

# Reproductive Health: Action for Adolescents

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Since the implementation of the National Family Planning Program after the Population Policy declaration in 1970, Thailand has been successful in decreasing the population growth rate and total fertility rate. As a result, the number and the percentage of the population aged 10-24 years are declining. By the end of 2004 this population group constituted 25.5 percent of the total population.

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## Situation

Despite this decreasing trend many studies show the rising of the reproductive health and related problems among them. The causes of death of youth in Bangkok Metropolitan in 1998 are traffic accidents (28.1%), AIDS (17.8%) and suicide (80%). The national survey in 1995 found that more than one quarter of young men had their first sexual intercourse before the age of 15, while less than 5 percent of young women had first sexual intercourse before reaching 15 years of age. Young adults are engaging in sexual activity at younger age than their peers of the previous generations. Behavioral surveillance surveys in male students during 1996-2002 showed the rising trend of younger age sexual experience. After the spread of AIDS, young Thai men started to change their sexual partners from prostitutes to girlfriends, lovers, casual acquaintances, or classmates. They seldom use contraceptive or condoms especially at the first time of premarital sexual intercourse. Thus, they have put themselves at risk of STIs and unwanted pregnancy. The percentage of teenage pregnancy is still high.

## Policy and Plan

Reproductive Health Policy was declared in 1997 and adolescent health is one of the reproductive health issues that need urgent action.

Plans concerning improving and developing health of young adults are incorporated as part of the following existing plans:

1. National Children and Youth Development Plan

2. National Health Development Plan
3. Public Health Development Plan
4. Reproductive Health Policy and Adolescent Reproductive Health Operation Plan
5. National HIV/AIDS Control and Prevention Plan

## Implementation

The programs or project and service activities being implemented in order to address the diverse needs of young people are based on three main strategies:

- 1) Increasing awareness and knowledge of reproductive health as well as skills in problem-solving, decision making and life planning;
- 2) Offering youth - friendly services;
- 3) Promoting a safe and supportive environment.

Various efforts to help adolescents and youth (who are in and outside of the school system) to have healthy lifestyle are as follows:

1. Sex education in primary and secondary schools
2. Life skill education in school
3. Counseling services
  - 3.1 School services
  - 3.2 Hospital services
  - 3.3 Hotline services
  - 3.4 Internet
3. Youth-friendly services - "Friend Corner"
4. Promoting a safe and supportive environment in school - "Health Promoting School", "Drug-Free School"
5. To Be Number One Club

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**Behavioral Surveillance Surveys in Male Students 1996-2002**

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<b>Experience of sexual intercourse</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
- Ever had experienced	9.8	10.0	9.8	11.3	11.1	12.6	13.2
- Used condom every time			21.7	20.8	24.0	17.7	27.7
<b>Experience of sexual intercourse last year</b>							
- Had sex with CSW	1.8	2.5	2.2	2.8	1.6	1.9	2.2
- Used condom every time with CSW	73.9	37.5	51.9	37.5	50.0	30.8	50.0
- Had sex with girlfriend/lover/close friend	5.9			8.6	8.0	8.9	8.8
- Used condom every time with girlfriend / lover / close friend	16.4			9.4	16.4	13.1	17.5

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Source: Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, 2002

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**Behavioral Surveillance Surveys in Female Students 1996-2002**

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<b>Experience of sexual intercourse</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
- Ever had experienced	3.1	2.6	2.1	1.6	2.6	3.3	3.4
<b>Experience of sexual intercourse last year</b>							
- Sex with boyfriend / lovers / close friend	2.4	1.7	1.4	1.1	2.1	2.3	2.6

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Source: Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, 2002

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**Adolescent Health Care**

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<b>School Setting</b>	<b>Health Setting</b>	<b>Community Setting</b>
Health Promoting School	One Stop Service Crisis Center(OSCC)	Social Order
Student advising system	Mental Crisis Center (MCC)	Drug-Free Dormitory
Drug-Free School	Youth Mental Crisis Center (YMCC)	Media(Newspapers, magazines, radio, TV, Cable TV, Web site),
Trained teachers	Health Promoting Hospital	Hotline, Shelters, Drug stores,
Peer Educators	Secondary/Tertiary care	Private/ NGO Clinics/ Hospitals
Health Education and	FP, MCH, VD, HIV/AIDS Clinics	Outreach Programs for Special Groups
Sex Education	Counseling (Telephone/hotline/walk in)	(stress, workplace, dormitory
Friend Corner Club	Trained adolescent counselors	Entertainment area etc.)
To Be Number One Club	Adolescent Clinics	To Be Number One Friend Corner
	Include AH in Medical School Curriculum	Web site
	Friend Corner, Web site	

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**Next Step**

Thailand has put a lot of effort to improve the reproductive health status of adolescents. However, it is a long way to go to reach its goal. Visionary leadership, political commitment as well as strong

societal commitment are seen as crucial drivers for mobilization of all resources for advocacy, empower and enabling and mediating at individual, family, community and public at large levels.

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