

# Health Promotion for Young People: An Experience in Ratchaburi

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## Executive Summary

Since 2001, the Department of Health has initiated the Friend Corner (FC) as a countrywide strategic approach to promote young people health. Thus, the Fourth Health Promotion Center (HPC4) takes this opportunity to review and reconstruct her young people program as being an operational study starting from mid 2001 to 2006. The objectives include to provide integrated health and social services and to empower young people for health. Two important actions are defined i.e. the information, education and communication process and the Friend Corner model development process.

For implementation, the program has been designed into 3 phases. **Phase I** comprises creating social awareness, setting up FC as a comprehensive and friendly service and training of youth and teachers on reproductive health, drug addiction, food and nutrition, dental health and exercise for health. In addition, some young people are empowered for active participation. **Phase II** addresses on searching for partnerships, strengthening of networks, continuing on personnel development and expanding the FC to health, education and other social settings. **Phase III** will be the period of sustainability. It needs to set up welfare fund or FC foundation for self - financial support. Also new interventions or innovations will be emerged. At present, the study is in phase II. There are 18 schools and colleges, 8 hospitals and 1 municipality contract to this program. The FCs have been set up, one in shopping mall, 8 in education institutes, 1 in urban community and 8 in hospitals. There is no FC in workplaces yet. The services provided in the FC include health and physical performance check up, information dissemination and psychosocial counseling.

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During Aug 2001 to Jan 2004, 4124 young people were trained on reproductive health and drug abuse and 261 of them attended youth camps for leadership, counseling and life skills training.

There were many factors affecting the effectiveness and efficiency of the program i.e. unstable policy, limited budget, needed full time staff and willingness of the hospital directors. The program provides free services and gained no profit to hospitals. Moreover, there is need for hospital restructure and assign full time staff. The training programs on reproductive health, drug addiction and youth camping also are burden to health staff because the trainees will finish their education every year then the new ones come in and the training has to start again.

For future prospects, all the training projects should be integrated into school curriculum or transfer them to be under school responsibility. Setting more FCs in communities and workplaces will be promoted with fully support. The welfare fund or FC foundation will be set up. New interventions, partnerships and community participation should be enhanced.

Refer to WHO definition, young people include age 10 to 24 years old. They comprise adolescent and youth, 10-19 and 15-24 years old respectively<sup>(1)</sup>. In 2002, the population of young people in Thailand was 14.8 millions or 23.51% of total population<sup>(2)</sup>. Among youth, 43.1% or 4.86 millions were students, 41.8% or 4.71 millions were working and 4% or 0.45 millions were ready to work<sup>(3)</sup>.

As accepted worldwide that young people are the future of the nations. They are in the period of changing from children to adult, but neither they are. They have bright and sensitive mind. They eager to learn and earn life experience. But, they are still not mature enough for proper judgement. So, their life are vulnerable to ill health i.e. improper sex, unintentional pregnancy, illegal abortion, sexual transmitted diseases, HIV and AIDS, drug abuse, violence, be deceived and be engaged in unsuitable jobs and low wages. These are obstacles to their health and quality of their life as well as the future of the nations.

The Fourth Health Promotion Center (HPC4), a regional technical body of the Department of Health, has realized these problems for years. In the past, the HPC4 provided these young people the integrated medical services and health information for example sex education, family planning, antenatal care and psychosocial counseling. In addition, the HPC4 trained local health personnel on counseling skill and life skill education. But most of the activities were institutional based and provided in conventional medical manner. Therefore, only few young people could approach and gained benefit. The problems still exist silently and trend to increase in magnitude. Since the year 2001, the Department of Health has initiated the Friend Corner Program (FC) as a new countrywide and active strategic approach for improving health and quality of life of young people. Thus, the HPC4 takes this opportunity to review and reconstruct the program as following:

**The Health Goal and Objectives for Young People:**

After reviewing the health plan in the Ninth National Socioeconomic Development Plan, it is concluded that by the end of the plan in 2006 Thai young people must have healthy life style regarding to the Ten National Recommendations for Health and Hygiene. In addition, they must have life skill against risky behavior i.e. smoking, drug addiction, unsafe sex, be deceived, improper food selection and others. So, two objectives are defined:

1. To provide integrated health and social services for young people
2. To empower young people for health in self reliant manner

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**The Ten National Recommendations for Health and Hygiene**

1. Take care of your body and clean up your belonging properly
  2. Daily brush up your teeth properly
  3. Wash your hands before meals and after taking toilets
  4. Eat well done, clean, non contaminated food and avoid taking tasty and very colorful food
  5. Avoid smoking, alcohol drinking, drug addiction, gambling and careless sexual behavior
  6. Build up warm relationship among family members
  7. Prevent accidents with care
  8. Have physical exercise regularly and physical check up annually
  9. Always have cheerful mind
  10. Be responsible for the community and share social innovation
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**The Strategic Approach:**

1. Create public awareness on young people problems
2. Establish and expand service infrastructure, the adolescent and youth friendly centers or the Friend Corners, in various social systems including communities, health services, education institutes and work places
3. Strengthen inter - sector collaboration and networks
4. Educate youth for healthy life style and life skill against risks (Personnel Development)
5. Promote community participation and social support

**The Core Business Process:**

In order to gain effective results, the health promotion program for young people of the HPC4 identifies two important processes:

1. The information, education and communication process addresses the dissemination of health information through various communication channels and through the training programs
2. The Friend Corner Model Development process addresses the establishment of integrated psychosocial, behavioral and medical services to young people by friendly providers and the strengthening of partnerships and networks

**The Critical Success Factors:**

1. Ability to empower young people to increase health promotion life style and to have life skills against health risks
2. Ability to provide qualified services to cope with social, behavioral and health problems
3. Ability to persuade others for collaboration

**Program Implementation:**

The new health promotion program for young people in Ratchaburi has started since the middle of the year 2001. Its implementation has been designed into 3 phases. Each phase will be a year lag and will be completed within 3 to 5 years. Then, all the activities will be continued as long as needed.

**Phase I names Personnel and Infrastructure Development.** The core activities in this phase are public relation, coordination with potential partners, training of youth and teachers and set up Friend Corner in the shopping mall.

1. **Create social awareness:** The detail of the program is announced in many schools and colleges

by program's staff. Also, it is disseminated through local mass media (newspaper, radio and cable TV), leaflets and posters. The staff does direct coordinate and discuss the program with the directors of schools and colleges. At last, many of them agree to join the program.

**2. Establish the adolescent and youth friendly service, the Friend Corner:** One of the shopping mall in Ratchaburi was selected according to the interest of the owner who wanted to support the program by providing a room for this purpose. Then, the room was decorated and divided into a small guest and multipurpose area, an information corner and counseling corner. The scope of services provided in the FC includes health and physical performance examination, health information and education, and counseling concerning to general health, reproductive health, food and nutrition, dental health, exercise, drug abuse, mental health, beauty, family and learning issues. The FC opens everyday from 11 am to 7 pm and all the services are free.

**3. Personnel Development:** The reproductive health (RH) curriculum has been created. The purpose is to educate youth and teachers on reproductive health issues and drug abuse. It is a two days training and is requested from many schools. In addition, another curriculum called youth camping, a three days training, is constructed. This camp will register active youth and teachers from the RH training program. The purpose of the camp is to build up friend to friend counseling skill, life skill against risks and leadership skill. After camping, they are expected to set up FC in their schools and be able to provide counseling to friends. Furthermore, some of them would become volunteer working part time at FC at the mall.

**Phase II names Partners and Networks.** This phase addresses on searching for partnerships and strengthening of networks. The core activities comprise the followings:

**1. Scan and know partners:** The program's staff search for institutes working with young people and do official visits. Technical collaboration and case referring on specific problems will be discussed. These partners include those could provide technical support, information and media, medical services, psychosocial counseling in difficult cases, temporary emergency shelter, coping with drug addiction and women network against violence.

**2. Expand FC to health, education and other social systems:** Coordination activities and seminars

with personnel from health, education, municipality and workplaces will be conducted for better understanding on the young people. They will be motivated to establish a young people program or the FC in their places and be partners to ones another. Technical support will be offered to them.

**3. Continue personnel development as in phase I**

**4. Promote community participation:** Community leaders, community change agents, youth's parents, active elders, etc who are interested in young people will be asked to participate in the program and FC.

**5. Organize inter-sector provincial committee:** If it is possible, the governor will be convinced and asked to be the chairman of the committee in which representatives from government, private, NGO, municipalities and others organizations dealing with young people are members.

**6. Exchange experience among partners** by observation studies, seminars and voluntary matching.

**7. Quality improvement of the services and Assessment FC for Quality Certification.**

**Phase III names Sustainability.** It is a self sustain period. New activities or innovation will be initiated. Also, self-financial support is needed. So, welfare fund or FC foundation will be set up. Other activities i.e. personnel development, create youth volunteer, psychosocial counseling, medical services and information dissemination are still exist.

### **Results of the Program (2001-2004):**

#### **1. The services provided by FC at the mall:**

Started in August 2001, the number of young people visited to FC was 151, 2869 and 2845 in 2001, 2002 and 2003 fiscal years respectively. In the latest one, 419 and 2426 were first and repeated visits. For each visit, the client received not only medical and health promotion services but also psychosocial counseling as well as health information. The total amount of information, counseling and medical/health promotion services provided in 2003 were 1206, 2095 and 2227 respectively. The categories for each service showed in the following table. In addition, there were 60 clients needed to transfer to other facilities, 45 cases of medical and health problems and 15 cases of social problems.

#### **2. Personnel Development:**

2.1 During 2001-2002, 9 education institutes (secondary schools and colleges) were contacted. The

**Table 1.** Showing categories of services provided in the Friend Corner at the mall, 2003

Services	Categories	Number of visits	Percents
Information Service	Sex education	780	32
	Nutrition and exercise	325	15
	STD/AIDS	246	12
	Family planning	230	11
	Beauty	152	7
	Pregnancy	85	4
	Dental health	60	3
	Drug addiction	33	2
	Miscellaneous	295	14
	Total	1,206	100
Counseling Service	Sexual problems	486	23
	Educational problems	449	21
	Problems with friends	349	17
	Problems with family	233	11
	Health problem	201	10
	Family planning	162	8
	Pregnancy	120	6
	STD / AIDS	63	3
	Suicide	16	1
	Drug addiction	6	0
	Miscellaneous	10	0
	Total	2,095	100
	Medical/Health	Physical Exam/ Nutritional evaluation (BMI)	1,694
Promotion Service			
Promotion Service	BP check up	34	2
	Pregnancy test	36	2
	Stress test	25	1
	EQ test	28	1
	Oral pills	16	1
	Condom	200	9
	Post coital pill	7	0
	Miscellaneous	187	8
	Total	2,227	100

detail of young people program was discussed with the directors and their staffs. All of them agreed to collaborate with the program. The following couple years, new 9 institutes were invited. Therefor at present, there are 18 schools and colleges joining the young people program. In addition, one seminar was conducted in May 2003 with 63 health and education personnel from 7 provinces participated. The purpose was to make more understanding in program activities and strengthen collaboration among sectors.

2.2 A 2 days training on reproductive health (RH) and drug addiction had been held 58 times in those 18 institutes during August 2001 to January 2004. The number of young people trained were 235, 998, 1705 and 1186 in fiscal year 2001 to 2004 (Jan) respectively. After training, they gained knowledge

and had positive attitude toward RH.

2.3 Three youth camps with 83, 102 and 76 participants were conducted during 2002 and 2003. Most of the participants are potential change agents from 18 institutes. They are active in social activities and eager to help others. Also, 1-2 instructors from each institute accompanied their youth and would become youth's consultants thereafter.

2.4 The young people empowerment training was conducted in 4 voluntary schools and colleges during August to December 2003. Five participatory learning processes were performed with approximately 40 active youths in each institute. They learned to share experience and knowledge on youth problems in their own institutes, find causes and solutions, prioritize the problems and decide to establish plan and programs. The next step of empowerment will start in 2004 for young people participation in program implementation, monitoring and evaluation.

2.5 Another empowerment training was conducted with 44 young people from 9 institutes mixed together. The aim was to empower them for participating in the development of Friend Corner and youth program in their institutes. After training, they organize themselves to be the Ratchaburi Youth Club.

### 3. Partnerships:

The staffs of the FC, HPC4 had done personal and official contacts with many institutes dealing with young people. At present, our partners include:

- 3.1 Division of Reproductive Health, Department of Health
- 3.2 Ratchaburi Provincial Health Office
- 3.3 Psychology and Psychiatry Unit, Ratchaburi Regional Hospital
- 3.4 Center of Drug Addiction Prevention and Subduing, Bangkok
- 3.5 The Fourth Regional Center for Disease Control, Ratchaburi
- 3.6 Private Clinics
- 3.7 The Family Planning Association, Thailand
- 3.8 The Population and Community Development Association
- 3.9 Women Against Violence
- 3.10 Emergency Shelter, Tung Sri Gun, Donmuang, Bangkok

### 4. Expansion of Friend Corners:

4.1 The young people program of the HPC4 has provided technical support to 7 provincial health

offices (PHO) in region 4 and 18 education institutes since the beginning. At present, there are Friend Corners already set up in some of 18 institutes. However, for those who do not set up yet, they have launched young people program.

Names of schools and colleges having Friend Corners:

The Technical College, Ratchaburi

(วิทยาลัยเทคนิค ราชบุรี)

The Ratchaburi Business Administration College (ราชบุรีบริหารธุรกิจ)

Kururasungsarit Chomboung Ratchaburi

(โรงเรียนคุรุราษฎร์รังสฤษดิ์ ราชบุรี)

Suan Poeng Vithaya, Ratchaburi

(โรงเรียนสวนผึ้งวิทยา ราชบุรี)

Tai Had, Samut Songkram

(โรงเรียนท่ายหาด สมุทรสงคราม)

Samut Sakorn Burana (โรงเรียนสมุทรสาครบูรณะ)

Samut Sakorn Vithayalai

(โรงเรียนสมุทรสาครวิทยาลัย)

Prapathom Vithayalai, Nakhon Pathom

(โรงเรียนพระปฐมวิทยาลัย นครปฐม)

4.2 The Petchaburi PHO in collaboration with the municipality has set up Friend Corner in urban community at the provincial stadium.

4.3 The Ban Lard Community Hospital in Petchaburi province also has started the Friend Corner as part of out patient service for years. In 2004, the HPC4 has planned to support 6 community hospitals in Ratchaburi province to set up FC network.

4.4 There still are no Friend Corners in workplaces in region 4. But, it is planned.

#### **Limitation and Obstacle:**

There were many factors affecting the effectiveness and efficiency of the program:

1. The policy on this issue is not stable depend on the high ranking officer of the Ministry of Public Health. It was strong in some years and fade in others.

2. The budget allocated for this program has been very limited for years and no at all for office supplies and instruments. Thus, the HPC4 has to shift its income to support intensively for overcome this obstacle. For program implementation, we request

partial financial support from the Health Promotion Fund.

All the service provided for young people are free. The FC is a non profit service. So, it is difficult to convince the administrators of other hospitals to set up this service. Therefore, in the long run, the FC needs welfare fund or FC Foundation as her financial support.

The FC and the young people program also need full time staffs. So, it needs to reorganize the structure of the providers.

Trained youths will finish their education from schools every year. Also, there are new children growing up. So, it is burden to the program staffs to provide RH training, youth camps and young people empowerment training repeatedly year by year. Therefore, it would be better if those training programs could be integrated to the curriculum of the schools and colleges.

#### **Future Prospect:**

1. Sustainability of the FC and the young people program
2. Promotion of community involvement and set up provincial committee on young people
3. Setting up welfare fund or FC Foundation
4. Strengthening the networks and partnerships
5. Expanding the FC model to existing health infrastructure, education institutes, communities and workplaces

#### **References**

1. WHO. The Reproductive Health of Adolescents: a Strategy for Action. A joint WHO/UNFPA/UNICEF Statement. Geneva 1989, p 7.
2. Department of Local Administration, Ministry of Interior. Number of Population from Registration Record by Age Group and Sex: 2001-2002. [www.nso.go.th/eng/pub/keystat/key.pdf](http://www.nso.go.th/eng/pub/keystat/key.pdf). Accessed on 29 Jan 2004.
3. The National Statistic Office, Ministry of Information and Communication Technology. Work Status among Students age 15-24 years old. [www.nso.go.th/lfs2000/studnt\\_work.pdf](http://www.nso.go.th/lfs2000/studnt_work.pdf). Accessed on 29 Jan 2004.