

**COMPREHENSIVE HEALTH SERVICES FOR SEXUAL
PROBLEM IN THAI ADOLESCENTS AND YOUNG ADULTS**



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ABSTRACT

Since the sexual problem in adolescents and young adults (AYA) is one of Thailand's most serious health concerns, the appropriate solution has not been successfully established. Some studies showed comprehensive health services that have been established in other countries. Before we implement this strategy in Thailand, the author considered important factors in successfully implementing this idea to better understand the target group “adolescents and young adults”. This study aims to understand AYA’s thoughts and behaviors along with the main sexual problems identified by both AYAs and healthcare providers. Moreover, this study also focuses on finding the appropriate health services for this problem. This study uses a qualitative method with an in-depth interview with the true target group, 10 AYA, and 10 healthcare providers, focusing on their thoughts and perspectives, collecting the data, and analyzing them into topics with thematic analysis. The results found that AYA and healthcare providers agreed sexual problems are an important social problem in Thailand leading to physical and mental issues in the long term. Comprehensive healthcare and telehealth services might be the solution to the problem. This study contributes to finding an appropriate approach for improving society and AYA’s physical health and mind.

KEY WORDS: Sexual problems / AYA / Comprehensive health service / Telemedicine

29 pages

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CHAPTER I

INTRODUCTION

1.1 Background

Nowadays, apart from academic problems, in Thailand, sexual problems become the main problem that adolescents and young adults (AYA) need to face. Those sexual problems are not only about sexual activities but also included physical and mental health resulting from inequality of sexes and genders, family issues, and difficulty reaching consultants and help. The government continuously establishes a campaign to solve this social problem, but it does not seem to work out in the past ten years, and the rate of sexually transmitted diseases is going up every year (1). This led to a huge economic impact in Thailand as well as in the United States of America (2).

In Thailand, teenage pregnancies are still the main social problem in our society. Around 61,000 girls aged 15 to 19 are pregnant every year, and 29 out of 1,000 pregnant women are teenagers (3). This led to the main social problems such as illegal termination, sexually transmitted diseases, premature baby or intrauterine growth retardation, child-rearing problems, and family problems. Reasons are associated with a lack of awareness and knowledge of sex in immature executive brain function of teenagers. Many parts of Thailand's society are aware of teenage pregnancy. In the medical aspect, the Ministry of Public Health provides legal abortion for unwanted pregnancies in teenagers before 20 weeks of gestation (4). In the social field, Thailand Developmental Research Institute (TDRI) pointed out many plans to solve the problems, including government campaigns and call centers.

To be more specific with these problems, we found out that 42% of high school students had sex, 25% of adolescents did not use a condom for their first time, 15% of teenage pregnancies got recurrent pregnant, and 175 out of 100,000 adolescents experienced sexually transmitted diseases such as syphilis, gonorrhoea, venereal disease, etc. (1). These diseases affect not only teenagers themselves but also affect their partners and children if they did not treat the condition properly, affect to children are disabilities,

intrauterine growth retardation, and congenital infection, etc. For economic impact showed that \$11 billion were spent in raising children with teenage mothers in the USA (5), in the Thailand context, the economic impact of around \$85 million has been addressed for raising children with teenage mothers (2). Although the number of teenage pregnancies in Thailand is decreasing in contrary, sexually transmitted diseases are growing (1) and that may be resulting in a high risk of diseases or disabilities for newborns in the end. This also led to family and child-rearing problems and economic impact on our country in the long run.

Figure 1.1 shows a line graph of the incidence rate of sexually transmitted diseases in adolescents aged 15-24 years old from the Department of Health, Ministry of Public Health, Thailand. The incidence rate has increased 2 times in the past 10 years, 131 per 100,000 teenagers face sexually transmitted disease problems that need to treat, and taken care of their situations, and affect their partners and children in the future (1).

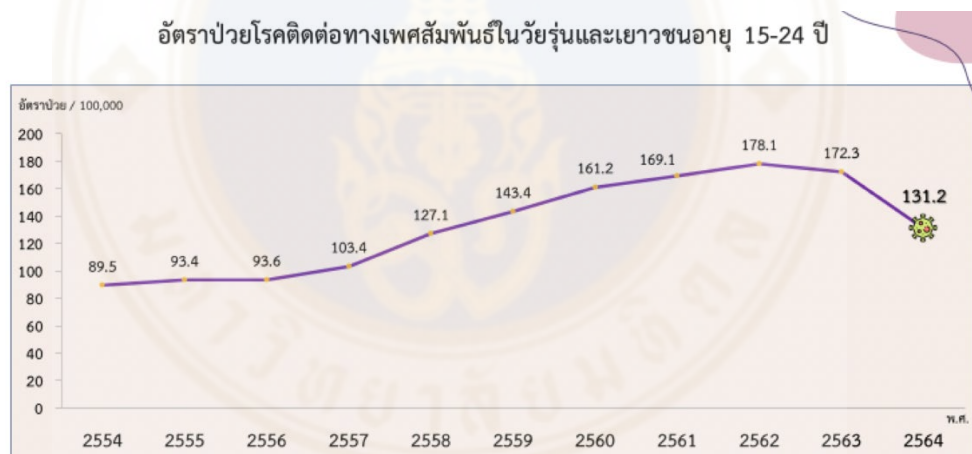


Figure 1.1 The incidence rate of sexually transmitted disease in adolescents aged 15-24 years old in Thailand (1)

1.2 Problem Statement

As for the current situation stated above, we can conclude that adolescents and young adults lack awareness and knowledge of sexual problems, and they also have a difficult time to access for healthcare services and consultants in schools and hospitals. Thai culture still guards knowledge provided in the school and the way the government

and adults reacted to a lack of understanding of adolescents' thoughts and behaviors. The solution for these problems needs to meet the need of the target group. For example, in many countries such as the USA, they found out that due to the existing system, adolescents and young adults face multiple barriers to reaching for help and consultation. They tried to understand and develop some strategies to improve access to health care including appropriate information, contraception, and treatment for sexually transmitted diseases (6).

Our study aims to understand more about Thai adolescents and young adults' problems associated with sexual issues to develop and strengthen comprehensive health services for them. We believe that adolescents and young adults are the roots of the future. Our messages to society are "Sex is not wrong and normal, but how can we create a better community for them to communicate and reach out for help before it is too late?". We, as an adult, need to understand them and find a better solution for our children right away.

1.3 Study Question

- *What are the appropriate health services that we should provide to decrease the barrier to accessing health care associated with sexual problems among Thai adolescents and young adults?*

1.4 Study Objectives

- *To understand Thai adolescents and young adults' thoughts and behaviors on sexual issues/problems.*

- *To find appropriate health services for Thai adolescents and young adults to help with sexual problems.*

1.5 Scope of the Study

This thematic paper aims to study Thai adolescents' and young adults' thoughts on sexual problems. This also focuses on their behaviors toward the problems. This understanding will lead to the appropriate health services for our children in the future.



CHAPTER II

LITERATURE REVIEW

2.1 Adolescent Sexuality

World Health Organization (WHO) defines 'Adolescents' as individuals in the 10-19 years age group While 'Young People' covers the age range 10-24 years (7). In this study, we follow the WHO definition as we define and aim adolescents and young adults as people aged between 15-24 years old. There are about 360 million adolescents comprising about 20% of the population in the countries of the South-East Asia Region (7). From the study of Hegde A. et al in 2022, adolescence is a critical stage of human life in biological, psychological, and social changes. The changes occurring differ in males and females not just in terms of biological and psychological terms but sexual differences as well (8).

Hegde A. et al in 2022 stated that “Sexuality is a lifelong process involving emotions, urges, motivation, feelings, forms of attention, aspects of self, biological processes, moral precepts, interpersonal relationships, and social interactions. Adolescent sexuality is although highly acknowledged but is quite complex and needs in-depth understanding” (8).

In this study, we define “Adolescent sexuality” as a process of change involving emotions, urges, motivation, feelings, forms of attention, aspects of self, biological processes, moral precepts, interpersonal relationships, and social interactions in people aged 10 to 24 years old.

2.2 Sexual Problems in Adolescents and Young Adults

The transition from childhood to adulthood involves dramatic physical, sexual, psychological, and social developmental changes, all taking place at the same time. The process of these transitions poses risks to health and well-being, adolescents do have several public health issues.

Sexual problems in adolescents and young adults are generally defined as unwanted pregnancy, unsafe abortion, and sexually transmitted diseases including HIV/AIDS, early marriage, and childbearing (9). The recent research from T'Sjoen G. et al. 2020, mentioned that the diversity of gender and hormone management in this group are also important sexual and mental problems in this recent year (10).

Not only in Thailand, in Malaysia, Nurmala I. et al. 2019, stated that the impact of risky sex behavior makes adolescents vulnerable to reproductive diseases such as sexually transmitted infections and the transmission of HIV and AIDS, unwanted pregnancies, abortion, drug use, and psychological disorders that lead to decreased confidence, stress, and depression (11).

2.3 Adolescents' and Young Adults' Thoughts and Behaviors Toward Sexual Problems

From Forsyth S. et. al 2015, "Adolescents differ from adults in the way they behave, solve problems, and make decisions." As the fact that the part of the brain "the limbic system" which is responsible for instinctual reactions develops earlier than the "prefrontal cortex", the part of the brain that is responsible for reasoning. "As a result of these neurophysiological differences, adolescents are less capable of understanding the relationship between behavior and consequences" (12).

If we understand their brain development and integrate it with Maslow's Hierarchy of Needs, we will understand our children's behaviors. In Figure 2.1, Maslow's Hierarchy of Needs for Adolescents and young adults (Figure 2.1) shows 5 stages of self-actualization. In the first stage, physiological needs, AYA reacts based on this stage. They have to fulfill their physiological needs before passing through other stages in life (first problems; sexes). The second and third stages are also important to AYA, they want to be secure and seek love from their family, school, and friends in order to establish true self-esteem in the future. If they enter the problems in seeking love and attention, this is where the family problems started.

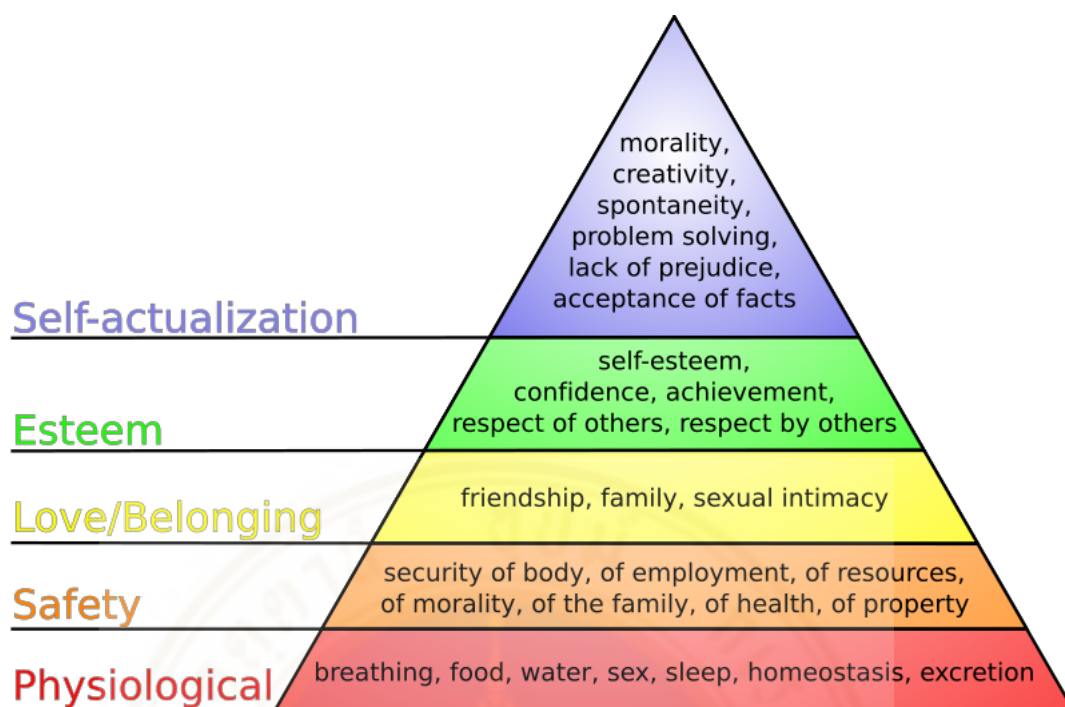


Figure 2.1 Maslow's Hierarchy of Needs for Adolescents and young adults (13)

2.4 Definition of Comprehensive Health Services

From Haggerty J. et al 2011, "Comprehensiveness" relates to services offered to a whole-person approach. Comprehensive health services are defined as "the provision, either directly or indirectly, of a full range of services to meet most patients' healthcare needs"; whole-person care is "the extent to which a provider elicits and considers the physical, emotional and social aspects of a patient's health and considers the community context in their care."

Comprehensive health care/service was articulated by the World Health Organization in the Alma Ata Declaration on Primary Health Care in 1978 (14). It is the backbone of every nation's health strategy which aims to promote health and prevent diseases (15). There are two main important of comprehensive health care. First, comprehensive health care is the "Concurrent prevention and management of multiple physical and emotional health problems of a patient over a while in family relationship, life events, and environment" (16). Second, delivering comprehensive care is about making sure that "Health care is provided by a person's clinical and personal needs and

preferences, shaped by shared decisions, and planned and delivered in partnership with the multidisciplinary team” (17).



Figure 2.2 Conceptual model of comprehensive health service (17)

The conceptual model (Figure 2.2) provides a starting point for health service organizations to consider the existing organizational culture, systems, and processes that influence how comprehensive care is delivered, and where the goal of action focus on the patient’s center and experiences (17).

2.5 Integration of Sexual Problems in Adolescents and Young Adults and Comprehensive Health Services

Comprehensive health services have been used in varies of aspect in the medical field such as geriatric patients. Because adolescents and young adults are a very sentimental group, giving them knowledge, providing them comfort in both physical

and mental ways, and understanding their thoughts toward their actions might be the best way to help them with these sensitive problems. Briggs S. et al. 2021, discussed how to integrate comprehensive health services into the sexual problems of adolescents. They overviewed the strategies used as a “school-based health center”, including improving students’ access to sexual health services and improvement. Briggs S. et al. 2021, also provides examples of how strategy has been used in a real situation in Figure 2.3 (6).

In Figure 2.3, Briggs S. et al. 2021, showed multiple strategies to improve access to sexual and reproductive health services in a school-based health center approach such as providing contraception on the campus, on-campus sexually transmitted diseases screening, condom availability, online contraception providers, mobile health clinics, telehealth services, and school-clinic partnerships.



Figure 2.3 Multiple strategies to improve access to sexual and reproductive health services in school-based health center approach (6)

Nevertheless, giving appropriate sex education is an important key factor for adolescents and young adults. According to Chairilsyah D. 2019, a WHO survey of

sex education proves that sex education reduces and prevents risky/careless sexual behavior. Chairilsyah D. 2019 said, “The purpose of sex education is not to arouse curiosity and desire to try sexual relations between adolescents but want to prepare young people to know about sexuality and its consequences if done without obeying the rule of law, religion, and customs as well as the mental and material readiness of a person” (18).

2.6 Comprehensive Health Services: A Business Strategy Towards Telehealth Services

Although telehealth services have been established worldwide, there is no guarantee of success. A Telehealth services strategy is essential, including theme, focus, and future direction. It supports synergistic action at every level of the organization toward survival and success (19). In order to achieve a long-term sustainable advantage in telehealth services, we must respond to appropriate strengths, weaknesses, opportunities, and threats (SWOT).

From the literature review, one study came up with a template combining SWOT analysis in every domain (social/demographics, technical, environmental, economic/business, political/legal, and stakeholders). These can be implemented so that every domain needs to be considered (19). Figure 2.4, LeRouge C. et al. 2010, showed the template of the SWOT analysis and the 6 domains involved.

	INTERNAL STRENGTHS AND WEAKNESSES	EXTERNAL OPPORTUNITIES AND THREATS
Social/demographics		
Technical	Are the organizations affiliated with a system, independent, or a mixture? Is the technical system closed or open? That is, can organizations connect technically with anyone at will, or only through a centralized hub?	What is the current security policy?
Environmental		
Economic/business		
Political/legal		
Stakeholders		
SWOT, strengths, weaknesses, opportunities, and threats.		

Figure 2.4 Template for identifying a strategy to achieve a sustainable advantage by using SWOT analysis in telehealth services (19)

CHAPTER III

METHODOLOGY

3.1 Study Design

This study is a descriptive study conducted through in-depth interviews with 2 main groups of subjects with 10 participants for each group. We use qualitative study because the study topic is mainly about understanding the thoughts and behaviors of Thai adolescents and young adults and finding appropriate health services to help sexual problems among Thai adolescents and young adults, therefore in-depth interviews with participants will reflect more on each participant's thoughts and awareness about the problems.

For the selected sample, the first group, we choose student which represents adolescents and young adults. They have to be considered as a “high-risk group” such as experienced sexual problems before and/or sighted sexual problems from their friends. For the second group, the healthcare provider must be in the pediatric department who experienced sexual problems in adolescents and young adults before.

3.2 Participants

Two main groups of subjects will be asked to join the study with 10 participants per group. The first group is a student which represents adolescents and young adults. Inclusion criteria are men and women aged between 10-24 years old who comfortably discuss their thoughts and opinions about sexual problems in their generation. Participants need to give permission and the answer will be anonymous.

The second group is a healthcare provider (physicians and nurses), representing people responding to adolescents and young adults' sexual problems. Inclusion criteria are physicians and nurses who work with the target group in the hospital and give permission and the answer will be anonymous.

The sample in this study uses a simple random sampling technique and the questionnaire must be validated by 10 participants with similar characteristics before we collect the data.

3.3 Data Collection

Data obtain primarily from an open-ended interview and completed field observations. Data will be collected in the government hospital for men and women aged between 10-24 years and health care providers. This data collection begins with an explanation of the purpose of the research by the researcher to the participants. The researcher asks the participant's permission to answer, the participant will directly include in the study if they are willing to join. Participants answer several questions with a face-to-face interview given by the researcher for approximately 30 – 60 minutes per session. Before the data collection, the interview must be validated by 10 participants with similar characteristics. Data will be collected by one interviewer and voice-recorded using a case record form.

3.4 Interview Question

The instrument of this study is a questionnaire that contains an open-ended question. Participants will answer several questions given by the researcher for approximately 30 – 60 minutes per session.

First participant group: Adolescents and young adults

- How well do you think you know sexual issues? (Rating 1-5)
- What are your main sexual problems in your perception?
- Have you ever experienced sexual problems yourself?
- Who do you usually ask for advice?
- Do you think schools and hospitals provide adequate help for sexual problems?
- What is the main barrier to professional help?
- Who should provide sex education to you?

- What is the appropriate solution that healthcare providers can give to AYA?

- Do you feel more comfortable asking a question in telehealth services?

Second participant group: Healthcare providers

- Have you ever advised adolescents and young adults (AYA) about sexual problems?

- Do you think the sexual problem in AYA is important for the country?

- What are the main sexual problems of AYA in your perception?

- What do you think are the problems for AYA in sexual problems? (Such as knowledge, awareness, etc.)

- Do you feel comfortable giving AYA on sex education or advice?

- What are the services that government hospital provides to AYA?

- What is the main barrier for you in giving AYA professional advice?

- What is the appropriate solution that healthcare providers can give to AYA?

- Do you feel more comfortable answering a question in telehealth services?

3.5 Data Analysis Method

With the qualitative research method, the data analysis from an in-depth interview for each group will be selected based on the benefit of gaining the thoughts and behaviors of two participant groups. Answers from the interview will be concluded in each topic 1) sexual knowledge and their perception 2) the main sexual problems of AYA 3) barriers to advice and consultants 4) the right solution to solve sexual problems. Other topics will be selected and discussed to identify true sexual problems, adolescents' and young adults' thoughts and behaviors, and appropriate health services for these target groups. Moreover, the future plan (telehealth services) needs to identify their potential for success.

CHAPTER IV

RESULTS

After we conducted the in-depth interview with 2 main subject groups, a total of 20 participants; 1) 10 adolescents and young adults (AYA) aged 10-24 years old and 2) 10 healthcare providers. The interview sessions were held from 20 February 2023 – 10 March 2023 in the main different locations which are Charoenkrung Pracharak Hospital (government hospital) and Phyathai 2 Hospital (private hospital). Each participant took 10-15 minutes to complete the interview section.

In both groups, we were able to see the repetitive results from each participant but differ between groups. It can be assumed that the perspectives and thoughts of each generation are similar. The full results and analysis from the interview session are presented below. Table 4.1 showed the demographic data of AYA participants in their gender, age, and work as well as Table 4.2 which showed the demographic data of healthcare provider participants in the same domain.

Table 4.1 Demographic data of adolescents and young adults

Group 1 Adolescents and young adults			
Participant Number	Gender	Age	Work
A1	M	18	Student
A2	M	19	Student
A3	M	14	Student
A4	M	15	Student
A5	F	13	Student
A6	M	20	Student
A7	F	24	Student*

(M = male, F = female, * = master's degree student)

Table 4.1 Demographic data of adolescents and young adults (cont.)

Group 1 Adolescents and young adults			
Participant Number	Gender	Age	Work
A8	F	15	Student
A9	F	12	Student
A10	M	11	Student

(M = male, F = female, * = master's degree student)

Table 4.2 Demographic data of healthcare providers

Group 2 Healthcare providers			
Participant Number	Gender	Age	Work
B1	F	34	Doctor
B2	M	34	Doctor
B3	F	59	Nurse
B4	F	32	Doctor
B5	M	36	Doctor
B6	F	50	Nurse
B7	F	55	Nurse
B8	M	44	Doctor
B9	M	42	Doctor
B10	F	41	Nurse

(M = male, F = female, all health care providers are in the pediatric department)

4.1 Thai Adolescents' and Young Adults' Thoughts and Behaviors on Sexual Issues/Problems

4.1.1 Sexual Knowledge and Their Perception

From the interview, the interviewer asked AYA participants to grade their sexual knowledge ranging from 1 (the least educated) to 5 (the most educated). The answers varied ranging from 1 to 5, and 70% of the participants tended to grade their knowledge to be moderate (3 out of 5). From the interview session, some of the AYA participants expressed their experiences on seeking sexual knowledge from school and their feelings toward it. 20% of participants mentioned that school gives false beliefs and misunderstanding phases to students. Based on Maslow's Hierarchy of Needs for Adolescents and young adults in Chapter 2, sex is a physiological need apart from breathing, food, and water. Therefore, a true understanding of this topic is very crucial that we, as an adult, need to implement into school programs and/or education right away without any judgment or barrier.

“The school did not provide enough correct knowledge on sexual issues such as teachers telling teenage students if they have sexual desire, they should go for exercise instead.” (A1)

“It was wrong to give a misunderstanding phase to students. Teachers should be open-minded and provide space to talk and scientifically discuss these things.” (A2)

To correlate with the answers from the AYA group, a hundred percent of healthcare providers agreed that sexual problems among AYA are very important for the country. They mentioned many topics and problems related to sexual issues that we have not concluded in the first interview question definition (sexual activities, sexually transmitted diseases, hormonal abuse, psychological problems related to sexual issues, and social bullying) such as physical abuse in teenage mother and father's family, education problems with adolescent parents, and economic impact with the country. There are all true problems in Thai society. Healthcare providers did not only mention the physical problems related to sex such as sexually transmitted diseases or HIV, but they also mentioned mental health such as depression in the teenager's mother and suppressed child in the family, and future child-rearing problems as well.

“I faced many situations related to young parents; children came with physical abuse from their parents, shaking, hitting or even biting.” (B9)

“Country spent so much money on fixing and treating problems with adolescent’s sexual health.” (B6)

“How can they teach their children well with these unready circumstances?” (B3)

Reasons behind sexual problems among Thai adolescents and young adults are lack of knowledge (100% answered by healthcare providers), lack of awareness of instinctual reactions (70% answered by healthcare providers) and surprisingly more than half (80%) of healthcare providers claimed that one of the reasons is Thai’s culture in talking about sex in public space. Adults do not feel comfortable talking about sex, especially with AYA, in public.

In summary, from the answer from both participant groups, we can conclude that sexual issues/problems in adolescents and young adults are very important problems from a healthcare provider’s perspective. The knowledge about these issues in AYA is moderate (as the grading score is 3 in most of the participants) but since the necessity is in the physiological needs category. Knowledge related to sex is essential for AYA to maintain their security and life throughout this adolescent sexuality period.

4.1.2 The Main Sexual Problems of AYA from AYA and Healthcare Provider’s Perspectives

The main sexual problems of AYA from AYA themselves are divided into 2 problems and both are associated with only physical issues. First, sexually transmitted diseases are the most two popular problems among AYA. Many participants (5 out of 10 participants) did not know exactly what sexually transmitted diseases are. The only disease that they have heard about is HIV (Human Immunodeficiency Virus) infection. Syphilis, gonorrhea, venereal disease, and other diseases were known only by name but did not know the transmission route or how to protect themselves from it. Second, the safest way of sexual activities in AYA, they admitted that nowadays sexual activities are normal in high school students since social media became the closest equipment of all students. The best way to establish the safest method of their sexual activities was searching for knowledge on the internet, they knew that some sources provided wrong

beliefs such as sexual intercourse with withdrawal method is the best way to prevent pregnancy in teenagers. Unfortunately, this is the best source of knowledge they find. Some of the participants mentioned the limitation of acceptance in the family to talk about girlfriends/boyfriends or relationships was also a problem. 20% of participants which are male mentioned unsafe sex and teenage pregnancy are the most serious problem in their school, school was not allowed teenage moms to study in school but was able to get back to school after delivering the baby. Most teenage moms did not go back to school, and this eventually caused financial and social problems in the family afterward.

“I have problems talking about my sexual issues with my family, not only sex but also with relationships.” (A5)

“Teenage pregnancy is the most serious problem. School was not allowed teenage moms to study in school but were able to get back to school after delivering the baby. It did not help.” (A4)

On the other hand, the main sexual problems of AYA from healthcare providers are mainly about the long-term effect on adolescents themselves and their families. Almost all healthcare providers mentioned 1) physical problems affected both AYA themselves and children born from teenage moms such as intrauterine growth restriction and small for gestational age babies and 2) mental problems from unsafe sex especially unwanted pregnancy such as postpartum blues, depression, family problems and child-rearing problems in the family which affect the children in the short and long term. All healthcare providers from government hospitals had experience in taking care of physical abuse in the family, mainly in unwanted children from teenage mothers and fathers.

In summary, the main sexual problems in AYA in our study are similar to other studies (15, 16). In Thailand, sexual problems are considered important health issues and it related to physical, psychosocial, and financial problems in the long run. AYA are more considered about their physical health and their current living and lifestyle, not much about family and society. In getting to know AYA, we should provide more education on sexually transmitted diseases and safe sex. Looking deep into the bigger picture, problems from unwanted pregnancy and teenage moms remained

one big issue that caused significant damage to our country according to healthcare providers' perspectives.

4.2 Appropriate Health Services for Thai Adolescents and Young Adults to Help with Sexual Problems

4.2.1 Barriers to Seeking Professional Advice and Consultation

From the interview, 70% of AYA participants claimed that they had never experienced sexual problems themselves but if they had, the person that they would run into is their senior students and close friends. Only 20% of AYA participants would ask for parents' help and none of them would seek professional health at school or hospital because they said it is very difficult to start the conversation with teachers and the hospital is too difficult to reach (transportation, accessibility, etc.). From the healthcare provider's view, the hospital provides various help for AYA such as education, consultation, treatment, and prevention. Some doctors disagreed with this. So, this might be room for improvement in terms of the completion of comprehensive health services for sexual issues. Apart from treating physical health, the hospital established a psychology clinic, family clinic, and gender diversity clinic. All of these things provided by the hospital, comprehensive health services for sexual problems in Thai adolescents and young adults were fully set up in almost all government hospitals.

“Hospital provides everything to help in terms of their health. We have education, consultation, treatment, and prevention.” (B7)

“The hospital only provided treatment but not enough primary prevention in terms of education, proper consultation, and preventive tools.” (B2)

Talking about barriers, AYA participants mentioned “people”. First of all, starting with “family”, their families should be the ones responsible for AYA's problems but in traditional Thai culture. The family still ignored and turned their faces off when AYA started to talk about sexual problems. Secondly, “professional consultation” (health education teachers and healthcare providers) is difficult to reach for help. Moreover, AYA lacked trust and felt that professional consultants would judge them for their misbehaving. Eventually, this leads to misunderstanding about sex and misuse of

this wrong belief. Lastly, participants mentioned that “society” is the biggest people for AYA, they still believe in old values about being conservative and do not accept the change of new values which is everyone has their own values inside and it does nothing to do with being conservative. This is the biggest barrier for AYA in many ways.

“It is hard to start the conversation with teachers.” (A7) (A10)

“Hospital is hard to reach, I have to meet the doctors and it takes a long time for the queue, my mother would know if I went to the hospital.” (A8)

“Adults did not fully open to talking and they would judge me anyway and that made me not want to go and ask for their help.” (A3)

In summary, all barriers are mainly “people”: family, professional consultation, and society. Thai culture and society are conservatism in terms of the society’s values and people’s minds. What the study see is AYA did not choose family or teacher as their first consultation as it should be. AYA choose senior friends and social media because they provide easy accessibility and no judgment toward their questions. Although in the healthcare provider’s view, the hospital is the most effective place for teenagers to seek help unfortunately in reality, it turns out that the hospital is not the place in AYA’s minds, especially for their privacy and accessibility.

4.2.2 The Appropriate Health Services for Thai Adolescents and Young Adults to Help with Sexual Problems

Asking about appropriate health services to AYA, 1) 100 percent of AYA participants said that educating inaccessible tools such as the internet and social media since nowadays the knowledge provided by the government sector is mainly in poster and leaflet form. AYA confessed that they barely looked at the poster and leaflet at the school or hospital. This information can be interpreted as that as an adult, we lacked the understanding and ability to keep up with the AYA, and this led to wider gaps between adults and AYA. In this era, social media becomes an indispensable tool for life. 2) 100 percent of AYA participants answered with the hopeful phase that they think the easy route might be good for asking questions or helping and all of them used the word “easy route”. This study assumed from this final statement that every AYA does want to ask their unknown question, but it is impossible for them to seek help from the right person

(with knowledge and easy to connect). Lastly, every participant said that it would be more comfortable if we can talk or ask about sexual issues/problems via phone or chat.

“Or maybe give us an easy route to ask questions or help, phone or chat are okay.” (A1)

The appropriate solution that healthcare providers can give to AYA, 100 percent of healthcare providers said that the solution should create a channel that they are able to educate, give advice and help AYA upon their needs. Healthcare providers are also concerned about confidentiality and the importance of family. Apart from AYA, healthcare providers want to educate and adjust parent’s attitudes toward these health problems and 90% of participants feel comfortable giving AYA advice with one person answering unsure. Ending them with the same question as an AYA, *“Do you feel more comfortable answering a question in telehealth services?”*, and all of the participants answered yes to this question.

“Not only AYA but adults like their own family also need to adjust their attitudes toward the sexual problem of their children.” (B1)

“I know about confidentiality but if the problems are serious, their parent also need to know.” (B8)

In summary, it can be affirmed that easily accessible, fast, no judgment health service is the answer. With all these 3 factors, we need to create “Comprehensive health services” for adolescents' and young adults’ sexual problems. One of the comprehensive health services is telehealth services which should be an “easy route” for AYA to connect with the right person and ask for help. Besides “the easy route”, it can make a comfortable and calm environment in consultation happen via telehealth services.

CHAPTER V

CONCLUSION & RECOMMENDATIONS

5.1 Conclusion

From one on one, open-ended questions, and in-depth interviews, we found so much interesting information about both groups according to our objectives 1) we were able to understand Thai adolescents and young adults' thoughts and behaviors on sexual issues/ problems. 2) we were able to bring out some appropriate health services for Thai adolescents and young adults to help with sexual problems. A true understanding of Thai adolescents and young adults (AYA)'s thoughts and behavior regarding sexual issues/problems is very important to solve this huge social impact problem. After learning from their thoughts and behaviors, apart from the main objectives, we were also able to see and recognize the barriers to these problems. Some barriers are difficult to fix in the short term, but in the long-term plan, all barriers should be fixed to eradicate this chronic problem in our country. One of the biggest parts in solving is healthcare and the public health system, they took a huge part in education, health promotion, treatment, and prevention. Knowing healthcare providers' thoughts and their understanding and intentions are also important for this study to develop and improve the appropriate health services among Thai AYAs.

Firstly, we affirmed that sexual issues/problems are the main health problems throughout Thailand (100% answered by both groups). Not only unsafe sex but also sexually transmitted diseases, teenage pregnancy, and undereducation are also common problems that we faced in Thai AYA said by both AYA and healthcare providers. The reasons behind this are from both AYA themselves and their surroundings. AYA themselves tend to lack awareness about sexual problems (70% answered by healthcare providers) and lack of interest in family and their society (30% answered by healthcare providers) but on the other hand, their surroundings do not provide them a friendly environment to openly talk and discuss this topic and do not

give them correct, valid and enough knowledge that they can be able to use (60% answered by AYA).

Since the barriers to seeking help whether it is from the family or professional help are difficult to correct in a short period because these consisted of society's values and people's minds. AYA's pain points are difficult to reach and talk to, judgment on the behavior, and long waiting times. The appropriate health service should solve all their pain points such as increasing the easy channel to reach for help from professional consultants (100% answered by AYA) or "telehealth service", one of the comprehensive health strategies to improve access to sexual and reproductive services. Telehealth service for AYA will correspond to their need in "easy route", "right person", and "comfortably talked".

Lastly, problems about sexual issues are not difficult to solve scientifically. Drugs can be used in various conditions and help are available in many places, but it involves lots of responsible parts. Adolescents and young adults are not only changed in their bodies but also change in their brains and minds as well, changes in the public health services and systems are not enough. True understanding in adolescents is the key to their hearts and overall, leading to success at the national level. As adults, we are responsible for supporting them in the right thing and pointing out the bad thing. Our children will grow in which direction, it depends on our values and attitudes toward change.

Finally, the combination of insight from the 2 groups in this study would benefit many responsible sectors. Since from the literature reviews, comprehensive health service is the most effective and easiest way to connect AYA with professional healthcare. Multiple jigsaws in comprehensive health services shown in Figure 2.3 need to add in Thailand context as soon as possible.

5.2 Recommendations

We purpose recommendations divided into 2 sectors involved in these problems.

5.2.1 Recommendation for Healthcare Providers

From this study, we were able to identify AYA's pain points which are difficult to reach and talk to, judgment towards AYA's behavior, and long waiting times. In healthcare providers' views, there are several ways to improve the seamless integration of education, treatment, and prevention in one place. From the interview session, seamless integration should involve schools, hospitals, and healthcare providers. Telehealth service is the one piece of integration (as known as comprehensive health care/health services) that should initiate to connect AYAs and healthcare providers.

Online platforms should be set up by the technology team that can connect AYAs and healthcare providers. This platform should be an "easy route" to access for the target group and should provide knowledge, consultation, treatment, and prevention in one place. Moreover, communities between AYAs themselves and adults, especially healthcare providers should be established to create true understanding and decrease the gap between adults and AYAs as much as possible.

Not only online platforms but onsite services should be available for AYAs such as integration school and hospital services near AYA, mobile/onsite sexual health check-ups (eg. Sexually transmitted diseases screening), contraceptive giveaways in school, and also space that can build and encourage the new society's values toward AYAs. All of these actions should be done with open-mindedness and without any judgment.

In summary, all recommendations need collaboration with many sectors such as hospitals, schools, parents, and AYA themselves. Starting from a small step with telehealth services might be a good idea to improve the quality of Thai AYA by adding one piece of the jigsaw to the whole "comprehensive health services" plan. Connecting people and creating communities for space sharing onsite or online is also an important factor leading to success. These can introduce new values and knowledge to society.

5.2.2 Additional Recommendation for School

The interview session in this study showed several statements dedicated to school issues. Additional recommendation directly to the school is essential for teachers and students. Teachers are the person that students would think of if they faced problems

based on the interview answers. An additional recommendation would be to benefit both school and students in order to enhance their relationship regarding this topic.

We recommend that all teachers, especially the student's advisors should be the ones whom students can discuss and talk to. All conversations should start with teachers whom student trusts the most. Do not send them to health education teachers because this would lead to a gap between students and teachers. Once teachers recognize the problems, try to fix student's problems along with their families, hospital, and social security.

School should not only be for education only, but school should be the place where students feel comfortable and able to ask for their help. Partnership with a hospital or other telehealth services to enhance the comprehensive health services where a school is needed in the system. Moreover, setting up a sex education class (which can be provided by teachers or healthcare providers) with an open-minded sharing space where everyone can discuss is the first step in creating healthy communities in school.

5.3 Limitations in the Scope of Study

This study aims only to understand Thai adolescents' and young adults' thoughts and behaviors, study the main sexual problems and appropriate health services in AYA, and healthcare provider perspectives from an in-depth interview. Only 20 participants and 10 participants per group were interviewed and these interview sessions only took place in Bangkok, Thailand area which may not be the true representative of the whole country.

Moreover, although we have been talked with the participants with calmed and relaxed atmosphere, without any judgment we did not know whether it would provide enough pleasant circumstances for AYA to talk or not. Some insights might have been skipped or neglected. So some data might be missing.

5.4 Future Research

In future plans, more participants that can represent the whole country will be the best answer and solution to understanding AYAs. Extension to other provinces is a must. Some dimensions need to collect more data and/or quantitative study and find a correlation between them for better understanding in the future.



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