES

		Frequency and percent of teenagers						$\chi^2$	P value
		Male(n=31)		Female(n=48)		Total(n=79)			
		n	%	n	%	n	%		
Healthy Eating									
Yes	121	77.6	245	86.6	366	83.4	17.31	0.000 <sup>a</sup>	
No	24	15.4	11	3.9	35	8.0			
Not sure	11	7.1	27	9.5	38	8.7			
Smoking									
Yes	86	55.1	191	67.5	277	63.1	8.85	0.012 <sup>a</sup>	
No	54	34.6	61	21.6	115	26.2			
Not sure	16	10.3	31	11	47	10.7			
Drugs									
Yes	78	50	189	66.8	267	60.8	14.63	0.001 <sup>**</sup>	
No	56	35.9	56	19.8	112	25.5			
Not sure	22	14.1	38	13.4	60	13.7			
Alcohol									
Yes	80	51.3	179	63.3	259	59	8.92	0.11 <sup>a</sup>	
No	52	33.3	58	20.5	110	25.1			
Not sure	24	15.4	46	16.3	70	15.9			
HIV/ AIDS									
Yes	71	45.5	197	69.6	268	61	26.66	0.000 <sup>a</sup>	
No	57	36.5	48	17	105	23.9			
Not sure	28	17.9	38	13.4	66	15			
Contraception									
Yes	65	41.7	173	61.1	238	54.2	19.32	0.000 <sup>a</sup>	
No	59	37.8	56	19.8	115	26.2			
Not sure	32	20.5	54	19.1	86	19.6			
Condom									
Yes	90	57.7	185	65.4	275	62.6	3.17	0.201 <sup>a</sup>	
No	35	22.4	81	18.5	31	19.9			
Not sure	31	19.9	52	18.4	83	18.9			
Pregnancy									
Yes	76	48.7	199	70.3	275	62.6	24.04	0.000 <sup>a</sup>	
No	48	30.8	37	13.1	85	19.4			
Not sure	32	20.5	47	16.6	79	18.0			

<sup>a</sup> = P value from Fisher's exact test

## VII. IMPLICATIONS FOR PRACTICE AND RESEARCH

### A. Providing Reproductive Health Care Services for Teenagers

Lack of knowledge about contraception, and a lack of negotiating skills and power to protect themselves might lead female teenagers to be at risk of unplanned pregnancy and abortion [14]. There is a lack of readily available data on contraceptive behaviours and abortion among unmarried adolescents in Asian countries [15]. Therefore, equipping adolescents to make informed choices, changing attitudes and strengthening skills, such as the ability to negotiate with peers, partners and family members is an important area to develop [16].

Young people are clearly not aware of the consequences of abortion practices as they regard them as a first line of the management in unplanned pregnancy. Therefore, counselling services should be made available widely to enable young women to consider other options to reduce the health consequences associated with illegal abortion. In addition, for

those who have acquired an abortion, they should have opportunities to access services and counselling to manage the negative sequelae of induced pregnancy terminations. It is not only teenagers who need to be targeted for advice and guidance, but also their parents who could help children with making choices.

Programmes, which address working together by including parents, teachers, and health professionals, are needed to ensure that teenagers are furnished with the knowledge and skills to manage relationships effectively. If they can be supported to make effective decisions, they may be less likely to become engaged in risky sexual practices. Health care services need to be more welcoming and accessible to female teenagers. It is important to build positive attitudes and skills for health professionals to build rapport with young people, especially female teenagers. While the need to provide accessible and friendly services for teenagers is generally acknowledged, there is no clear understanding on how to make them 'youth friendly' [16].

#### B. Encouraging Reproductive Rights for Young People

Family planning programmes in Thailand have been successful in reducing fertility only for married women but services for unmarried women have been neglected. A lack of reproductive health care services for young people means they are less likely to be able to access proper information and professional health care services [14]. Therefore, the national health policy should address the rights of all young people especially girls to access health care services, focusing especially on reproductive health to reduce the incidence of unwanted pregnancies and STIs. The Ministry of Public Health should adjust and optimise the public health campaigns, which are designed to reach out to teenagers, focusing on reproductive health services for teenagers at national, provincial and local levels. Easily access to youth health care services should be address for rural Thai teenagers getting useful information to improve their sexual health.

#### C. Future Research

This study focused only teenagers in five rural villages in northeast, Thailand which limited the scope of the study. Therefore, more studies in other rural regions and across a wider social spectrum are still needed to generalize a whole picture of reproductive health care services in Thailand and develop suitable strategies for effective reproductive health services.

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#### REFERENCES

- [1] K. Wellings, J. Wadsworth, M. A. Johnson, J. Field, L. Whitaker, and B. Field, Provision of Sex Education and Early Sexual Experience-the Relations Examined. *British Medical Journal*, 311. 1995. pp. 417-420.
- [2] J. Lindsay, A. M. A. Smith, and D. A. Rosenthal, Conflicting Advice? Australian Adolescents' Use of condoms or the Contraceptive Pill. *Family Planning Perspectives*, 31, 1999. pp. 190-214.
- [3] WHO. *The second decade: improving adolescent health and development. Adolescent health and development programme*. Geneva: WHO Press, 1998.
- [4] K. Edgardh, Sexual behaviour and early coitache in a national sample of 17 year old Swedish girls. *Sexually Transmitted Infection*, 76, 2000. pp. 98-102.
- [5] R. J. DiClemente, G. M. Wingood, R. Crosby, C. Sionean, B. K. Cobb, K. Harrington, et al. Parental Monitoring: Association with adolescents' risk behaviours. *Pediatrics*, 107(6), 2001. pp. 1363-1368.
- [6] C. Vundule, F. Maforah, R. Jewkes, and E. Jordann, Risk factors for teenage pregnancy among sexually active black adolescents in Cape Town. *South African Medical Journal*, 91, 2001. pp. 73-80.
- [7] A. Rasamimari, B. Dancy, M. Talashek, and C. Gi, Predictors of sexual behaviours among Thai young adults. *Journal of the association of nurses in AIDS care*, 18(6), 2007. pp. 13-21.
- [8] S. Thato, S. Rachukul, and C. Sopajaree. Obstetrics and perinatal outcomes of Thai pregnant adolescents: A retrospective study. *International Journal of Nursing Studies*, 44, 2007. pp. 1158-1164.
- [9] S. Isaranurug, L. Mo-suwan, and C. Choprapawon, Differences in Socio-Economic status, service utilisation, and pregnancy outcomes between teenage and adult mothers. *J Med Assoc Thai* 89, 2006. pp. 145-151.
- [10] D.R. Allen, J. W. Carey, C. Manopaiboon, R. A. Jenkins, W. Uthairavit, P. H. Kilmarx, et al. Sexual health risks among young Thai women: implications for HIV/STD prevention and contraception. *AIDS Behav*, 7(1), 2003. pp. 9-21.
- [11] I. Shah, and E. Ahman. Age patterns of unsafe abortion in developing country regions. *Reproductive Health Matters*, 12(24 Supplement), 2004. pp. 9-17.
- [12] A. P. McCauley, C. Salter, K. Kiragu, and J. Senderowitz, *Meeting the needs of young adults* (Vol. 23). Maryland: Population Information Program, Center for Communication Programs, The Johns Hopkins School of Public Health, 1995.
- [13] WHO, *Adolescent pregnancy-Unmet needs and Undone deeds. A review of the literature and programmes*. Department of Child and Adolescent Health and Development. Geneva: WHO Press, 2007.
- [14] UNFPA. *Reproductive Health of Women in Thailand*. Bangkok: UNFPA Country Technical Services Team for East and South-East Asia, 2005.
- [15] S. Pachauri, and K. G. Santhya, Contraceptive behaviours of adolescents in Asia: issues and challenges. In S. Bott, S. Jejeebhoy, I. Shah & C. Puri (Eds.), *Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia* (pp. 108-113). Geneva: World Health Organisation, 2003.
- [16] S. Bott, and S. Jejeebhoy, Adolescent sexual and reproductive health in South Asia: an overview of findings from the 2000 Mumbai conference. In S. Bott, S. Jejeebhoy, I. Shah & C. Puri (Eds.), *Towards adulthood: exploring the sexual and reproductive health of adolescents in South Asia* (pp. 3-28). Geneva: World Health Organisation, 2003.