Access to Reproductive Health Services for Adolescents in the Educational System, Phetchaburi Province

Rapeepan Narkbubphaa, Angthinee Kansukcharearn, Chanuttiporn Somjai, Pailin Thungthin

Abstract
This study was based on a descriptive research design. The population comprised of males and females aged between 15 and 19 years studying at the high school, college, and university levels in Phetchaburi, Thailand. The sample group size was calculated by using Taro Yamane’s formula at a reliability level of .95. The instrument used was the questionnaire of College of Public Health as modified by Chulalongkorn University for use in research. Instrument quality was calculated by using the Kuder-Richardson 20 formula; an internal consistency value of .86 was obtained. According to the findings, the comparison of access to reproductive health services by adolescents at each level of education, the educational levels of the adolescents were similar to one another in that they were found to have received instruction about sexuality and reproductive health. The instruction most frequently received was on reproductive health and the least frequent subject was life skills, ability to adjust to daily lifestyles. The findings suggested that the capacity of medical and academic personnel should be developed in order to gain knowledge, attitudes to provide reproductive health services, especially on subjects concerning life skills and ability to adjust to daily life and interacting with the people surrounding adolescents, including skills on how to refuse sexual activity with partners.

Keywords
Accessibility, adolescents in educational facilities, reproduction health services for adolescents

According to the survey on adolescents’ age at sexual debut, this age would appear to be declining. At present, the average age for adolescents at sexual debut is 15-16 years old, and less than 50% of these adolescents wear condoms. The Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health (2010) revealed that unprotected sexual activities not only lead to pregnancy, but also cause the incidence rate for Sexually Transmitted Diseases (STDs) to rise from 41.5 people per hundred thousand people in 2005 to 79.8 people per hundred thousand in 2010. According to the aforementioned statistics, the problems of sexual and reproductive health are sensitive issues in Eastern societies, including Thailand. On one hand, reproductive health services for adolescents mean giving adolescents knowledge, understanding, and advice with emphasis on sexual development, physical and emotional changes, social adjustments, how

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adolescents handle themselves, and what friendships they make, physical care, life skills and birth control with responsible and safe sexual activities to prevent unwanted pregnancy as well as STDs (Bureau of Reproductive Health, Department of Health, Ministry of Public Health 2010) all of which can enable adolescents to access public health services, especially, concerning sexuality. The study revealed that less than 5% of adolescents are able to access preventive services for STDs and HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome) (The Office of National Economic and Social Development Policy 2013). This finding concurs with a study on accessibility to reproductive health information and services for adolescents in the Province of Ubon Ratchathani, 84.2% of the sample group continued to seek knowledge on sexuality and reproductive health, birth control, contraceptive methods, and STDs (Nutchanat Huannaklang et al. 2011), thereby clearly indicating the dearth of reproductive health services available to adolescents. The researcher chose to conduct this study in Phetchaburi, a province situated in Thailand’s western region and with a pregnancy rate of as many as 20.08% of women younger than 20 years of age, thereby ranking the second province among western provinces (Health Promotion Center Region 5: Ministry of Public Health 2013). The aforementioned situation is a key public health issue requiring an urgent solution. As a nursing professional responsible for educating nursing students in providing care for mothers and infants before, during and after delivery in terms of providing services and consultation resulting in holistic nursing practice, the researcher is interested in studying accessibility to reproductive health services among adolescents by employing a quantitative descriptive research design to study the accessibility to reproductive health and conducting a comparison between accessibility to reproductive health services of adolescents at each level of education in Phetchaburi, Thailand.

LITERATURE REVIEW

Following the Thai Government by the Ministry of Public Health notification on reproductive health policy and the scope for reproductive health work was set in 10 areas, namely, mother and child health, family planning, AIDS, STDs, infertility, miscarriage and complications, cancer of the reproductive system, sex education, adolescent health, menopausal and adult conditions. In particular, adolescent health involves adolescent care from an aggregate perspective aimed at having adolescents gain knowledge, understanding and consultation on general health with emphasis on adolescents’ reproductive health, sex education and responsible, safe birth control services to prevent unwanted pregnancies, STDs and AIDS with adolescent friendly services (Bureau of Reproductive Health, Department of Health, Ministry of Public Health 2010).

At present, Thailand provides reproductive health services for adolescents at clinics inside and outside hospitals. The adolescent clinics’ main activities were secondary preventive activities involving the diagnosis and screening of adolescents with risk factors and behaviors or problems from the early stages in order to prevent and provide prompt care, for example, by screening of risk behaviors, providing information, suggestions and consultation in particular. Thus, adolescent clinics are the entry point for screening risk behaviors while offering suggestions and consultation.

Problems and barriers are encountered in standard work holistic, proactive service expansion with barriers involving staff time, problems with no clear place to refer pregnant adolescents, new personnel not trained to be adolescent-friendly, and no specific adolescent service system in network hospitals. The consequences are an inability to follow up and evaluate treatment outcomes due to inadequate systematic referrals. In addition, there are problems with off-hour services due to the personnel’s heavy
workloads and insufficient budgetary support for overtime pay made worse by the problem of accessibility due to location and insufficient publicity. Such problems and barriers to access to reproductive health services in adolescents are obvious (Yupa Poonkam, Somsak Sutatworawut, and Rujira Wattanayingcharoenchai 2012).

**METHODOLOGY**

This study was based on a descriptive research design conducted to study adolescent access to reproductive health services and compare adolescent access to reproductive health services at different levels of education in Phetchaburi, Thailand. The population comprised 32,000 male and female adolescents studying at the high school, vocational school, college, and university levels in Phetchaburi aged 15-19 years old. The sample group size was calculated by using Taro Yamane’s formula (Yamane 1973), at a reliability level of .95. A sample group size of 396 was obtained. The sampling method employed was multiple-stage sampling, categorizing adolescents by educational facility, namely, high school, vocational school, college, and university with 132 persons per educational facility. Data were collected from a total of 384 people (96.97%). The instrument used was the questionnaire on adolescent access to reproductive health education and public health surveillance, College of Public Health as modified by Chulalongkorn University for use in research. This questionnaire was divided into the following two sections: (1) a total of 10 items on demographic data; and (2) seven questions on sex, counseling services for reproductive health in a questionnaire where the answers were related to each question to ensure the respondents answer based on emotions and feelings. The instrument was tested for content validity by three qualified professionals in maternal and newborn nursing and midwifery. Next, the contents were revised for validity and language clarity as recommended by the experts. The questionnaire, which had been calculated for content validity, was submitted to a pilot study with 30 male and female adolescents aged 15-19 years old with qualities similar to the sample group studying in the educational system of Phetchaburi. Then internal consistency value was calculated by using the Kuder-Richardson 20 formula which a value of .86 was obtained. Descriptive statistics such as mean, percentage, and standard deviation were used in data analysis.

**RESULT AND DISCUSSION**

**Demographic Data**

According to the findings, 52.90% of the sample group was composed of females, 97.66% was Buddhists, 34.40% studied at the vocational, college, and university levels, 83.10% resided with families at home, 69.53% resided with parents, and 37.24% had Grade Point Average of over 3.00 during the past term. It was evident that the adolescents had similar proportions for income generating work: 52.90% were unemployed and 47.10% were employed; 70.31% of the adolescents had not gone out to entertainment facilities at all during the past 12 months; 65.90% had never drunken alcoholic beverages; 87.20% had never smoked cigarettes, and as many as 84.10% of the adolescents had been instructed in sexuality and reproductive health.

**COMPARISON OF ADOLESCENT ACCESSIBILITY TO REPRODUCTIVE HEALTH SERVICES AT EACH LEVEL OF EDUCATION IN PHETCHABURI**

According to the findings on the adolescents in the education system in Phetchaburi concerning visits to entertainment facilities over the past 12 months, most of the adolescents (70.31%) were found to have never visited entertainment facilities and never consumed
alcoholic beverages (65.90%), which differed from the findings of Nantawan Yantadilok (2009) who surveyed the risk behaviors of 342 youths outside the education system aged 15-24 years in Samutprakarn, Lopburi, Chiangmai, Ubonratchathani, and Songkhla, and found the youths (68%) to have consumed alcoholic beverages, engaged in sexual activity (88.3%), smoked (74%), and used narcotic substances (25.1%), because these risk behaviors were the main causes of premature pregnancies as shown by the study of Siriwan Kampangpan, Titawee Kaewpornsawan, and Suporn Apinuntavech (2011) who found consumption of alcoholic beverages to be a cause of premature sexual debut and an important cause of adolescent pregnancies (Kittipong Ubonsa-ad 2009). Furthermore, smoking was found to be a main cause of emphysema and cancer of the respiratory system. Most of the subjects were found to have never smoked (87.20%), which differed from the study of Nantawan Yantadilok (2009) who surveyed and found the smoking behaviors of youths outside the education system to include entering the cycle of smoking from a young mean age of 12-16 years. Moreover, the National Statistical Office of Thailand (2008) found youths aged 15-24 years (12.1%) to smoke. Adolescents outside the education system are obviously at higher risk for the aforementioned behaviors than adolescents in educational facilities and this problem should receive urgent care with correction of risk behaviors.

Furthermore, most adolescents (84.10%) were found to have received knowledge concerning gender and reproductive health in line with reproductive health policies setting the scope of reproductive health work to consist of 10 topics, especially concerning hygiene among adolescents, which involves seeing that adolescents gain knowledge, understanding, and advice on general health. The present study emphasizes adolescents' reproductive health and sex education, while ensuring that adolescents receive contraception services while engaging in responsible and safe sexual activity to prevent unwanted pregnancies and STDs, including AIDS (Bureau of Reproductive Health, Department of Health, Ministry of Public Health 2010).

According to the comparison of adolescent access to reproductive health services at each level of education in Phetchaburi, the adolescents at each level of education were found to have no differences in the following topics:

The adolescents were instructed about gender and reproductive health at the high school, vocational school, college and university levels. The adolescents received the most knowledge on the reproductive system and sexual hygiene but received knowledge on contraception methods/pregnancy prevention methods at only 8.85%, 22.92%, and 21.09%, respectively. The adolescents had knowledge about STDs/HIV/AIDS at only 6.25%, 16.67%, and 18.23%, respectively (see Table 1). This concurred with the study of Suratchada Kongsi et al. (2009) who found adolescents in Thailand continue to possess inadequate knowledge about sexual intercourse and proper prevention of pregnancies together with the findings that sex education on family planning and infections of the reproductive system should be provided from early elementary levels if problems stemming from inadequate sex education in adolescents are to be prevented. In addition, the contents should be different at each age in order to ensure that adolescents have proper sexual expressions and understanding of gender together with promoting adolescents not to engage in sexual intercourse during the school years, or to use condoms to prevent STDs, especially AIDS. The adolescents also received the least knowledge on gender and reproductive health concerning life skills and capacity for adapting to confrontations in daily life such as the ability to refuse and love with problems concerning heart break and homosexuality. These findings differ from the World Health Organization (WHO) and the European Union (EU) where sex education is provided for youths in the
Table 1. The Amount and Percentage of Data on Adolescent Accessibility to Reproductive Health Services Among Adolescents Studying in Phetchaburi Province

<table>
<thead>
<tr>
<th>Data</th>
<th>Sr. High School</th>
<th>Vocational school</th>
<th>College and university</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Percentage</td>
<td>Amount</td>
</tr>
<tr>
<td>Reproductive system and sexual health</td>
<td>90</td>
<td>23.44</td>
<td>118</td>
</tr>
<tr>
<td>Physical, emotional and mental changes by</td>
<td>63</td>
<td>16.41</td>
<td>106</td>
</tr>
<tr>
<td>age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging in sexual intercourse</td>
<td>50</td>
<td>13.02</td>
<td>102</td>
</tr>
<tr>
<td>Sexual development and sexual deviation</td>
<td>42</td>
<td>10.94</td>
<td>94</td>
</tr>
<tr>
<td>Contraceptive methods</td>
<td>34</td>
<td>8.85</td>
<td>88</td>
</tr>
<tr>
<td>Pregnancy and childbirth</td>
<td>27</td>
<td>7.03</td>
<td>73</td>
</tr>
<tr>
<td>STD/HIV/AIDS</td>
<td>24</td>
<td>6.25</td>
<td>64</td>
</tr>
<tr>
<td>Heterosexual friends and sexual partner selection</td>
<td>19</td>
<td>4.95</td>
<td>50</td>
</tr>
<tr>
<td>Sexual harm</td>
<td>12</td>
<td>3.12</td>
<td>42</td>
</tr>
<tr>
<td>Pregnancy termination (abortion)</td>
<td>8</td>
<td>2.08</td>
<td>30</td>
</tr>
<tr>
<td>Life skills, ability to adjust to daily life such as knowing how to refuse</td>
<td>8</td>
<td>2.08</td>
<td>25</td>
</tr>
<tr>
<td>Matters of love such as heart break/ homosexuality</td>
<td>8</td>
<td>2.08</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 2. The Amount and Percentage of Data on Days and Times for Reproductive Health Services and Sex Education

<table>
<thead>
<tr>
<th>Data</th>
<th>Sr. High School</th>
<th>Vocational school</th>
<th>College and university</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Percentage</td>
<td>Amount</td>
</tr>
<tr>
<td>Monday to Friday during business hours</td>
<td>119</td>
<td>30.99</td>
<td>128</td>
</tr>
<tr>
<td>Monday to Friday outside business hours</td>
<td>130</td>
<td>33.85</td>
<td>140</td>
</tr>
<tr>
<td>Saturday to Sunday</td>
<td>7</td>
<td>1.82</td>
<td>19</td>
</tr>
</tbody>
</table>

Sexual Awareness for Europe Project, so youths will know that they should improve their lives by analysis, communication, self-improvement, decision-making, sense of self, confidence building, assertiveness, responsibility as well as capacity to ask, seek help, and sympathize with others. The project also integrated positive attitudes and values such as an open mind to opinions, self-respect and respect for others, self-value and respect, non-judgmental attitudes with good responsibility and attitude toward sexual health and hygiene (A Reference Guide to Policies and Practices Sexuality Education in Europe 2006). On the topic of sources of information on gender and reproductive health at the high school, vocational school, college and university levels, the adolescents received most knowledge from the same source of information, e.g., teachers, which was in agreement with the study of The Office of National Economic and Social Development Policy (2013), which found teachers have influence in providing sex education for students. Teachers who understood the importance of sex education usually included subjects such as biology, physical education, or health education. Moreover, basic health education courses
were found to teach about sexual behaviors, placement among adolescents and unwanted pregnancies, including topics on gender and Thai culture.

A number of educators had the opinion that adolescents currently have changed sexual values without considering sexual intercourse only after marriage. Furthermore, internet media and social networks create opportunities for children to access information quickly and widely. Some teachers taught sex education in schools without forbidding adolescents from sexual intercourse because the teachers thought it impossible to do so and emphasized prevention by teaching contraceptive methods. In addition, schools organized “Big Brother” activities for adolescents to make short movie clips by emphasizing on participatory activities to ensure that adolescents would think and act independently.

The sources of knowledge from which adolescents received the least instruction on gender and reproductive health were television, the internet, and radio, which differed from the study of Nutchanat Huannaklang et al. (2011) who studied accessibility to reproductive health information and services among adolescents in a case study in Ubonratchathani, and found students (90.5%) to have received knowledge concerning gender and reproductive health with the internet and television being the second and third highest source following teachers. The differences in the findings may have occurred due to the differences in social conditions, contexts, and environments of each province.

The adolescents had opinions regarding important gender and reproductive health problems at the high school, vocational school, and college and university levels. The same most important opinion was on the topic of the reproductive system and sexual hygiene, causing impacts on disease prevention in order to ensure that adolescents recognize changes in symptoms, are able to practice accurately and in line with physiological and emotional development in mid-adolescence (ages of 14-17 years), which was an age with greater interest in self-care and image (Suwanna Ruangkanjanaset 2009).

The opinions thought to have the least significance concern love, namely, heart break, homosexuality, and life skills with abilities to adapt in confronting daily life. Some examples include knowing how to refuse, a difference from the WHO recommendations that specify the components of life skills as the heart of living. Life skills mean a person’s ability, knowledge, attitude, and skills to creatively and effectively adapt and confront various stimuli in life in line with culture/environment/society. Persons with good life skills will have good interactions and human relations along with determination, knowledge about solving problems, good adaptation, self-reliance and protection during crises (Yongyuth Wongpiromsan and Suwanna Ruangkanjanaset 2005).

The persons whom adolescents consulted with the most regarding gender and reproductive health topics at the high school, vocational school, and college and university levels were medical personnel and teachers while the persons whom adolescents consulted with the least were pharmacists (drugstores) and boyfriends/girlfriends. This finding differed from the study of Thitipon Inkataworawong et al. (2007) who found adolescents to most frequently consult friends (56.5%) when having sexual problems, consulting parents and friends when the adolescents erred by engaging in sexual intercourse (41.3% and 39.1%, respectively). The findings also differed from the study of Nuanta Apakapakul (2006) who found youths to usually consult and ask friends about problems because friends had solutions, despite the fact that the youths felt those solutions to be wrong. Few youths consulted family members due to fear of being reprimanded. If youths consulted teachers, youths
Adolescents at the high school, vocational school, and college and university levels mostly used gender and reproductive health services on Mondays-Fridays outside business hours and during business hours while using services the least on Saturdays and Sundays (see Table 2). The aforementioned findings concurred with the findings of Nutchanat Huannaklang et al. (2011) who studied access to reproductive health data and services among adolescents in a case study on Ubonratchathani and found adolescents to have opinions which considered appropriate service provision dates and hours to be 4:30 p.m.-8:00 p.m. (25.8%). This concurred with current adolescent clinic service arrangements which were found to have models of providing services according to feasibility and hospital readiness by opening to provide services only one day per week during business hours. However, because most adolescents wanted services outside business hours, especially during lunch breaks and after school from 4:00 p.m. onward, some hospitals opened adolescent clinics in certain days and provided services outside business hours while some hospitals opened to provide only hotline services outside business hours.

CONCLUSIONS

The capacity of medical personnel, educational personnel, and other relevant agencies at all levels should be improved with knowledge, attitude, and
capacity for providing reproductive health services, because these personnel are the persons from whom adolescents most frequently receive reproductive health consultation services, especially concerning life skill education and capacity for adapting to daily life. These skills are essential to building relationships and interacting with surrounding people, including skills in refusing to engage in sexual intercourse with boyfriends/girlfriends. If adolescent skills can be developed in this aspect, adolescent pregnancy and STD rates will drop.

References


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