

RESEARCH COMMUNICATION

Adolescent Sexual Health Behavior in Thailand: Implications for Prevention of Cervical Cancer

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Abstract

Since adolescents are now engaging in sexual activity in their early years, sexual behavior needs to be explored to prevent contact with HPVs and other sexually transmitted diseases (STD), including cervical cancer. This qualitative study aimed to explore this question from adolescents' view points in their natural context. The participants were 19 individuals aged 13-19 years living in rural families in Khon Kaen province, Thailand. The preliminary findings indicated that factors contributing to low sexual risk behavior were helping family to do housework, an emphasis on learning, listening to parents, and following their advice. Adolescent behavior leading to high sexual risk included being very close to friends, having a wide social circle, going out for enjoyment at night time, returning home late at night, drinking alcohol, smoking, paying less attention to learning, not listening to parents, and not following their advice. Adolescent sexual behavior was found to comprise: 1) sexual activities themselves; 2) non-disclosure of having sex; and 3) protective behavior. Sexual activities were ranked from low risk to high risk of sexual health. Low risk included having a steady boy/girlfriend, hugging, and kissing. High risk sexual behavior featured unprotected sex, abuse or rape, and abortion. Important influences were: eagerness to learn and try to have sex, mens' sexual desire, peer group value of having sex, and material value. The adolescents demonstrated no willingness to disclose having a boy/girl friend, having sex and negative consequences like becoming pregnant. Sexual protective behavior was up to males, whether they were willing to use a condom, with females having little power to negotiate. The study suggests that inappropriate adolescent risk behavior and social values need to be a focus of attention for education. In particular, families need to take action by early detection of adolescent sexual risk behavior.

Key Words: Sexual behaviour - risk - Thailand

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Introduction

Achieving moderation in sexual behavior is a common problem among adolescents worldwide (Donoghue, 1993). Young and unmarried adolescents continue to initiate intercourse at an increasingly younger age (Aplasca et al., 1995; Abma and Sonenstein, 2001; Sirirassamee et al., 2003; Baseviciene and Sumskas, 2004), to have multiple sexual partners (Babikian et al., 2004; Gore-Felton et al., 2003; Adamu et al., 2003), to have unprotected first intercourse (Felton and Bartoces, 2002) and to be more likely to report risky sexual behavior than do people in older age groups (Akware et al., 2003). Previous studies showed these behaviors increase the risk of HIV/AIDs, sexually transmitted disease (STD) and unintended pregnancy among teenagers (Reynoso et al., 1993). Adolescents of both genders may show greater knowledge about human immunodeficiency virus (HIV) than other diseases (Dell et al., 2000), and have a high level of knowledge of STDs and their prevention but this fails to induce appropriate behavior

among the sexually active (Andersson-Ellstrom et al., 1997).

Risk factors for cervical cancer development include persistent infection with high risk group human papilloma viruses (HPVs), together with smoking and reproductive history. HPV is common among sexually active teenagers regardless of ethnicity or socioeconomic status (Fisher et al., 1991) and a 2-year prospective study of sexually transmitted diseases (STDs) in 98 healthy 16-year-old schoolgirls showed human papillomavirus (HPV) infections to have spread rapidly among sexually active girls (Andersson-Ellstrom et al., 1997). Knowledge of HPV infection and cervical cancer screening was found to be low in an urban adolescent population and 87% of school-aged adolescents had not heard of HPV (Dell et al., 2000).

Although adolescent females were found to be more knowledgeable about Papanicolaou testing than their counterpart males, only 39% of sexually experienced adolescent females knew who should get a Papanicolaou test (Dell et al., 2000). Univariate analysis revealed that patients found to have HPV were more likely to have more

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than two sexual partners, to have been sexually active for more than 2 years, to have had menarche before 12 years of age, and to have a history of sexually transmitted disease; logistic regression multivariate analysis demonstrated that number of partners and age at menarche were independent risk factors for HPV (Fisher et al., 1991).

As reported for young people in other parts of the world, Thai adolescents nowadays are becoming much more sexually liberated (Sakondhavat et al., 1987), while also not practicing responsible, low-risk, sexual behavior. As a result, premarital sex and unplanned pregnancies among teenagers are increasing (Soonthorndhada, 1996) and sexually transmitted diseases (STD) are also spreading among people in this age group more rapidly than previously (Sirirassamee et al., 2003; Krungthepturakij, 2005).

Although school sex education and public health programs have incorporated information aimed at delaying the initiation of intercourse, and promoting contraceptive use and other responsible behavior among adolescents who are sexually active, however, research indicated that current programs often do not match the needs and actual sexual behavior of young people (Hughes and McCauley, 1998). In Thailand, research has shown that, knowledge of safe sex practices is increasing among adolescents, but this knowledge does not often translate into behavior change (Pataravanich, 1998).

A number of studies have been conducted to investigate sexual knowledge, attitudes and behavior among adolescents both in Thailand and other countries, but these have generally focused on adolescent individuals, school, and social network. Study on adolescent sexual behavior within the context of families are lacking. To promote adolescent sexual health, we need to incorporate the cooperation from multiple sectors. The present qualitative study was therefore designed to explore adolescent sexual health behavior among Thai adolescents within their natural family context. The long term aim of the study is to help families to play important roles in effective sexual socialization.

Materials and Methods

Study site

The study was conducted in one Tambol Administrative Organization (TAO) in a rural area in Khon Kaen province, in the northeast of Thailand. The tambol is located 8 kilometers from Khon Kaen city with the area of 48 square kilometers. In 2006, there were 4,031 families and 18 villages. The countryside is flatland and has natural resources such as She river, Pong river, streams, and waters and artificial water resources such as waterways and ponds. Water supply, water container, electricity, information tower are available throughout every village in the TAO. The inhabitants are mostly engaged in agriculture. Most of the land is used for growing rice and fruit. However, some people keep animals such as cattle, pig, chicken, and ducks. Fish-farming is another occupation and besides agriculture, people also take casual employment to earn money.

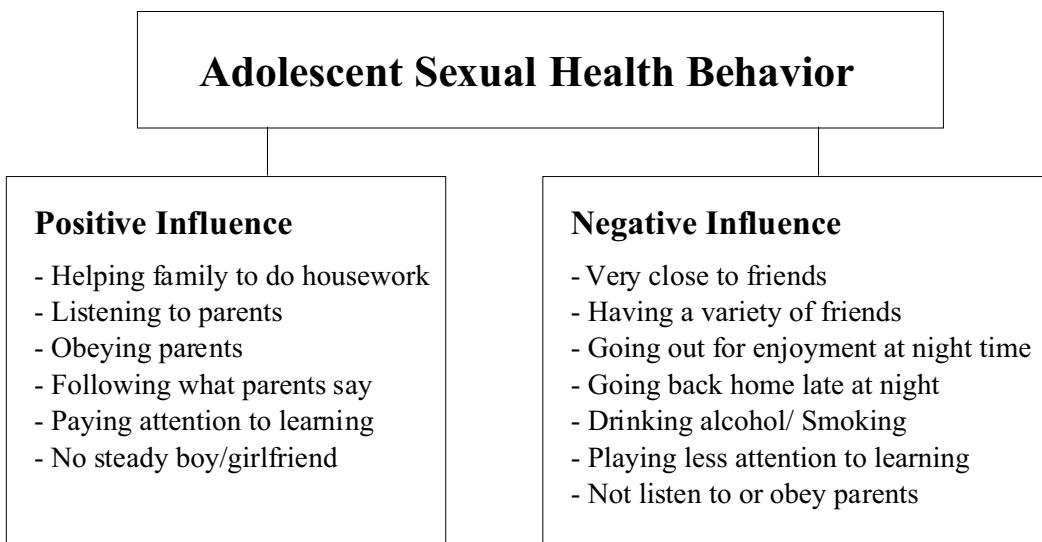
Participants and methods

The participants were 19 early to late adolescents both males and females aged 13-19 years old living in rural families in Khon Kaen province, Thailand. The participants and parents allowed the researcher to perform home visits. Data were collected by using participant, non-participant observation, in-depth interviews, and focus group

Table 1. Characteristics of the Population Studied

Variables	Males		Females	
	No.	%	No.	%
Sex				
Male	6	32.0	-	-
Female	-	-	13	68.0
Age (Years)				
11-13	-	-	1	7.7
14-16	4	66.7	9	69.2
17-19	2	33.3	3	23.1
Education				
Prathom 6	1	16.7	-	-
Junior high school	2	33.3	4	30.8
Senior high school	-	-	1	7.7
Low technical level	2	33.3	8	61.5
High technical level	1	16.7	-	-
Working status				
Working during study	5	83.3	6	46.1
Working after graduated	1	16.7	1	7.8
Not working	-	-	6	46.1
Living place				
With parents	5	83.3	11	84.6
With father	1	16.7	1	7.7
With mother	-	-	1	7.7
No disclosure to parents of sexual activities*				
Having sex	5	83.3	8	61.5
Steady boy/girlfriend	5	83.3	8	61.5
Going out with friend	6	100	8	61.5
Close to traveling friend				
Currently	3	50.0	5	38.5
Ever	3	50.0	6	46.1
Never	-	-	2	15.4
Going out at night time				
Currently	4	66.7	7	53.8
Ever	2	33.3	4	30.8
Never	-	-	2	-
Drinking alcohol				
Yes	6	100	11	84.6
No	-	-	2	15.4
Smoking				
Yes	6	100	4	30.8
No	-	-	9	69.2
Staying overnight with friend without telling parents				
Ever	4	66.7	6	46.2
Never	2	33.3	7	53.8
Having sexual relationship with others*				
Ever with opposite sex	5	83.3	9	69.2
Never had with others	-	-	3	23.1
With same sex	-	-	1	7.7
Having sex				
Ever had sex	5	83.3	8	61.5
Never had sex	1	16.7	5	38.5
Sexual protection*				
Condom use	5	100	5	62.5
<i>Coitus interruptus</i>	3	50.0	3	37.5

*Having more than 1 answer



Text-Figure 1. Behavioural Influences on Propensity for Sexual Activity in Thai Adolescents

discussions. Data collection and analysis were conducted simultaneously with the constant comparative method of analysis.

Results

Adolescent characteristics

A total of 19 adolescents participated. The youngest was 15 years old for boys and 13 years for girls. Most were 14–16 years old during the study. Their characteristics are summarized in Table 1.

Adolescent sexual health behavior

The findings showed most of adolescents who have responsibility for housework in families, are keen on learning and obey to their parents are at low risk of engaging in sexual behavior. In contrast, those with less responsibility for housework and application to learning and do not obey their parents are likely to engage in sexual behavior with high threat to sexual health. The high risk group demonstrated closer relationships to friends than to family, believing friends rather than parents. Going out at night time out of sight of the parents allowed exposure to alcohol and smoking.

Adolescent behavior classified as to impact on sexual behavior is shown in the Text Figure 1. Furthermore, it was found that making money and having a steady boy/girlfriend were particularly important. Adolescents who make money by working casually in a restaurant or café mix with adults who may be inappropriate role models. Furthermore adolescents who have a steady boyfriend/girlfriend will easily engage in sexual behavior or not, this being up to the boyfriend's need.

Sexual activity of adolescents without a steady boy/girlfriend normally starts with experience during traveling with close friends, particularly at night time when alcohol consumption is likely. The more adolescent males and females are close, the more they engage in sexual behavior

under the influence of alcohol. If there is inappropriate sexual protection, pregnancy is a danger. Sexual activities in adolescents who have steady boy/girlfriend normally are a natural outcome of the relationship. When they have the opportunity to stay alone together, they easily end up having sex.

Sexual protection basically depends on the male adolescent willingness to use a condom, which is especially problematic when under the influence of alcohol. The findings showed adolescent females to have low power to negotiate to use condom. Sometimes adolescent boys use ejection outside the vagina when having sex with a steady girlfriend.

Lack of disclosure of sexual activities is an important adolescent behavior happening within families. Adolescent males and females almost always hide the truth when they have a sexual relationship with the opposite sex. They will hide the truth from their parents when they have girl/boyfriend, having sex, or getting pregnant in early phase because they did not want to upset their parents. Most parents don't want their children to have boy/girlfriend during school age. Parents may first find out later on when adolescents have physical or behavioral change such as getting pregnant and performing abortion. While abortion is considered as a sin which always never be considered before hand, most adolescent girls will choose this option if they get pregnant. Adolescent males rarely take responsibility when they get an adolescent girl pregnant during school age.

Other factors influencing adolescent sexual health behavior were found to be eagerness to learn and try to have sex, mens' sexual desire, peer group value of having sex, and material value.

Discussion

This preliminary findings of the current study should be viewed cautiously and with consideration of the study's limitations. First, although adolescents with a wide age range

participated in this study, most were close to particular friends during middle adolescent so that the rate for engaging in sex was high. We need to extend our investigation to include more adolescents without semi-permanent relationships.

Findings from this study show that adolescent sexual health behavior involves physical, mental, emotional, social, and spiritual health development simultaneously. Focusing on only physical aspects such as absence of HIV/AIDS, STDs and HPV is not sufficient. Social aspects such as negotiation between partners and emotional aspects such as eagerness to experience sex need to be considered.

The findings suggested most adolescents live with their parents. Appropriate interventions therefore should also involve the latter. Social development is the beginning of performing sexual behavior in early or middle adolescents. Parents need to be aware of their children's friends and closely observe their activities. Early detection of adolescent sexual risk behavior by parents may help to promote appropriate sexual interactions. Parents can play important roles in sexual socialization, particular at the beginning when adolescents feel under peer group pressure.

Therefore the lack of disclosure to parents is particularly important, meaning that adolescents lack resources when they are faced with problems. Adolescent don't want to upset their parents since they care for them. The question is therefore how can we promote bonding between parents and their children, so that adolescents dare to open their minds with parents responding in appropriate ways. We need to answer not only how to promote communication skills to talk about sex with children but how children talk about sex with their parents too. How parents teach or talk with their adolescents about sexuality needs to be explored in the family context.

Finally, the present study indicated that promotion of suitable adolescent sexual health behaviors must adjust to inappropriate adolescent risk behaviors when going with peers and adolescent social values regarding consumption of alcohol. Findings from this study show congruence with a previous study that condoms remain the most popular method of contraception (Abma and Sonenstein, 2001) but only with a non-steady boy/girlfriend.

In conclusion, the sexual behaviour which impacts on risk of HIV and HPV infection, both of which are linked to cancer development, can be influenced by the home environment, with a large role for parents in providing guidance.

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