

Meaning of adolescent and health services for adolescents through perception of Thai students

Puangtip Chaiphibalsarisdi*

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Introduction : *One in every five persons in the world today is adolescent between 10 and 19 years old, and 85 percent of the adolescent live in developing countries. Throughout the world, adolescence is considered to be a time of relative good health and, as a result, a wide range of adolescent health issues are being neglected. In response to this problem, the World Health Organization (WHO) Department of Child and Adolescent Health and Development (CAH) and Organization of Health Services Delivery (OSD) embarked on an initiative to address adolescent health and development by strengthening the educational training for nurses and midwives. In order to provide quality care to the adolescent, the meaning of adolescence as well as their needs, according to their own perspectives, deserved to be studied.*

Objectives : 1. *To explore the meaning of adolescence from the perspective of the adolescent;*
2. *To identify desired health services for adolescents.*

Setting : *A secondary governmental school in Bangkok.*

Design : *A descriptive study.*

- Results** : 1. More than 20 percent of the sample in this study did not know the exact age range of adolescence. They perceived a wider range from 9-29 years old.
2. For the majority, the meaning of adolescence includes physical, mental, social and emotional changes.
3. The health services that were identified by the sample are: 1) places for exercise and playing grounds for various sports; 2) recreational centers; 3) libraries; 4) guidance and teaching about healthy food and drug addiction prevention / avoidance; 5) physical check-up / dental services; 6) good family centers; 7) mental health centers / psychological centers; 8) sex education, and 9) suitable daily activity / sleeping patterns.

Conclusion : Adolescents from the families with average and above average incomes in Bangkok indicated a need for health services that would increase the effectiveness of school teaching / learning as well as decrease the likelihood of nicotine, alcohol and drug abuse.

Keywords : Adolescent, health service, Thai student.

Reprint request: Chaiphibalsarisdi P. Faculty of Nursing, Chulalongkorn University,
Bangkok 10330, Thailand.

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พวงทิพย์ ชัยพิบาลสถุณี. ความหมายของวัยรุ่นและการบริการสุขภาพอนามัยแก่วัยรุ่น
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- บทนำ** : ประมาณหนึ่งในห้าของประชากรในโลกทุกวันนี้ เป็นวัยรุ่นที่มีอายุระหว่าง 10-19 ปี และร้อยละ 85 ของวัยรุ่นอาศัยอยู่ในประเทศที่กำลังพัฒนา วัยรุ่นนับเป็นวัยที่ต้องการดูแลเอาใจใส่ในด้านสุขภาพอนามัยอย่างมาก แต่กลับปล่อยปละละเลย ดังนั้นองค์การอนามัยโลก แผนกสุขภาพอนามัยเด็ก - วัยรุ่นและการพัฒนา ได้ดำเนินการริเริ่มตอบสนองสุขภาพอนามัยของวัยรุ่นและการพัฒนา โดยการเสริมสร้างการเตรียมการศึกษาทางการแพทย์และการผดุงครรภ์ เพื่อให้การจัดบริการการดูแลสุขภาพอนามัยแก่วัยรุ่นไทยอย่างมีคุณภาพ จึงจำเป็นต้องมีการศึกษาวิจัยด้านความหมายของวัยรุ่น และการบริการสุขภาพอนามัยแก่วัยรุ่น ตามการรับรู้ของนักเรียนไทยในครั้งนี
- วัตถุประสงค์** : 1. เพื่อศึกษาความหมายของวัยรุ่นตามการรับรู้ของวัยรุ่น
2. เพื่อบ่งชี้บริการสุขภาพอนามัยแก่วัยรุ่น
- การรวบรวมข้อมูล** : โรงเรียนมัธยมศึกษา กระทรวงศึกษาธิการ กรุงเทพมหานคร
- รูปแบบการวิจัย** : การวิจัยเชิงบรรยาย
- ผลการวิจัย** : 1. มากกว่าร้อยละ 20 ของกลุ่มตัวอย่าง ในการวิจัยครั้งนี้ ไม่ทราบอย่างแน่ชัดว่า วัยรุ่นเป็นวัยที่มีอายุเท่าใด ตามการรับรู้ของวัยรุ่นคิดว่าเป็นวัยที่มีอายุ ระหว่าง 9 - 29 ปี
2. ความหมายของวัยรุ่นส่วนมากเป็นการเปลี่ยนแปลงทางด้านร่างกาย ความคิด สังคม และอารมณ์
3. การบริการสุขภาพอนามัยแก่วัยรุ่น ควรรวมถึง 1) สถานที่ออกกำลังกาย และที่เด็กเล่นในกีฬาต่าง ๆ 2) ศูนย์พักผ่อนหย่อนใจ 3) ห้องสมุด 4) การแนะแนวและสอนเกี่ยวกับอาหารและการป้องกันยาเสพติด 5) การตรวจร่างกายและสุขภาพฟัน 6) ศูนย์ครอบครัวที่ดี 7) ศูนย์สุขภาพจิต/จิตวิทยา 8) เพศศาสตร์ศึกษา และ 9) การดำรงชีวิตที่เหมาะสมในชีวิตประจำวัน / รูปแบบของการหลับนอน
- สรุป** : วัยรุ่นที่มาจากครอบครัวในระดับปานกลางหรือสูงกว่าระดับกลางในเขตกรุงเทพมหานคร ได้บ่งชี้ถึงการบริการสุขภาพอนามัยต่าง ๆ ที่น่าจะส่งผลให้การเรียนการสอนมีประสิทธิภาพมากขึ้น นอกจากนี้จะช่วยให้การสูบบุหรี่ ดื่มสุรา และใช้ยาเสพติดลดลงด้วย
- คำสำคัญ** : วัยรุ่นไทย, การบริการสุขภาพอนามัยแก่วัยรุ่น, นักเรียนไทย

One in five persons in the world today are adolescents between 10 and 19 years old, and 85 percent of these adolescents live in developing countries. Throughout the world, adolescence is considered to be a time of relative health and, as a result, a wide range of adolescent health issues are being neglected. In response to this need, the World Health Organization (WHO), Department of Child and Adolescent Health and Development (CAH), and Organization of Health Services Delivery (OSD) embarked on an initiative to address adolescent health and development by strengthening the educational preparation of nurses and midwives. ⁽¹⁾ For Thai population, both female and male adolescents are about 21 percent of the total population in 1960. Though the percent of both female and male adolescents were fluctuated, as such in 1980 were even higher than 25 percent, then drop to 21 percent and 17 percent in 1990 and 2000. ⁽²⁾

Adolescence is transitional and linking period between childhood and adulthood. In order to provide quality care to the adolescent, the meaning of adolescence as well as their needs, from their own perspectives, are to be studied.

Method

This pilot study is aimed to explore the perceptions of adolescence and the needed services from Thai adolescents in a secondary school in Bangkok, Thailand. In total, there were 199 subjects, consisting of two groups: 106 students from grade 7 and 93 students from grade 11. In these two groups, 108 were female (54.27%), and 91 were male (45.73 %). The average age of the first group was 12 years old, while the second group was 16 years old. (Table 1)

The measurement was constructed by the researcher with the consensus of the content validity from 5 experts. It was an open-end questionnaire, used to capture the meaning and needed services for adolescences from the perspectives of the Thai adolescents who studied in a secondary government school in the Bangkok Metropolis. The data collection was performed as self administration basis.

Results

The findings of the study are as follows:

1. More than 20 percent of the sample in this study did not know the exact age of adolescence. In

Table 1. Sample's demographic data.

	Group 1, Grade 7 N = 106 (53.27%)	Group 2, Grade 11 N = 93 (46.73%)
Average age (years)	12	16
Sex (F/M)	60 / 46 (55.56 % / 50.55 %)	48 / 45 (44.44 % / 49.45 %)

stead, they perceived it as a wider range of time from 9 - 29 years old.

2. The students perceived adolescence in various ways. The majority of meanings of adolescence are related to physical, mental, social, and emotional changes.

Physical changes involve growth in terms of weight and height as well as enlargement of the sex organs, and acne. The predominant physical changes for females are breast enlargement and menstruation. For males, there are more changes in voice and muscle. They have more appetite. The appearance of the physical changes required more adaptation for females than for males.

During menstruation, some teens feel ashamed, burdened and incur more expense in buying sanitary pads.

As for their thinking, the adolescents perceived that they became more intelligent and wanted to be more independent. Most of them perceived parents and other adults as supporters and advisors only when they needed. They want to try new things either good or bad, anytime and anyplace. They also enjoy new concepts and ideas.

The focus of social life of the teen shifts from family to friends. Teens become very attached to friends. They enjoy talking, expressing themselves, and doing things together. They also enjoy exploring the world together. Unfortunately, excitement for the teen in trying new things includes smoking, drinking alcohol, taking drugs, and having sexual relations. They want to be independent. They only follow necessary rules. However, they still need love, compassion and encouragement. It is suggested that teenagers be polite and not be rude, which

reflects, Thai cultural values.

Their style of dressing also changes from childhood to adolescence due to their physical growth and social norms. They like to buy their own clothes.

For emotional changes, they become impatient and like to see things move faster. Most of the time, they are confused and get angry easily. They want peace, freedom and confidence.

In terms of relationships, teens pay attention not only to the family but also to their friends. They want to have freedom to express their ideas. In the meantime, they still need love, warm relationships and support, in terms of encouragement from the family and parents.

Teenagers like to try new things such as smoking, drinking and drugs. Therefore, it is necessary that parents provide them guidance as well as discipline. They like to explore their sexuality and begin to have friends of the opposite sex. They also enjoy playing various sports.

1. Health services for teens should include the followings:
 - 1.1 Places for exercise and play grounds for sports
 - 1.2 Recreation centers
 - 1.3 Libraries to provide information as well as relevant knowledge to adolescents
 - 1.4 Guidance and teaching about healthy food with a lot of vegetables (clean food shops) and prevention of drug addiction
 - 1.5 Physical check-ups / dental services
 - 1.6 Good family centers
 - 1.7 Mental health centers / psychological counseling centers

1.8 Sex education

1.9 Suitable daily activity, and sleeping patterns

Discussion

The World Health Organization classifies adolescence as the stage of life between 10-19 years old. More than 20 percent of the sample in this study did not know the exact age of adolescence. They perceived it as a wider range, 9-29 years old. This reflects that early adulthood is perceived as late adolescence. On the other hand, the teens might perceive adolescence as adulthood.

Teens are interested in sexuality. As children grow up, boys and girls receive different messages from their social surroundings about how to behave and what to do. Some behavior is acceptable for girls but not for boys, and vice versa, especially in the area of sexuality. The United Nations⁽³⁾ pointed out that young people are recognized as members of a high risk group. It is estimated that about 50 percent of HIV infection occur among the people aged 15-24 and that many of the sufferers contract the infection before they are 20 years of age. The study of Thato⁽⁴⁾ assessed risky health behaviors during adolescence among vocational students in Bangkok. Results of the study of 425 students aged 18-22 years, from eight randomly selected private vocational schools in Bangkok, showed that 32 % of the females and 64.8 % of the males identified themselves as sexually active. Of the sexually active subjects, only 6.3 % reported using condoms every time in the beginning of their relationship, and 10.2 % during the last few times. Twenty - four percent of the sexually active teens experienced unplanned pregnancies; 83 % of these pregnancies ended in abortion. Seven percent

of the sexually active subjects had contracted STDs.

In terms of sexuality,⁽⁵⁾ masturbation is the most frequent sexual outlet for many adolescents. In one study in the U.S.A., masturbation was common among adolescents. More than two-thirds of the boys and one-half of the girls masturbated once a week or more. Adolescents today do not feel as guilty about masturbation as they once did, although they may still feel embarrassed or defensive about it. For Thai teenagers, most of them seemed to be embarrassed when talking or discussing about masturbation. However, Thai culture does not allow teens much opportunity to have sexual relationships. Adolescence in Bangkok is the stage of life which one should be dedicated for study, and not for starting a family. However, teens in the rural areas get married at a younger age than those in the city.

During adolescence, girls and boys are likely to have some socially acceptable activities together, such as seeing movies, shopping, and studying. They will not be allowed to have sexual relations openly or discuss about sexuality. They also have little knowledge about safe sex, such as the use of condom and other birth-control methods. Most of them obtain their knowledge about sexual behavior through magazines or other medias.

Smoking, drinking and taking drugs are things that teens want to experience. Those are the experiences prohibited by adults. Teens wonder why adults do those things but do not allow teens to do the same. Some of the teens think that they are old enough to act like adults. Therefore, they neither obey their parents nor teachers. Males are more likely to try cigarettes, alcohol and drugs. No secondary school allows students to smoke, drink, or take drugs.

However, students often sneak out to smoke in toilets at school. As for drinking alcohol and taking drugs, most of the teens go to their friends' houses.

The results of the study reveal that the most popular health services are sports centers and places for exercise which provide new ways for health promotion from the perspective of the adolescent. Places for exercise and sport centers will promote the physical growth of the teen and will enhance social interaction with people of the same sex as well as the opposite sex. When the teens achieve success in sports, it supports their social and emotional health. In the sport center, if there is some training and coaching system, we may enhance their potential to become professionals in various sports such as swimming, golfing, tennis and football. Drug abuse is also less likely to occur in sportive environment.

Sports and play centers may not be enough to support the mental health and promote psychological adjustment for the teens. Therefore, centers for psychological counseling are needed to provide guidance and information for the teens in terms of their social adaptation and coping skills. The mental health services that combine hotlines, in which teens are able to seek for advice and information anonymously, are quite effective.

Healthy food with a lot of vegetables and a clean environment are the biggest concerns of teens, to promote health and prevent disease. Teenagers generally have good appetites. Therefore, nutritious food and a clean and sanitary environment are important for health promotion and disease prevention.

General health check-ups and dental care were also suggested by the teens. Currently, the government only provides school health care for

students up to grade 6. Teens in grades 7 or higher should receive the same health care services as the younger students. For dental health, teens are concerned about physical appearance as well as health peruse.

The mental health of the teens sampled was fairly good. They came from families of average and above-average incomes with good standard of living and environment. In terms of relations with other teens, they were able to cope with or tolerate stress well with those of the same and opposite sex. They also knew other teens who had some difficulty in relationships or some who smoke or took drugs. Very few teens knew a few people who had HIV/AIDS.

Public libraries play a major role in providing source materials such as books and journals on various fields. Books containing knowledge as well as experience of interest to teens should be organized in such a way that empowers adolescents to learn. The selection of a variety of literature as well as providing services for teens would be beneficial, not only for individuals but also for the national security, since teens will be future adults.

Recommendations

1. Parents and teachers should collaborate to provide guidance to teens. Teens should be allowed to maximize their potential. Psychological support and other facilities of support would enhance the self-finding of the teens and the three-way relationships among parents, teachers and adolescents.

2. In co-educational schools, there should be some guidelines as well as mechanisms to ensure gender equality and to promote self-esteem of the teen.

3. A school health program that focuses on health promotion and psychological counseling for the teen should be provided.

4. Peer groups at school are one of the most appropriate tools to promote adolescent health as well as decisions regarding their future education and career. However, coaching and supervision by teachers is still needed.

5. As drug addiction is of national concern, activities to reinforce anti-drug campaign such as exhibitions, role plays and seminars must be planned.

6. Appropriate methods to obtain knowledge by traditional means and innovative means such as by using the internet should be promoted.

7. More research on adolescent health should be supported and conducted in order to identify specific needs.

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References

1. Keeney GB, Cassata L, McElmurry BJ. Adolescent health and development in nursing and midwifery curriculum. University of Illinois at Chicago, College of Nursing and WHO Collaborating Centres for International Nursing Development in Primary Health Care. 2002. Draft Copy for WHO Review – HQ/01/816773
2. Ministry of Public Health. Public Health Statistics A.D. 2000.
3. United Nations. Economic and Social Commission for Asia and the Pacific. Asia-Pacific Population Policies and Programmes: Future directions. Report of the High-level Meeting to Review the Implementation of the Programme of Action of the International Conference on Population and Development and the Bali Declaration on Population and Sustainable Development and to make Recommendations for Further Action. 1998 Mar 24-27; Bangkok, Thailand, New York: United Nations Population Fund.
4. Thato S. An Assessment of risky health behaviors during adolescence among vocational students as conceptualized by the expanded health belief model in Bangkok, Thailand (Dissertation for Nursing Science); University of Pittsburgh, 2002
5. Santrock JW. Adolescence. 7th Ed. Boston: McGraw Hil, 1998
6. Komstein SG, Clayton AH. Women's mental health: a comprehensive textbook. New York: The Guilford Press, 2002
7. Lewis M, Volkmar FR. Clinical aspects of child and adolescent development. 3rd ed. Philadelphia: Lea & Eebiger, 1990
8. Amornvivat S, Khemmani T, Thirachitra V, Kulapichitr U. Thai ways of child rearing practices: an ethnographic study. Bangkok: Chulalongkorn University Printing House, 1990
9. Suvannathat C, Bhanthumnavin D, Bhuapirom L, Keats DM, eds. Handbook of Asian child development and child rearing practices. Bangkok: Behavioral Science Research Institute, Srinakharinwirot University, Prasanmitr, 1985