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SPECIAL ARTICLE

Programme for the Promotion of Sexual Health

Nikorn Dusitsin MD,
Jean Barry Ed. D.

Institute of Health Research, Chulalongkorn University, Bangkok, Thailand

ABSTRACT

Human sexual health has become a major concern for health professionals and psychosocial helpers in Thailand. Changing value and practices, as well as the spectre of AIDS, point out to the needs for accurate information about human sexuality. Sexual behavior remains something that is not discussed either in public, whether it be in schools and colleges, temples and churches, health care institutions, nor in private, among partners, among friends and definitely not with children at home. Therefore, there is an urgent need for competent educators, counsellors and therapists who can address issues of sexuality and dispel misunderstandings. There is also a need for research to understand better the problems as they exist in Thai society and monitor selected relevant strategies. The programme on Human Sexual Health is designed to fulfill these needs. The programme includes four components : Information, Counselling, Sexuality therapy, and Research. Teams of qualified professionals in these areas, include general medical practitioners, gynaecologists, psychiatrists, counselling psychologists and researchers. Human sexual health being closely related to wellness, reproduction, family and the quality of life, interventions to help people in this area will ultimately benefit the society in general.

Key words : sexual health, sex education, sex counselling, sex therapy

1. Introduction and Background. These are troubling times for health workers and behavioural researchers all over the world and in a special way in Thailand. Our societies are going through rapid changes due to new information technology and the process of globalization. There are shifts from traditional agricultural patterns to urban industrial life styles. Former patterns of values are challenged. Human settlements, especially in the large cities, have nothing in common with village communities of former years. Vocational needs created by the newly emerging industries have resulted in new jobs, new ways of work and in huge migrations

to the industrial estates resulting in new ways of life. Uprooted youth have found themselves exposed to a new social environment without the support of the family and the community.

New behaviours, especially in the area of sexuality, have resulted in health and psychological problems. The AIDS pandemic has been developing rapidly. Although the number of new HIV positive cases has levelled off or started to decline, the number of AIDS cases have increased alarmingly from 22,352 between 1984-1994 to 67,904 in 1997.[1] Illegal abortions resulting from unwanted pregnancies have been estimated to be between 150,000 to 300,000 per year(2) while the divorce rates have increased from 9.7% in 1992 to 12.9% of marriage registrations in 1996.[3] These problems can be summed up as follow :

1. Increasing prevalence of HIV infection.
2. Family breakdowns with their impact on children.
3. Increasing sexual activity among youth.
4. Unwanted pregnancies resulting in criminal abortions.
5. Sexual disharmony among middle-age couples.

Coping with all these problems is a challenge because of attitudes towards sex among the general population. As reported recently by the local press (Bangkok Post), "for most upright Thai citizens, as emotional and sporty as they feel about the subject, sex remains something one doesn't discuss, not in the bedroom, not in the classroom, not among friends, and definitely not with the children. Sex is considered either erotic or too dirty to talk about. No wonder we find ourselves with so much ignorance and so many problems on our hands."

This situation constitutes a challenge for health personnel and counsellors; however, there are few available appropriate approaches to be used as guidelines, or interventions that will avert further deterioration of the situation, particularly in the area of AIDS prevention. The many shortcomings related to sexual health education, counselling and research can be summed up as follow ;

1. Lack of data base on human sexuality for Thailand.
2. Focus on bio-medical rather than psycho-social aspects.
3. Targeting mainly youth in schools, ignoring other age groups.
4. Isolated efforts and no true models for dissemination.
5. Lack of sexual health information in AIDS/STDs programmes.
6. One-way didactic approach to information giving activities.
7. No counselling and therapy services for sexual health.
8. Lack of knowledge on human sexuality among health professionals.
9. Lack of trained personnel to teach and counsel for sexual health.
10. Low acceptance by the public of services for sexual health.

All these point out to the need to develop intervention models for human sexuality information, counselling, therapy and research. New programmes having standardized, they can be disseminated nationwide as to cope with problems and enhance the quality of life of Thai people.

2. Overview of the programme. A proper approach to cope with problems concerning human sexual health should be holistic taking into consideration the psychological, emotional and physiological (including sexuality as well as health in general) aspect of human nature. Gender

differences, physiological and psychological, must be properly understood. Problems of communication are to be studied and solved. The area of values and beliefs is a fundamental issue. Strategies are to be in the form of education, prevention, counselling, therapy as well as research. The holistic and multidisciplinary character of this programme is to be translated in the following four components :

1. Development of human sexual health information models relevant to various groups of people, e.g. students, out-of-school youth, adults, older people and parents.

2. Development of sexuality counselling models to be implemented by school teachers, related health and educational institutions and NGOs. This is to include outreach programmes through services such as telephone counselling.

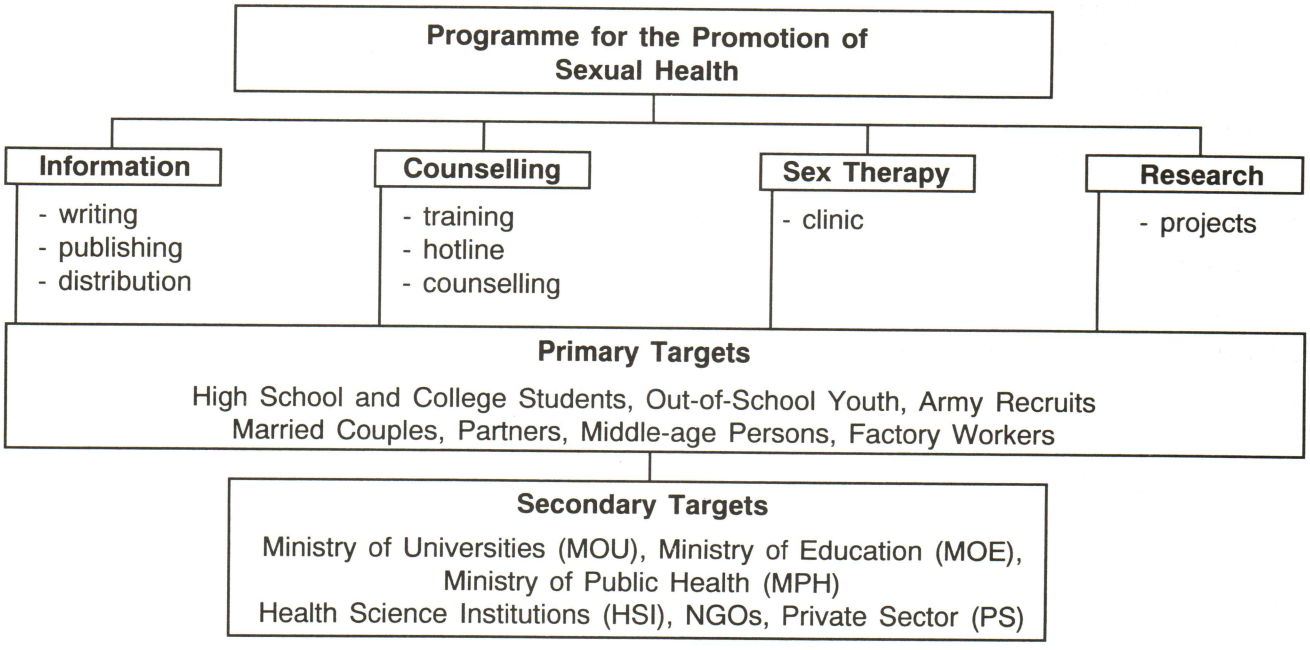
3. Setting-up of a "Sexuality Therapy Clinic" in the private sector.

4. Research to collect relevant information on sexual behaviour to support objectives No. 1, 2, 3.

3. Target population. The project aims at meeting the needs of persons of facing problems related to sexuality such as the following :

- adolescents confused and wanting correct and accurate information.
- women with unwanted pregnancies.
- people with STDs problems
- people planning to get married.
- newly married people having problems of sexual adjustment.
- those having problems of sexual dysfunction.
- victims of sexual abuse.
- people going through mid-life crises.
- those with problems related to menopause or andropause.
- persons facing problems of sexual adjustment after the age of fifty.
- persons who are HIV-positive and their families.
- those concerned with risk of acquiring HIV.

4. Structure of the Programme



5. Sexual health information model. Sexual health promotion and disease prevention must first rely on accurate and objective information on human sexuality. Many of the problems in this area are due to lack of knowledge both among youth[4] and among adults of all ages. Until now, there has been no organized efforts to develop interventions for reducing behavioural and health problems associated with sexuality. Sexuality involves psycho-social, cultural and biomedical aspects as it appears clearly in STDs and AIDS cases. Therefore, interventions and strategies must also be psycho-social as well as medical.

The goals of the sexual health information model are as follow :

1. To promote accurate knowedge on sexuality among various target groups.
2. To encourage youth and adults to discuss more openly matters pertaining to sexual behaviour instead of relying on popular and inaccurate information.
3. To induce behaviour change towards a healthier and happier sexual life.
4. to develop an awareness of sources of medical and psychological help to cope with sexual health problems.
5. To decrease health problems associated with sexual behaviour, especially with regards to STDs and AIDS.
6. To promote better sexual adjustment among married couples and decrease the rate of broken families.

The development of this model will include three phases :

Phase I : this will be a discovery phase, exploring the problems faced by the various populations and the barriers encountered in providing proper information. Exploratory research will be conducted to identify common problems encountered by people of the various age groups. Such research work will be conducted among professionals dealing with issues of sexuality and also among a sampling of the various target populations.

Phase II : is the development stage in which pilot models will be designed for small groups of people using a two-way dialogue approach. For example, a curriculum to teach basic knowledge on STDs will be designed and pilot tested in a population of high school students, etc. The pilot models will include a manual with the following : 1) introductory information on certain aspects of sexuality ; 2) case histories from newspapers, TV. series, videos ; 3) topics for discussions by the participants ; 4) summary. In that phase, presenters of information will be recruited and trained in the use of the manual for presentation of information to various target groups. Training shall include content of the topics to be presented, communication skills and proper managenment of audio-visual resources available in each individual kit.

Phase III : promising models from phase II will be modified and adapted on the basis of what was learned during that phase. These revised models will be tried with diverse populations and on various sites to evaluate effectiveness.

Phase IV : the effectiveness of the curricula applied in phase III will be evaluated and further modified as may seem appropriate. Evaluation criteria : 1) effectiveness ; 2) effciency ; 3) replicability ; 4) acceptability ; 5) cost-effectiveness. Kits of materials for dissemination in the general population will be finalized, including manuals and guidelines on how to conduct sessions. Provisions in the manuals of these kits will indicate approaches to be used with diverse

populations, e.g. schools or colleges, factory workers, married couples, young people planning to get married, older couples, impoverished inner-city populations, etc.

6. Sexual health counselling model. Counselling, in general, is a confidential dialogue between a client and a care provider which aims at enabling the client to explore personal problems, doubts, anxiety, confusion, to achieve an understanding of these problems, to identify coping strategies and to select behaviours which lead to better adjustment. Counselling is to enable a person to achieve three things : self-exploration, self-understanding and decision making with consequent action.[5-7]

Counselling for sexual health, besides focusing on matters of human sexuality, both health and disease, follows the general process patterns of counselling.[8] The process will often involve giving personalized information since sexual problems, in many cases, involve ignorance on sexual matters.

The goals of counselling services for sexual health are :

1. to promote sexual adjustment among sexually active persons.

2. to provide emotional support and help clients to cope with stress, become better adjusted and develop appropriate decision-making capacity.

3. to provide information on sexual matters.

4. To reduce risks of sexual behaviours leading to health and social problems (STDs, HIV, unwanted pregnancies, abortion).

Clients for counselling will be any of those persons mentioned as the target population of the project, from the time of adolescence up to the late stages of adulthood, seeking help in coping with problems related to sexuality. Whenever problems involve a partner, such person may be invited to participate in the counselling process.

The counselling activities include telephone counselling services as well. The main purpose of such service is to provide accurate information and counselling about sexual matters in a climate of anonymity for cases afraid of a face-to-face encounter. Such information will include reliable referral sources for counselling and treatment. Telephone counsellors will be provided with special skills in addition to the skills already needed for face-to-face counselling.

Phase I : the development stage, in the implementation of the sexual health counselling model project involves a definition of the services to be provided as well as of the functions and roles of the staff needed. The site and facilities for the services are to be secured. Recruitment of counsellors and their initial training will be carried out. Publicity materials and strategies are developed and distributed to publicize the services.

Phase II : is to test the efficacy and usefulness of the programme. Counselling and Telephone counselling services start operation. Records are to be kept of all the services provided. Case conferences are to be conducted every two weeks to review the problems encountered and to provide additional information and training to the counsellors. Publicity will continue to take place.

Phase III : will review and evaluate the effectiveness of the programme. Modifications and suggestions for an extension of the programme to other set-ups will be formulated. Based on this experience, a package will be developed to be used in starting similar projects in a number of different situations and for various populations.

Phase IV : Once a programme has been developed it will be introduced to the secondary target groups, i.e. the agencies likely to duplicate the approach and thus reach a larger population.

Training programmes for sexual health counselling include two components : knowledge on sexual health and skills for counselling. Training in counselling provides a basic understanding of the counselling process in general and adequate training in basic counselling skills using the microskills approach.[9] Moreover, providers of counselling must develop an attitude of respect and concern for the people seeking their help.

Knowledge on sexual health include sexual development, physical and emotional needs, issues of gender and sex, normality and health problems from adolescence to maturity and old age. Sexual problems discussed cover sexual dysfunction, sexual variations and sexual abuse, human services.[8,10]

Evaluation of the counselling services is difficult because of the confidential character of the counselling relationship. However, efforts will be undertaken to determine whether the goals of counselling for sexual health have been met. Evaluation are to include consideration of the following aspects of the counselling services :

- relevance, i.e. whether the goals of the service are designed to meet needs
- impact, i.e. whether the services are meeting the goal.
- effciency, i.e. whether the services are cost-effective and timely.
- effectiveness, whether the services are achieving their stated objectives. Indicators that can be used in assessing these aspects of the counselling services are as follow :
  - clearly set and followed procedures.
  - adequate space for confidential counselling.
  - training for staff.
  - continuous provision of services : presence of support staff.
  - level of utilization of the services of the counselling centre.
  - average time spent in a session.
  - counselling content (problems raised).
  - exit interviews (client satisfaction).

One of the outcomes of the counselling component of the project will be the publication of manuals to be used in the dissemination of the model developed (training manual, telephone counselling manual, counselling centre manual). These manuals will describe the procedures to train counsellors and serve as a guideline in the establishment and operation of both a telephone counselling service and a counselling centre to deal with problems related to sexual health.

7. Sexuality Therapy model. Sexual therapy is a recent development and is still a new discipline which seeks to attain the status of a scientific discipline. Masters and Jonhson are the initiators of this new form of counselling which has been expanded and modified over the past ten years.[11] The approaches include providing information, suggesting some exercises, behavioral therapy, as well as medical interventions. In Thailand, some medical doctors are beginning to provide such services to patients. However, because this is an area which can attract people without proper credentials, knowledge and experience, it is important that services be offered by competent professionals such as physicians, particularly gynaecologists, and psychiatrists, in a set-up which could become a model, which is the main purpose for this component of the programme.

The objectives of the Sexual Therapy model

are as follow :

- provide assistance to persons facing sexual dysfunction problems.
- develop a model of clinical interventions for persons with sexual problems.
- offer training to professionals specializing in the field of sexual therapy.

A sexology workshop was designed as part of the sexuality therapy component of the programme to raise awareness among physicians, psychologists and social workers of the problems encountered in the area of human sexuality and familiarize them with some of the approaches used to assist persons with problems. The PLISSIT Model was presented as a good example of sex therapy[12] : (1) giving Permission to reduce anxiety associated with sexual performance, (2) providing Limited Information on points where there is lack of proper understanding of the sexual response, (3) Specific Suggestions on sexual techniques and communication skills, and (4) Intensive Therapy to promote attitude changes and cope with deep seated psychological problems.

This part of the project is to be carried out in a private clinic. Cases needing special treatment to cope with sexual dysfunction will be referred to this clinic.

8. Research. Research on human sexuality is a recent phenomenon in this part of the world[13] where most earlier studies were carried out by Western anthropologists probing different cultures including different sexual customs. In Thailand, research prior to 1985 was mostly part of an overall effort on population growth. "Family planning has provided a legitimate rationale to look into sexual mores and attitudes and has contributed to a debunking of myths about sex in cultures where sex was not to be mentioned publicly."[13] The most frequent topics for research have been premarital sex, family planning and abortion. For the past ten years, however, there has been an increase of research in this field, the focus being on sexual practices within the context of the AIDS pandemic in order to develop prevention strategies.

Still, programmes and research on sexual health, especially from the wider scope of psycho-social development and adjustment, are still inadequate. Monitoring of such programmes has been inadequate, relying on indicators such as birth rates, number of contraceptive users, etc., which does not provide much insight into human sexuality. There are epidemiological studies that serve to identify the prevalence of sexual behaviours producing data that are simple tabulations of information gathered by health workers among people coming to health clinics.[14] Therefore, there is a need for more and better research on factors affecting the development of sexual attitudes, policies, and practices.

Findings will enable the researchers to identify needs and design interventions as outlined in the first component of the programme, information models. Further research will be needed for monitoring and evaluation of activities. Some of the areas where research is needed are :

- Adolescent sexual behaviours, especially now that sexual activity among teenagers and college students seem to be increasing
- Marriage, divorce, cohabitation and separation, looking at the impact of social conditions and sexual practices on married life. For instance, how delayed marriages relate to extramarital activity ? What is the effect of commercial sex on marriage and divorce ? What is the relationship of family planning practices and marriage stability ?

- Women status and roles in family and sexual relations ?
- Patterns of intimacy and shared responsibilities in marriage at various ages.
- Problems such as infertility, frigidity, arousal, and sexual dysfunction.
- Beliefs, values and practices for dating, courting, premarital sex, virginity.
- Homosexual and bisexual behaviours, sexual identity and orientation within the cultural context of the country.
- Design of effective education programmes in terms of content, approaches, methods for implementation, monitoring, and evaluation as well as target populations, channels and agents of education and information.

Research activities are to be carried on concurrently with the three models above to provide information needed.

9. Expected Outcomes. The developed models of interventions will prove useful in achieving the following outcomes :

1. Creative approaches to diffuse knowledge to a large and varied population on matters of sexual health resulting in a greater sense of responsibility and enabling to make more mature decisions.

2. More appropriate sexual behaviour contributing to better family life ;

3. Decrease and prevention of sexual health problems among youth before marriage, including unwanted pregnancies and abortion, rape, broken families and divorce, inefficient family planning, inappropriate use of medication to enhance sexual response, sexually transmitted diseases, AIDS, etc.

4. Enhancement of the rights of women especially with regards to sexuality where they are often exploited by men.

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