

NEED ASSESSMENT: YOUTH CENTRES, WHAT DO THAI YOUNG PEOPLE WANT AND NEED?

Montakarn Chuem-chit Siriyupa Nansunanon Siriruk Sripunchapong*

Onuma Zongram Pailin Srisookho Ratana Sindhuphak Nikorn Dusitsin

Abstract

In Thailand, many organizations had attempted to develop models for adolescent health services. To date, many of these services have not been successful and have been unpopular with adolescents. Centre for Research and the Sexuality Development (CRSD), Institute of Health Research, Chulalongkorn University, conducted a pilot study at Wat Tad Thong Secondary School to explore why adolescents did not use youth health services and centres and to clarify what should be included in a youth health service model. Thirty-six adolescents were selected for focus group discussions and also answered a brief questionnaire. The main reason was revealed as the adolescents believed that the services were only intended for those with 'problems'. They wanted to have a youth centre which went beyond the traditional services in general health. Information resources, recreation, relaxation, and most importantly, counselling should be included. A risk behavioural group of the studied adolescents thought that a youth health centre should be located far away from the school, otherwise they preferred to use hotline services to maintain their anonymity. The questionnaire revealed three priority health service needs for the adolescents: drug abuse information, counselling, and mental health information. Other requested activities were sports (exercise), internet access, and peer camps. A youth centre should provide access to information, counselling and services that responded to adolescents' needs. In addition, they should take a share in the youth centre development process to increase their motivation to use the resulting services to improve their health and well-being.

Key words : Need Assessment, Adolescence, Youth Centre

Institute of Health Research, Chulalongkorn University, Institute Building 2, Phyathai Road, Pathumwan, Bangkok 10330

*Correspondence to ihr@chula.ac.th, Tel. 0 2218 8154-5, Fax. 0 2218 8155

การประเมินความต้องการ : การใช้บริการศูนย์สุขภาพวัยรุ่นของเยาวชนไทย

มณฑกานต์ เชื้อมชิต* ศิริยุพา นันสนานนท์ สิริรักษ์ ศรีปัญญพงษ์
อรอุมา ขงรัมย์ ไพลิน ศรีสุขไช รัตนา สินธุภักดิ์ นิกร ดุสิตสิน

บทคัดย่อ

ปัจจุบันมีหลายหน่วยงานพยายามที่จะพัฒนารูปแบบการให้บริการและการปรึกษาด้านสุขภาพแก่วัยรุ่น แต่ต้องประสบกับปัญหาและอุปสรรคเดียวกัน ด้วยกลุ่มวัยรุ่นและเยาวชนไม่ให้ความนิยมและไม่ใช้บริการ ศูนย์วิจัยและพัฒนาเพศศาสตร์ศึกษา สถาบันวิจัยวิทยาศาสตร์การแพทย์ จุฬาลงกรณ์มหาวิทยาลัย ศึกษานำร่องถึงสาเหตุที่เยาวชนไม่นิยมใช้บริการสุขภาพที่มีอยู่ รวมทั้งสิ่งที่ควรเพิ่มเติมเพื่อดึงดูดใจเยาวชนให้เข้ามาใช้บริการ โดยการสนทนากลุ่มและใช้แบบสอบถามในเด็กนักเรียนโรงเรียนมัธยมวัดธาตุทอง จำนวน 36 คน พบว่าเหตุผลหลักที่เยาวชนไม่เข้ามาใช้บริการศูนย์สุขภาพ เพราะรู้สึกว่าการที่ให้นั้นเป็นบริการสำหรับกลุ่มคนที่มี "ปัญหา" เท่านั้น วัยรุ่นส่วนใหญ่ต้องการให้ศูนย์บริการสุขภาพเป็นมากกว่าการให้บริการสุขภาพทั่วไป ควรมีการให้ความรู้ มีกิจกรรมนันทนาการ และที่สำคัญคือการให้การปรึกษา นอกจากนี้สำหรับกลุ่มเด็กพฤติกรรมเสี่ยง ต้องการให้ศูนย์บริการสุขภาพตั้งอยู่ห่างจากโรงเรียนและชุมชน เพื่อความเป็นส่วนตัว และมีความต้องการใช้บริการให้คำปรึกษาทางโทรศัพท์ ลำดับของความต้องการใช้บริการในศูนย์สุขภาพ คือ ข้อมูลและความรู้เกี่ยวกับยาเสพติด การให้การปรึกษา ข้อมูลและความรู้เกี่ยวกับสุขภาพจิต สำหรับในส่วนกิจกรรมอื่นๆนั้น ต้องการกิจกรรมกีฬา การให้บริการอินเทอร์เน็ต และการจัดค่ายอบรมแกนนำเยาวชน ดังนั้น กิจกรรมในศูนย์บริการสุขภาพวัยรุ่น ควรมีรูปแบบที่สอดคล้องกับความต้องการของวัยรุ่น สามารถสร้างความไว้วางใจและลดช่องว่างระหว่างผู้ให้บริการและผู้รับบริการ ที่สำคัญการให้วัยรุ่นได้เข้ามามีส่วนร่วมในการจัดรูปแบบการให้บริการ จะเป็นวิธีการที่จะเข้าถึงกลุ่มวัยรุ่นและแก้ไขปัญหาด้านสุขภาพของวัยรุ่นได้ครอบคลุมมีประสิทธิภาพและประสิทธิผลอย่างแท้จริง

คำสำคัญ : การประเมินความต้องการ, วัยรุ่น, ศูนย์บริการสุขภาพวัยรุ่น

สถาบันวิจัยวิทยาศาสตร์การแพทย์ จุฬาลงกรณ์มหาวิทยาลัย อาคารสถาบัน 2 ถนนพญาไท ปทุมวัน
กรุงเทพมหานคร 10330

*ติดต่อได้ที่ ihr@chula.ac.th, โทรศัพท์ 0 2218 8154-5, โทรสาร 0 2218 8155

Introduction

Thai society is currently undergoing rapid change due in part to new information technologies and the process of globalization. These changes are shifting traditional behaviours, particularly in the area of sexuality. These processes have influenced norms and behaviours amongst Thai adolescents who are increasingly engaging in risky sexual behaviours leading to declining health and well-being.

Adolescence is a time of tremendous opportunity and change. It is also a time of heightened vulnerability. There are many factors that contribute to this vulnerability such as, rapid social change, earlier start to puberty, the impact of mass media, contacts across cultural boundaries, and consumerism or globalization. The resulting problems are numerous: premarital sex, unsafe sex, teenage pregnancies, unintended pregnancy, abortion, sexual abuse and violence, sexual transmitted infections (STIs), and HIV/AIDS.

Statistics revealed that Thai adolescents were unlike their counterparts around the world in that they were marrying later, engaging in sexual relationships earlier, and having multiple pre-marital partners. The average age of marriage for Thai females was 23.5 years and for males was 26 years¹. The HIV prevalence among 15-24 year olds was 2.32% for females and 1.18% for males¹. The Thai Ministry of Public Health cites the HIV prevalence rate of pregnant women under the age of 25 years at 1.37%². Research in Thailand also revealed that consistent condom uses among adolescents were declining, there were high numbers of abortions, (200,000 - 300,000 per year) and high rates of teen pregnancy².

In Thailand, many organizations had attempted to develop models for adolescent health services. To date, many of these services have not been successful and have been unpopular with adolescents. Subsequently adolescents have not used the services and have no resulting improvement in health. Why are adolescents not responding to these services? What would motivate them to use these services?

There are several possible answers to these questions; perhaps these services are culturally inappropriate, insensitive to adolescent health needs, or delivered by staff with insufficient training in adolescent health. In order to deal with the multitude of problems that today's adolescents are facing, we plan to establish a "Youth Centre" to serve adolescents' needs and act as resource for information and creative activities. So

this pilot project was initiated. It's hoped that it would result in a better understanding of adolescents' health needs and behaviours.

Our study was conducted at Wat Tad Thong School (secondary & high school), in Bangkok, Thailand. This school was chosen as it was located next to the proposed "Youth Centre" location, which would be developed by the Centre for Research and the Sexuality Development, the Institute of Health Research, Chulalongkorn University. The objective of this study was to explore why adolescents do not use youth health services and centres and to clarify what adolescents' need would include in a youth health service model. These objectives were intended to inform the development of a youth centre by the Centre for Research and Development of Sexuality Education (CRDSE), Institute of Health Research, Chulalongkorn University.

Materials and Methods

A group of adolescents was assembled for focus group discussions to understand their needs (health and non-health related), their knowledge and perceptions about "health", and the proposed "Youth Centre". Thirty-six adolescents, aged 12-18 years, were gathered for focus group discussions. Three groups were secondary students (12-15 years) and three groups were high school students (16-18 years). These groups were further divided with the assistance of the school teachers into 3 types of students: '**Normal** Behaviour' (Have responsibility, 'don't break the rules'), '**Risky** Behaviour' (Low responsibility e.g. skip the class, come to school late, decreased grades, drink and smoke) and '**Problem** Behaviour' (Have clear problem behaviour e.g. drug abuse, violence). Each group consisted of 6 participants. They were all selected for the study by their teachers.

The discussion was followed a prepared interview guideline and included observations of the behaviours of the adolescents, including their interactions and physical characteristics, during the discussion sessions. The thirty-six adolescents also answered a brief questionnaire in order to find out the priority of adolescents' needs.

Results

Focus group discussion

In the focus group discussion, we interviewed to adolescents 4 main topics: Health, Parents, Themselves, and the Youth Centre.

“Health”

Adolescents' discussions on health revealed that most adolescents thought solely of “physical health” with few concerned with “mental health” and support from others. Many of the responses illustrated adolescent's sensitive feelings and their needs for love and understanding from the one they loved.

“Friends” were the most important people in their lives with most adolescents reporting that they wanted friends to accept them. “I have to try to understand my friend because I want them to appreciate me”, stated one of the students in the secondary school ‘problem’ group. In the high school ‘problem’ group, the adolescents stated that the most worrying things in their life were: 1. Beauty; 2. Body Image; and 3. Weight Control, particularly because they wanted to look good in the eyes of their friends (Table 1).

“...When I was a child I never thought of wearing a short-skirt or a one-string T-shirt. It didn't look good and I always think when I grow up I won't wear clothes like this, but now I am wearing both short-skirt and one-string T-shirt to be accepted by my friends...”
(‘Risky’ high school girl)

“...If males don't smoke they are not a man” (One boy said)

“...If we want to be a part of group, we have to do something even if we don't like it, like me I can't smoke but I smoke because my friends smoke...” (Someone added)

Some of them have incorrect information and attitudes about sexual relationships, a ‘risky’ high school girl said, “...if you have a sexual relationship on Tuesday, it'll make the couple love each other forever...”

In conclusion, it seemed to be necessary to provide young people with information to help clarify misconceptions. The results revealed that teaching about self-esteem and self-respect was particularly important.

Table 1 Focus group discussion among adolescents on "Health" topic

| <i>"Health"</i> | Secondary Student (12-15 yrs) | | | High School Student (16-18 yrs) | | |
|-------------------------------------|-------------------------------|---------------------------------------|--|--|---|--------------------------|
| | 'Normal' | 'Risky' | 'Problem' | 'Normal' | 'Risky' | 'Problem' |
| Meaning of Health | • Physically healthy | • Physically healthy • Warm family | • Beauty • Body image • Weight control | • Physically & mentally healthy | • Physically & mentally healthy • Supportive | • Physically healthy |
| The Most Worrying Thing | • Family • Friend | • Parent • Friend • Health | • Friend | • Health | • Beauty • Body image • Weight control | • Love • Relationship |
| Whom to talk to when worried | • Friend • Parents | • No one to consult | • No one to consult | Depends on the topics: • Learning (parents) • Love (friends) • Health (reading books) | • Friend | • Friend |

"Parents"

The answers showed that adolescents felt that parents were only familiar with their external characteristics rather than their internal mental feelings and thoughts. All of the adolescents reported that parents knew about what they liked and did not like (e.g. clothes, food) but not about what they wanted and needed (Table 2).

But adolescents still cared very deeply for their parents. One of the young people in the secondary school 'risky' group said that, "...they are always afraid that their parents don't love them". In the high school 'problem' group adolescents reported that they did not want to talk to their parents when they had a problem because "they don't want their parents to worry about them". Essentially, adolescents told us that they needed more love and attention from their parents. One individual said, "...Mom and Dad have no time for

me, I am never blamed by them when I get low grades because they are never interested in how I am."

The high school 'normal' group would also like their parents to understand them and provide them with more private time and closeness. These answers clearly reflected the needs of adolescents and their call to parents to try to understand their children. "Communication" in the family was key - it could help everyone understand each other better and responded to each other's needs.

Table 2 Focus group discussion among adolescents on "Parents" topic

| <i>"Parents"</i> | Secondary Student (12-15 yrs) | | | High School Student (16-18 yrs) | | |
|--|-------------------------------|----------------------|----------------------|---------------------------------|---------------------|---|
| | 'Normal' | 'Risky' | 'Problem' | 'Normal' | 'Risky' | 'Problem' |
| <i>What do parents know about you?</i> | • Habits | • Habits | • Habits | • Habits | • Habits | • Habits |
| <i>What do you want parents to do?</i> | - | • More understanding | • More understanding | • More understanding | • Open their hearts | • Love • Warning • Give more private time |

"Themselves"

From the answers, we could see that some illnesses (such as fever) were normalized by adolescents. These illnesses did not require a visit to the doctor and young people seemed to self-medicate by buying medication at the drugstore without a prescription, which was very easy in Thailand. But in the case of severe illness they would visit the hospital (Table 3).

When asked about youth centre, most stated that they had never heard of them. For those who said that they had heard of the centres, many of them had a misunderstanding of what a youth centre was. Some thought that a youth centre was the same as a beauty clinic or an organization whose purpose was to 'save' women and children. In the case of someone who knew what a youth centre was; they had never used the service before and couldn't list any of the services that youth centres offer.

When adolescents wanted to know more information about health, their first choice was asking friends, followed by reading books or magazines.

Table 3 Focus group discussion among adolescents on "Themselves" topic

| <i>"Yourself"</i> | Secondary Student (12-15 yrs) | | | High School Student (16-18 yrs) | | |
|---|--|--|--|--|--|--|
| | 'Normal' | 'Risky' | 'Problem' | 'Normal' | 'Risky' | 'Problem' |
| <i>In the past 6 mo., Have you been sick?</i> | • No | • Have a fever | • No | • Peptic ulcer | • No | • No |
| <i>What did you do about illness?</i> | - | • Buy medicines by themselves | - | • Go to hospital | - | - |
| <i>Have you ever heard of a "Youth Centre"?</i> | • Never | • Yes | • Yes | • Never | • Never | • Never |
| <i>If you want more information about health, What's to do?</i> | • Ask friend • Read book & magazine | • Ask friend • Read book & magazine | • Ask friend • Read book & magazine | • Ask friend • Read book & magazine • Internet | • Ask friend • Read book & magazine | • Ask friend • Read book & magazine • TV • Internet |

"Youth Centre"

Most of the young people wanted a centre that was located near a school and a community. In contrast, the young people in the high school 'risky' and 'problem' groups wanted a centre that was located far away from school and their community. This was because of concerns about confidentiality and that other people would know that they had visited in which they preferred to use hot-line services (Table 4).

Generally, the groups wanted to have a youth centre which went beyond the traditional services in general health. The adolescents wanted a centre that includes information resources, recreation and relaxation, and most importantly, counselling. Most

of them wanted the centre to be open afternoons and evenings, with some preferring 24 hour access so that they could stay at the centre if needed. One adolescent said: "...Sometimes when we have a problem especially at night we don't know where to go." The important characteristics for officers or staff at the youth centre were to be friendly and respect the privacy and confidentiality of adolescents.

Table 4 Focus group discussion among adolescents on "Youth Centre" topic

| <i>"Youth Centre"</i> | Secondary Student (12-15 yrs) | | | High School Student (16-18 yrs) | | |
|-----------------------------|--|---|---|---|---|--|
| | 'Normal' | 'Risky' | 'Problem' | 'Normal' | 'Risky' | 'Problem' |
| The Centre | <ul style="list-style-type: none"> • Near school / Community • Convenient transportation | <ul style="list-style-type: none"> • Near school / Community • Convenient transportation | <ul style="list-style-type: none"> • Near school / Community • Convenient transportation | <ul style="list-style-type: none"> • Near school / Community • Convenient transportation | <ul style="list-style-type: none"> • Far from school & Community • Confidentiality & privacy | <ul style="list-style-type: none"> • Far from school & Community • Confidentiality & privacy |
| Service / activities | <ul style="list-style-type: none"> • Physical examination • I.E& C (Information, Education & Counselling) • Hobbies and Leisure • Counseling | <ul style="list-style-type: none"> • Counselling (especially face/face) • Hobbies and Leisure • I.E& C | <ul style="list-style-type: none"> • Counselling (group activity) • Hobbies and Leisure • I.E& C | <ul style="list-style-type: none"> • Counselling (by phone & face/face) • Hobbies and Leisure • I.E& C • Course for parents | <ul style="list-style-type: none"> • Counselling (by phone & face/face) • Hobbies and Leisure • I.E& C • Course for parents • Can stay at the centre | <ul style="list-style-type: none"> • Just Counselling (by phone only) |
| Officer | <ul style="list-style-type: none"> • Same age • Friendly | <ul style="list-style-type: none"> • Doctor, Nurse • Friendly | <ul style="list-style-type: none"> • Doctor, Nurse • Friendly | <ul style="list-style-type: none"> • Same age • Friendly | <ul style="list-style-type: none"> • Understanding Person | <ul style="list-style-type: none"> • Counsellor • Friendly |
| Time | <ul style="list-style-type: none"> • After school hours (weekday) • All day (weekend) | <ul style="list-style-type: none"> • After school hours (weekday) • 24 hours (weekend) | <ul style="list-style-type: none"> • After school hours (weekday) • 24 hours (weekend) | <ul style="list-style-type: none"> • After school hours (weekday) • All day (weekend) | <ul style="list-style-type: none"> • After school hours until morning (weekday) • 24 hrs (weekend) | <ul style="list-style-type: none"> • 24 hours (counselling) |

Questionnaire

The questionnaire revealed three priorities about health services for the adolescents:

- | | |
|----------------------------------|--------|
| 1. Information about drugs abuse | 72.2 % |
| 2. Counselling | 71.8 % |
| 3. Mental health | 71.8 % |

Three priorities about Information / knowledge needs:

- | | |
|--------------------------|--------|
| 1. Drugs abuse | 72.2 % |
| 2. Unwanted pregnancy | 70.5 % |
| 3. Love and relationship | 69.0 % |

Other activities requested:

- | | |
|--------------------------------|--------|
| 1. Sport activities (exercise) | 76.9 % |
| 2. Internet access | 71.8 % |
| 3. Peer camping | 61.5 % |

Centre characteristics:

- | | |
|---|--------|
| 1. Staff trained to respect and understand adolescents including during counselling | 74.4 % |
| 2. Near school and community | 66.7 % |
| 3. Free of charge | 66.7 % |

Discussion

The results of this study revealed that generally adolescents were not concerned about health; the majority of the adolescents seemed to feel that love and friendship were more important to them at this time in their lives. None of the adolescents brought up the subject of sexual health unless the facilitators mentioned this subject first. Many adolescents did not understand their biological development and often thought that biological changes were just a natural stage and therefore it was not necessary to talk with anyone about them. However, knowledge about their biological and sexual development were important because adolescence was an age of tremendous change. If

adolescents had access to more information, counselling and services they would adapt to these changes and pass through adolescence successfully and happily.

Friends appear to be the most important people in adolescents' lives. Most of them always want to be like their friends and when they have a problem or are confronted with a confusing situation, they always consult their friends first. So including workshops with peer groups or peer helpers will be very helpful for young people.

A youth centre should be provided information, education, communication, and counselling services that responded to the needs of adolescents. Our study showed that if we developed a youth centre that was consistent with the ideas, dreams and desires of adolescents, then young people were more likely to use it and invite their friends to use it. Once the centre has been developed, it is important to use public relations and advertising to ensure that young people know that the centre exists and has been designed with their needs in mind. Hopefully this publicity will encourage all young people to use the centre rather than support the idea that it is only for those with 'problems'.

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