

Sexual behavior of adolescents along the Thai-Cambodian Border : Would it be possible to create the community plans and strategies?

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ABSTRACT

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Adolescent sexual behavior along the Thai-Cambodian border area raises important social and health issues. The aims of this cross-sectional study were (1) to determine adolescents' actual sexual behavior; (2) to explain the contexts of sexual intercourse of adolescents, and (3) to establish an effective strategy for dealing with the consequences of early sexual activity. The research was divided into two phases: problem identification and community planning. Questionnaires were developed and distributed to two schools with a total of 2,364 respondents. Appreciate Influence Control (AIC) was applied for community planning.

Approximately 13.55% of the respondents had already had sexual experiences, mostly when they were in Mathayom 1-3. The age of first sexual intercourse ranged between eight and eighteen years of age, and usually occurred without protective measures. The context of adolescents' sexual intercourse ranged from communication media and technology development, improper tourism development, human rights perspective, natural environmental conditions, border market, inappropriate time use from educational reform, and lack of parental supervision. The results from the survey were analyzed and presented to 120 community members. The five main strategic policies were recommended by consensus.

By the means of community process, AIC can be effectively used for community planning, even for sexual problems, but brainstorming and discussion must be well planned and organized.

Keywords Sexual behavior, Adolescents, Thai-Cambodian Border, Community planning

พฤติกรรมทางเพศของวัยรุ่นตามแนวชายแดนไทย-กัมพูชา : ความเป็นไปได้ในการวางแผนชุมชนและกลยุทธ์

บทคัดย่อ

กัณท์วิรุฬห์ วิวัฒน์พาณิชย์ สมบูรณ์ เกียรตินันท์ เพ็ญศรี กวีวงศ์ประเสริฐ ชุมพจน์ อมาตยกุล. พฤติกรรมทางเพศของวัยรุ่นตามแนวชายแดนไทย-กัมพูชา : ความเป็นไปได้ในการวางแผนชุมชนและกลยุทธ์. ว.สาธารณสุขและการพัฒนา, 2553; 8(2) : 145-158.

พฤติกรรมทางเพศของวัยรุ่นตามแนวชายแดนเป็นประเด็นหนึ่งที่มีความสัมพันธ์กับปัญหาสังคมและสุขภาพ การสำรวจแบบตัดขวางครั้งนี้มีวัตถุประสงค์เพื่อ (1) เพื่อศึกษาพฤติกรรมทางเพศของวัยรุ่น (2) เพื่ออธิบายบริบทที่เกี่ยวข้องกับการมีเพศสัมพันธ์ของวัยรุ่น และ (3) เพื่อสร้างแนวนโยบายและกลยุทธ์ในการแก้ไขปัญหาการมีเพศสัมพันธ์ก่อนวัยอันควร

กระบวนการวิจัยครั้งนี้แบ่งออกเป็น 2 ขั้นตอน ประกอบด้วยขั้นตอนการกำหนดปัญหาและการวางแผนชุมชนร่วมกัน ในขั้นตอนแรก แบบสอบถามได้ถูกพัฒนาขึ้นและแจกจ่ายให้กับนักเรียนในสถานศึกษา 2 แห่งมีจำนวนผู้ตอบแบบสอบถามทั้งสิ้น 2,364 คน สำหรับขั้นตอนการวางแผนชุมชนร่วมกันดำเนินการด้วยกระบวนการ AIC (Appreciate Influence Control) ผลการศึกษาพบว่า ผู้ตอบแบบสอบถามร้อยละ 13.55 เคยมีประสบการณ์ทางเพศ ส่วนใหญ่เกิดขึ้นในช่วงขณะเรียนอยู่ในระดับชั้นมัธยมศึกษาปีที่ 1-3 โดยอายุต่ำสุดและสูงสุดที่มีประสบการณ์ทางเพศครั้งแรกคือ 8 ปีและ 18 ปี โดยส่วนใหญ่ไม่ได้ใช้อุปกรณ์ในการป้องกันขณะมีเพศสัมพันธ์ สำหรับบริบทที่เกี่ยวข้องกับการมีเพศสัมพันธ์ประกอบด้วย (1) การพัฒนาระบบเทคโนโลยีและการสื่อสาร (2) การพัฒนาแหล่งท่องเที่ยวที่ไม่เหมาะสม (3) มุมมองในประเด็นสิทธิมนุษยชน (4) สภาพแวดล้อมทางธรรมชาติ การมีตลาดโรงเกลือ (5) การพัฒนาและปฏิรูประบบการศึกษา (6) ขาดการดูแลเอาใจใส่จากผู้ปกครอง ซึ่งผลจากการวิจัยในขั้นตอนแรกได้ถูกนำเสนอในการประชุมเวทีสาธารณะ มีผู้เข้าร่วมทั้งสิ้น 120 คน ผลจากการประชุมกลุ่มย่อยได้พิจารณา กลยุทธ์ในการแก้ปัญหาใน 5 แนวทางหลัก

ในมิติของกระบวนการชุมชน การระดมความคิดเห็นในการวางแผนพัฒนา หรือสร้างแผนกลยุทธ์ด้วยกระบวนการ AIC ไม่เพียงแต่สามารถประยุกต์ใช้ในประเด็นอื่นๆ โดยทั่วไป แต่ยังประสบความสำเร็จเป็นอย่างดีแม้ในเรื่องประเด็นปัญหาทางเพศ แต่ช่วงระยะเวลาในการระดมสมองและวิพากษ์ควรวางแผนและกำหนดไว้ให้เหมาะสม

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INTRODUCTION

Interest in sexual problems along the Thai-cambodian border has been increasing as a topic of research among demographers, and social and medical scientists.¹⁻³ Estimates from the World Health Organization show that in developing countries 50% of HIV transmission rates were found in the generation aged 15-24 years. This means that approximately 5,000-6,000 adolescents become infected with HIV everyday.⁴ In 2008, approximately 8.75% of Thai adolescents (30,538 cases) were suffering from HIV/AIDS infection.⁵

Adolescents are at a higher risk of acquiring sexually transmitters diseases and HIV because they are more likely to have multiple partners, engage in early unprotected sexual intercourse, and have poor partner selection.⁴ Additional contributory factors among adolescents are the use of alcohol, tobacco, drugs, and other sexual stimulants. These factors are considered causes of adolescent unsafe sexual behaviors.^{4, 6-10} The report from the health information system development office illustrated that the use of condoms by adolescents along the Thai-Cambodian border was only 30%,¹¹ which was nearly half lower than in the Thai-Malaysian border region (56.34%).¹² In Sakaew province alone, half of total pregnancy rate or approximately 2,163 adolescent were pregnant. HIV/AIDS during pregnancy were also reported. The youngest mother was only 14 years old.¹³ The context of adolescent risky sexual behavior in this area is unclear. Anyways, mass media and internet communication were mentioned as a significant cause of Sakaew adolescents engaging in sexual intercourse.¹³ Thus, the information and context of sexual behavior of adolescents in this area needs to be investigated. The aims of this study were (1) to determine the sexual behavior of adolescents; (2) to explain the context of adolescent sexual risk behavior, and (3) to

establish a problem-solving strategy to promote desirable sexual behavior.

METHODOLOGY

Phase I: problem identification

This phase was to identify prevalent sexual behavior. At the beginning, three focus group discussions including community leaders (n = 11), parents (n = 7), and adolescents (n = 7) were conducted at the local temple, assistant village headman's house, and local restaurant, respectively. Discussions took place and opinions were expressed about sexual problems in this region. The audio recorded and the summaries were produced. All three groups agreed that adolescents had urgent sexual problems. As a result, a cross-sectional survey of sexual behaviors, demographic patterns, and population diversity was carried out. The total population survey comprised a self administered questionnaire, consisting of closed and open-ended questions. The questionnaires were distributed to students in Mathayom 1-6 at two schools, which resulted in a total of 2,364 respondents (951 males and 1,413 females). The personal characteristics of the respondents are illustrated in Table 1. The research objectives were explained in presentations at each school. The protection of the students' privacy was ensured by anonymity, and filling out the questionnaires was voluntary on the students' part. During a 45 minute period, they were free to select a private place at school to fill out the questionnaire and the students were free not to answer any question which they found too embarrassing.

Descriptive statistics were applied as the main tool for data analysis and presented by the percentage value. Missing data (unanswered questions) were not included statistically. Moreover, the open-ended questions were summarized and grouped to explain the contexts involving sexual intercourse of adolescents. As a supplement to

maximize the information as much as possible, informal interviews with teachers and parents were also carried out.

Phase II: Community plan and strategies

This phase concerned developing community empowerment. The fundamental research findings from the first phase were analyzed and presented to 120 participants, consisting of elderly, heads and staff of governmental offices, school adminis-

trators, local administrators, community leaders, representatives of school children, social volunteers, and NGOs representatives. The Appreciate Influence Control approach was applied as the main strategy for conducting this workshop. Five small groups were formed and choice of group was voluntary. The groups' facilitators were selected from the staff of the Aranyapathet Health Office.

Table 1 Personal characteristic of the respondents

Personal characteristic	n	(%)
Sex (n = 2,364)		
Male	951	40.23
Female	1,413	59.77
Age (n = 2,364)		
11-15 years old	1,512	63.96
16-19 years old	852	36.04
Education level (n = 2,354)		
Mathayom 1-3	1,305	55.44
Mathayom 4-6	1,049	44.56
Income per week (n = 2,361)		
Lower than 100 Baht	1,115	47.22
101-500 Baht	1,235	52.31
More than 500 Baht	11	0.47
Living arrangement (n = 2,349)		
Living with parents	2,007	85.44
Living with cousins	285	12.13
Living alone	24	1.02
Living with couple	16	0.68
Sharing a flat with friends	17	0.72

RESULTS

1. Adolescent Sexual Behavior

1.1 Sexual preferences and experiences

The sexual preferences stated by the respondents were heterosexual 94.39%, homosexual 3.17% and bisexual 2.44%. Sexually experienced respondents were approximately 13.55%. For them loss of virginity occurred usually in Mathayom 1-3 (65.15%) or in terms of age between 12 and 15 years (70.08%). The reported age of first sexual intercourse ranged from eight to eighteen.

For 316 adolescents who had had sexual experience, the most common reasons for having their first sexual experience was experimentation (44.93%) and unexpected opportunity with their lovers (58.7%). Usually they did not use prophylaxis or other protective measures. The reported use of a condom during their first sexual experience was only 8.7%. First sexual intercourse was also commonly reported with a cousin, a neighbor, other family member and/or an unknown person. First sexual intercourse with prostitutes was very rare (0.36%). This is believed to be due to limited income (mostly, 101-500 Baht per week) while sex with friends or strangers would be possible without the need to pay for it.

1.2 Sexual Patterns When questions regarding sex life were asked, 40.39% reported that they normally had sex once a month or more often, mostly with their lovers (66.53%), and 23.65% had sex more than once a day. Same-sex sexual activity was also reported, but was found in only a small proportion (5.71%). One night stands or sex with someone they had not known before was also reported by 4.08%. For this generation, sexual intercourse could be performed in several places, depending on opportunities. Mostly, sex occurred men's homes (36.1%) followed by a hotel or a guesthouse (20.22%), a

natural place (such as outdoor secluded locations) (7.58%), a public park (2.89%), or even at school (1.8%). Condom usage is an effective means of sexual protection and is an important measure with regards to awareness of risk reduction. In this study condom usage was reported at 68.57%. Approximately 18.78% of the respondents used natural contraceptive methods, such as identifying a woman's fertile days (rhythm method) or ejaculated outside the vagina (coitus interruptus), whereas around 22.46% never used any protective methods or birth control protection. Alcohol consumption was reported by 20.22% and watching pornographic movies by 17.23%. It was reported that alcoholic drinks (46.15%) and porn movies (39.32%) were needed to stimulate sexual fantasies or to enhance sexual desire prior to having sex. Most students (90.8%) never got sexual transmitted diseases. The remaining 9.2% experienced Gonorrheal, Chancroid, Bubo, Syphilitic, and urinary tract infections. The details are shown in Table 3.

1.3 Sexual desire Sexual diversities of adolescents who had had sexual experience are shown in Figure 1. For example, voyeurism fantasies were reported by 89.56% followed by frotteurism, phone sex, oral sex, and fetishes by 80.38%, 68.99%, 58.9% and 36.7% respectively. Sexual sadism and masochism were reported by 33.54% and 3.8% respectively. Group sexual activities or exchanging partners (swinging), incest, and bestiality (having sex with animals) were relatively rare (15.82%, 5.38% and 3.48 % respectively).

2. Contexts of sexual intercourse of adolescents

The answers to the open-ended questions about contexts believed to contribute to the early age of first sexual intercourse, from the total of 2,337 questionnaires were summarized and

grouped. Information was also obtained from informal interviews with parents ($n = 2$), teachers ($n = 2$), and elderly people ($n = 2$). The details are explained below.

2.1 Communication media and technology development: Sexually explicit advertising in public media (newspapers, television, and magazines) and porn movie DVDs were commonplace in this border province. Approximately 56.54% (1,456 cases) reported that sexual media could stimulate an increased sex drive, greater sexual needs, and ultimately sexual intercourse. Moreover, technological developments in terms of internet usage and the availability of pornographic content were part of the reason why early sexual intercourse became acceptable behavior for this generation. Around 4% of the respondents confirmed that chatting with the opposite sex, viewing pornographic material, reading sexually explicit material in the form of real experience stories, and watching clips of sexual activity or webcams led them to sexual experimentation and establishing intimate relationships.

2.2 Improper tourism development: Improper tourism development also creates nightlife activities, such as clubs, restaurants, concerts, discotheques, karaoke bars, and bars as well as businesses catering to sexual tourism. The idea of a vibrant nightlife was originally intended to promote tourism. However, local adolescents were also attracted to some of these venues, and welcomed. This was especially true if they had enough money to pay for services, or received money to provide sexual services. Alcohol consumption might also lead to sexual intercourse. Drinking was generally practiced by the adolescents, especially during weekends. Approximately 15.84% of the respondents believed that tourism development was a source of stimulation to take part in sexual activities.

2.3 Human rights perspective: The paradigms of human rights and equal rights are dramatically increasing and mixed up with the topics of self image, self identity, freedom, and autonomy of adolescents. For example, “sex was an individual’s right”, “sexual intercourse at a young age was common”, “sex was (ok) able to do if you do not disturb others around you”. Approximately 14.72% believed that the interpretation of human rights shaped the attitudes of adolescents to become more liberal and engage in sexual dates, contacts, and intercourse. Information from parents indicated that traditional discipline and control approaches such as beating, scolding, or suggesting were not effective in controlling their children’s behavior, because of the human rights aspects. To console themselves, the attitude of the parents had changed from controlling to neglecting such as “ok...this is your rights...do it if you like”, “we can breed them only the physical, but not the heart”, “they are grown enough to select what they want”.

2.4 Natural environmental conditions: The land usage in this community can be divided into three parts : business, living, and green area (natural and agricultural space). The availability of the green area was an important factor for facilitating sexual intercourse, either during the daytime or at nighttime. Sexual or drug activities were reported and performed in the small huts in the rice fields, forestry plantations, or abandoned houses in the forested areas. Moreover, sexual activities at night in the city were also possible. For example, the health park, public park, outdoor stadium, and schools were all venues used for sex. Information from parents indicated that the green areas as defined above were mostly unsupervised. There were no inspections or checks by either the local police or the local inhabitants. Approximately 3.57% of the respondents agreed that the environmental condition was an important component facilitating sexual activities.

2.5 Border market: There was no doubt that the most significant advantages provided by the border market were related to economic growth and increased employment opportunities. However, potential disadvantages were also found such as increases in sexual businesses including child, Thai and Cambodian prostitution, and human trafficking. Moreover, the illegal activities, such as distribution and screening of porn movie DVDs, erotic magazines, and usage of ecstasy, ketamine, etc. were manipulated by this market to avoid political inspections and crackdowns in Bangkok and the other big cities. The ease of access, low prices, and lack of control were all contributing factors. With regard to these illegal activities, the sexual knowledge and experience of these children was greater than in the former generations. Additionally, the local or weekend-market was reported as a significant place to initiate sexual contact or to date with adolescents. In these markets the women can buy cheaply new sexy fashions such as spaghetti string tank tops, strapless shirts, and/or miniskirts, and sexual media were also available. From the adolescent perspective, this phenomenon was reported by only 56 respondents or 2.17%.

2.6 Inappropriate time use from educational reform: Informal interviews of teachers and retired teachers indicated that in the past, education had not been possible for everyone. The educational system was not well established, and universal education was still a dream not a reality. The students who passed the entrance examination for university had high intentions for higher education and made strong efforts. Moreover, the earlier curriculum integrated life skills (Buddhism and

religion, physical education, handicraft education, moral and ethical education) and academic knowledge by teacher-centered and lecture-based strategies. During the past decade, most students were lucky just to be students. The selection procedures remained arbitrary, weak and lax as before. The curriculum was reformed to become student-centered or self-directed learning. Some problems from this education reform related to sexual behavior have been reported. Some adolescents have taken advantage of student-centered and self-directed learning in the wrong way. For example, the opportunity to stay longer at school and do something else than their school work has been used as an opportunity to have sex. Similarly, excuses to meet friends or to organize a party with their friends during weekends by telling their parents untruthfully that they had to go for educational purposes were also used to create opportunities. This was difficult for parents and teachers to monitor. Approximately 74 cases of the adolescents or 2.87% mentioned this reason.

2.7 Lack of parental supervision : Most parents paid more attention to work outside their home, instead of being at home and taking care of their children. Lack of attention by parents at home combined with the liberal adolescent lifestyles, leads to adolescents spending their time seeking enjoyment. This behavior was evident both inside and outside the home. Activities such as visiting friends, going out with friends, partying, eating out and relaxing in public areas were related to sexual intercourse. This was mentioned by seven adolescents or 0.27%.

Table 2 Sexual preferences and experiences of the respondents

Sexual experience	n	(%)
Sexual appearances (n = 2,337)		
Heterosexuality	2,206	94.39
Homosexuality	74	3.17
Bisexuality	57	2.44
Sexual experiences (n = 2,332)		
No	2,016	86.45
Yes	316	13.55
Age at first sexual intercourse (n = 264)		
8-11	10	3.79
12-15	185	70.08
16-18	69	26.14
Level of education at first sexual intercourse (n = 264)		
Prathom 4-6	3	1.14
Mathayom 1-3	172	65.15
Mathayom 4-6	89	33.71
Person who have sex with at first sexual intercourse (n = 276)		
Lover	162	58.7
Friend of opposite sex	60	21.74
Friend of same sex	16	5.8
Neighbor	12	4.35
Cousin	8	2.9
Prostitute	1	0.36
Unknown or unacquainted person	17	6.16
Reason for first sexual intercourse (n = 276)		
Experimentation	124	44.93
Love	101	36.59
Drunkenness	23	8.33
Forced/rape/assault	13	4.71
Gullible	9	3.26
Economic reasons	6	2.17
Sexual protection at first sex (n = 276)		
No	252	91.30
Yes	24	8.70

Table 3 Sexual patterns of the respondents (n = 316)

Sexual pattern	n	(%)
Frequency of sexual intercourse (n = 203)		
One time a month or more	82	40.39
One time a week or more	73	35.96
One time a day or more	48	23.65
Sexual relation with most recent (n = 245)		
Lover	163	66.53
Friend of opposite sex	47	19.18
Friend of same sex	14	5.71
Unknown or unacquainted person	10	4.08
Cousin	7	2.86
Neighbor	4	1.63
Location of sexual activity (n = 277)		
Man's house	100	36.10
Woman's house	35	12.64
Hotel / guesthouse	56	20.22
Forest	21	7.58
Public Park	8	2.89
School	5	1.81
Depend on situation	52	18.77
Sexual prevention (used = 77.53%, n = 245)		
Condom	168	68.57
Natural contraceptive method	46	18.78
Oral contraceptive pill	18	7.35
Emergency contraception	11	4.49
Hormone injection	2	0.82
Use of sexual stimulant (used = 37.02%, n = 117)		
Liquor/beer	54	46.15
Porn movies	46	39.32
Chemical drugs	5	4.27
More than one type	12	10.26
Sexual transmitted diseases (experienced = 9.2%, n = 29)		
Gonorrhea	11	37.93
Chancroid	7	24.14
Bubo	5	17.24
Syphilis	4	13.79
Urinary tract infection	2	6.9

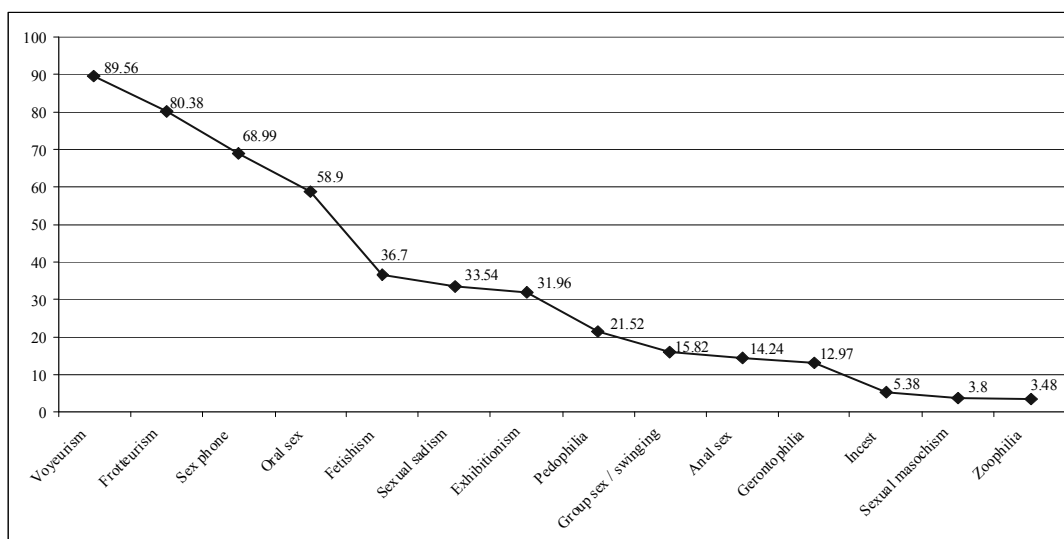


Figure 1 Different sexual practices of the respondents (n=361)

3. Community planning

This part explains the outcome of community participation and the empowerment workshop. The research findings from the first phase were presented in this workshop to community elders, government officials, school and local subdistrict administrators, community leaders, school children representatives, stakeholders and other interested parties. The 120 participants were voluntarily separated into five groups to discuss the sexual problems of adolescents by using the Appreciate Influence Control process. The strategies and policies from this workshop were summarized as follows:

- (1) Development of adolescents' sexual value systems [16 strategies]
- (2) Promoting leisure-time physical activity to reduce risky sexual behaviors [16 strategies]
- (3) Preventing early sexual behavior [18 strategies]
- (4) Environmental development [9 strategies]
- (5) Development of sexual education and self prevention [13 strategies]

After the research, all strategies and policies were distributed to all of the relevant stakeholders including schools, police stations, the Sakaew district office, the Aranyapathet Health Office, subdistrict administrative organizations, and village headmen, so that they could apply and incorporate these suggestions and strategies in their annual operation plans.

DISCUSSION

Concerning the topic of sexual behavior of the adolescents, the same phenomena are observed both in Thailand and elsewhere, even though the detailed measurements are different and various theories have been proposed. Most adolescents are engaging in high risk sexual behaviors due to having early sexual intercourse. Without preventative measures there is a high risk of STDs and specifically HIV/AIDS.^{2-4, 7-9, 14-23} Moreover, age at first sexual intercourse seems to have markedly decreased.^{1-3, 5} The age at first sexual intercourse in this study was low (beginning at eight years of

age) and is consistent with Isarapakdee's study,¹⁹ but lower than the findings of Ingkathawornwong (12 years old),¹⁷ Wongsawat (15 years old),¹⁸ and Thepthien (17 years old).²⁰

Apart from sex with the lovers, sex between friends was frequently reported. Here it might be said that the meaning of sex to these adolescents does not mean love anymore. To them it might be just a normal natural thing that they can appreciate with friends. This is consistent with previous research in western society where sexual intercourse is depicted among friends.^{15,19,21-22}

Adolescents are more likely to fantasize about voyeurism, frotteur, phone sex, oral sex, fetishism, sexual sadism and masochism, group sex or swinging, etc. The critical point is, that these activities are also interrelated with criminal behavior, such as drug use, sexual abuse, sexual harassment, sexual assault, human rights violations, and all adolescents are protected by the law as their ages are generally lower than 15 years and from legal prosecution they are not subject to the same consequences as adults. Thus, these kinds of sexual behavior should be of greater concern and should receive more attention from the family and community.

It is widely known that the media plays a significant role in sexual socialization, sexual intention, sexual drive, intimate sexual drive (libido), and manipulates the motivations for sexual intercourse.^{2,3,14,16-17,23-25} This research confirms that the availability of sexually explicit media such as porn movie DVDs, magazines, sexual information as portrayed in the public media, as well as the internet, strongly influence the sexual behavior of adolescents. Adolescents use these media to get informed and to develop an understanding about their sexuality at earlier age than prior generations. Additionally, the border market, loose-family structure,²⁶⁻²⁸ and human rights development,²⁴ has also shaped them. The easy access to sexual information and activities perhaps

better explains the phenomenon more easily than the other reasons.

By means of community planning, Appreciated Influenced Control has used the strong power of relationships between the participants to identify sexual problems, exchange knowledge and experience, and recognize which strategies should be established to solve the problems. This research confirms that Appreciated Influenced Control can be applied to sexual behavior problems of the community. The discussion and brainstorming results exceeded expectations. The success of the community and strategic plan resulting from this study comes from the participants, but also from the facilitators from the Aranyapathet Health Office, who have had a great deal of experience in the process of group empowerment.

One obstacle which should be mentioned here is the timing for the workshop. Generally, the Appreciated Influenced Control process needs three days for appreciation through listening to each other, influence through dialogue, and control through action.²⁹ The actual implementation of Appreciated Influenced Control process in practice was difficult because the whole process had to be completed within three days. The allocated time periods were too long for the participants, especially the local participants, as their time was limited due to their individual activities and family business. To take part in the whole process seemed to be difficult. Making the three steps in two days was appropriate for the participants, but the time for brainstorming and discussion seemed too short.

Limitations of this research are based on the sensitive nature of the research topic. Even the explanation of the objectives had to be given before answering the questionnaire, and incomplete and untruthful answers occurred. For example, the first answer indicates that the respondent had never had sexual experience, but clearly explains about

sexual activity and condom use. Due to this reason, a double check was carried out by the research team to exclude these uncompleted questionnaires and exclude the answers from this study. Additionally, in the case of adolescents who had had sexual experience, the portion of the questionnaire on different sexual activities was frequently unanswered. This might be related to the sensitivity of the questions, perhaps, making the respondents feel shy or ashamed or too uncomfortable to answer the questions.

RECOMMENDATIONS

The significant point is that 62.22% of the respondents claimed to have used condoms, regularly. This means another 37.78% were still putting themselves at risk of pregnancy, STDs, and HIV/AIDS infection. Thus, the strategies from community planning to prevent the sexual transmission of disease and promote condom use by adolescents by means of sex education should be further implemented and monitored continuously.

Due to the strategy of preventing early sexual behavior, positive family relations and communication between parents and adolescents are essential and need to be further developed, as is the suggestion of the Institute for Youth Development. Parents can help to reduce the high risk to their children of engaging in early sexual activity.⁷ Moreover, school-family relations should be used to provide and receive information from adolescents. A management plan should be established to include surveillance of risk behavior, and provide for prevention of sexual criminality. School activity by means of self-directed learning should be closely monitored by the teachers.

The participants from the workshop paid much attention to the strategy of preventing early sexual behavior of adolescents, promoting leisure-time

used, and environmental development. Obviously, sexual problems can be reduced when social control or law enforcement are more active and experienced. Sexual problems of adolescents are deserving of attention by the concerned public. To prevent such problems, the restriction of age to participate in nightlife should be more strictly monitored, and access to illegal goods should be prevented. Moreover, the ethical standard of owners of such businesses as hotels, guesthouses, discotheques, bars, and clubs should be stricter and prevent participation of children aged less than 18 years. Moreover, community concern should be used to prevent sexual activity in public areas.

Strategic planning by communities and related stakeholders has already been established and distributed to all relevant organizations such as schools, police stations, the Sakaew district office, the Aranyapathet health office, subdistrict administrative organizations, and village headmen. The important next step is the implementation of these strategies in their annual operation plans. Monitoring and evaluating by the community and related stakeholders should be followed up and assessed.

Finally, the large scale of a cross-sectional survey has limitations. Further qualitative research to explore the prevalent views of sex and love, factors related to condom use, sexual desire, and sexual diversity of adolescents is recommended as they are a high risk group practicing unsafe sexual behavior.

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