SEXUALITY HOTLINE SERVICE FOR ADOLESCENTS: A LONGITUDINAL INVESTIGATION BETWEEN 2003-2005 AT CALL CENTRE FOR LIFE QUALITY ENHANCEMENT, CHULALONGKORN UNIVERSITY

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Abstract

This longitudinal research on hotline service for adolescents covers the period of the year 2003-2005 at Call Centre for Life Quality Enhancement, Chulalongkorn University. The findings revealed that the number of calls were 322 (2003), 408 (2004) and 381 (2005) respectively. Interestingly, the callers' minimum age was 15 (2003), 13 (2004) and 9 (2005) whereas the maximum age was 24 in the past 3 years studied (2003, 2004 and 2005). In addition, each year saw an increase of women's figures to gain needed assistance to be 14.0%, 24.8% and 24.9%. The types of problems investigated encompassed 9 categories, namely; anatomy and physiology of genital organs; sexual behaviors; mental health; personal problems; sexual intercourse-related problems; STIs & HIV/AIDS; contraception; pregnancy and giving birth; and others. It is statistically evident that two of the mostly asked topics were Sexual behaviors (27.0 % in Year 2003; 16.2% in Year 2004; 23.1% in Year 2005) and the Sexual intercourse-related problems (25.2% in Year 2003; 23.8% in Year 2004; 17.6% in Year 2005), respectively.

Keywords: hotline, counselling, sexuality, adolescent

Introduction

Since the past three decades, the World Health Organization (WHO) with the assistance of UNFPA has promoted the adolescent health, especially the reproductive health[1]. Nevertheless, the adolescents all over the world, nowadays, are increasingly involved with some serious social problems including teen pregnancy, abortion, and HIV/AIDS. In the year 2003, it was estimated that, in Thailand, the number of abortion and teen pregnancy accounted for 300,000 and 94,293 cases, respectively; whereas HIV/AIDS were in the region of 3,000 and 20,000 cases[2]. A large number of these adolescents are high school students whose personal problems as mentioned above need to be handled urgently and effectively, otherwise, the consequent impacts of those problems could certainly have a severe repercussion on their ability to learn and grow[3].

Owing to the rapid change in sexual norms as well as more exposure to social values and peer pressure, adolescents seem to have greater chances to get involved in sexual activities[4]. Besides, more adolescents seem likely to be involved in premarital

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sexual activity than those of earlier generations[5]. Since adolescents have had experimented with casual and unplanned sex activity, it is more likely that their behaviours will put them at greater risks, especially for early pregnancy and sexually-transmitted diseases (STIs) and HIV/AIDS[6]. Admittedly, these negative impacts of sexual experiences have been key public health concerns since they gravely affect adolescents, their families and society as a whole[7].

With the speedy expansion of mobile technology in developing countries, like in Thailand, hotlines are increasingly possible for reaching people of all ages, especially adolescents, even in the remotely poor areas. Since the hotline services are provided confidentially; the callers feel secured and encouraged to contact for required assistance. Besides, ensuring confidentially can reduce the barriers between the callers and service providers, especially when they find that seeking advice from friends and family is uncomfortable. More importantly, anonymity permits them to ask questions which they may not usually do face-to-face with counselors, peer educators or service providers[8-9].

Due to intrinsic Thai culture and social values, sexually-related discussions and expressions are rare and deemed a taboo in Thai society. Therefore, telephone counselling was initiated[10] to help people, especially adolescents, seeking information and advice relating to sexuality agenda. The “Hotline” counselling has been adopted worldwide as an important tool to give sexuality information and assistance to people wanting unidentified[11]. There is no doubt that the telephone counselling service is practical for several reasons: easy access, inexpensive cost, convenience, security, anonymity and, confidentiality, to name just a few. Besides, the use of telecommunications for health care purposes called ”Telehealth”, as well as clinical practices, has also increased[12].

A number of studies have revealed that telephone support delivers significant benefits, including enhanced compliance in health care[13] resource savings[14] and patients’ well-being[15].

There were few, if any, longitudinal researches of the similar nature on sexuality hotline service in Thailand, despite the prevalence of telephone counselling, both from the governmental and non-governmental bodies, i.e., the Mental Health Crisis Centre of Public Health Ministry, the Samaritan Association and other concerned organizations[16]. Thus, this longitudinal research’s objectives are geared towards generating the findings to determine the profile of adolescents calling the hotline service between the year 2003-2005. Apart from studying the callers’ problems, the research’s outcomes can be utilized as key databases and fundamental foundation for further examination and future research projects regarding sexuality counselling service.

Materials and Methods

Research Instrument

This survey research analyzed calls received from adolescents seeking advice from the past 3 years (2003-2005) from 9-3.30 pm, Monday-Friday, between January-December of each year investigated. The total calls of 322 (2003), 408 (2004) and 381 (2005) were handled by volunteers completing a 10-day counselling training programme on Sexuality Telephone and Individual Counselling Service, held at the Institute of Health Research (IHR), Chulalongkorn University, covering Knowledge and Understanding of Sexuality; Sexual Development and Behaviours; Sexual-Related Issues; Sexual

Causes and Hazards and Face-to-Face and Telephone Counselling Skills and Techniques.

The telephone counselling form for keeping necessary callers' records, i.e. (date/time of calls) and the clients' profiles (age, gender, marital status), problems encountered. In addition, key data like information or counselling service required referral cases to related professionals or for special treatment, if any. In any event, the above-mentioned records have to be executed immediately once the counselling process is done.

Results

The findings revealed that the number of calls were 322 (2003), 408 (2004) and 381 (2005) respectively. The callers' minimum age was 15 (2003), 13 (2004) and 9 (2005) whereas the maximum age was 24 in the past 3 years studied (2003, 2004 and 2005). In addition, each successive year saw an increase of women's figures to gain needed assistance to be 14.0%, 24.8% and 24.9% respectively. Worth noticing is that the number of callers with Single status has much greater proportion being 58.4% (2003), 78.7% (2004), 84.8% (2005) whereas the number of those with Married status, on the other hand, has slightly decreased to be 19.3% (2003), 12.7% (2004), 13.4% (2005), respectively (Table 1).

In the year 2003, the first three problems mostly asked ranking 1-3 were as follows: Sexual Intercourse-related problems (27.0%); Sexual behaviours (25.2%); Anatomy and Physiology of Genital Organs (17.7%) whereas in the year 2004, the first three problems mostly asked ranking 1-3 were as follows: Sexual behaviours (23.8%); Sexual Intercourse-related problems (16.2%); Anatomy and Physiology of Genital Organs (14.7%) and in the year 2005, the first three problems mostly asked ranking 1-3 were as follows: Sexual Intercourse-related problems (23.1%); STIs & HIV/AIDS (17.8%); Sexual behaviours (17.6%) (Table 2).

It is statistically evident that the two most frequently asked issues were Sexual Intercourse-related problems (27.0 % in Year 2003; 16.2% in Year 2004; 23.1% in Year 2005) and Sexual behaviours (25.2% in Year 2003; 23.8% in Year 2004; 17.6% in Year 2005) (Table 2).

Table1 Characteristics of the population (callers)

	Year 2003 (N = 322)	***Year 2004 (N = 408)***	***Year 2005 (N = 381)***
Age (year)			
Mean ± SD	20.71 ± 2.36	20.85 ± 2.34	20.59 ± 2.78
Min - Max	15 - 24	13 - 24	9 - 24
Sex			
Male	277 (86.0%)	307 (75.2%)	286 (75.1%)
Female	45 (14.0%)	101 (24.8%)	95 (24.9%)
Marital status			
Single	188 (58.4%)	321 (78.7%)	323 (84.8%)
Married	62 (19.3%)	52 (12.7%)	51 (13.4%)
Widow/ divorce	-	1 (0.2%)	-
no response	72 (22.4%)	34 (8.3%)	7 (1.8%)

Table 2 Callers problems

Type of problems	***Call (%)***		
	Year 2003 (N = 322)	***Year 2004 (N = 408)***	***Year 2005 (N = 381)***
Anatomy and Physiology of genital organs	57 (17.7)	60 (14.7)	52 (13.6)
Sexual behaviours	81 (25.2)	97 (23.8)	67 (17.6)
Mental health	9 (2.8)	10 (2.5)	12 (3.1)
Personal problems	20 (6.2)	5 (1.2)	1 (0.3)
Sexual intercourse related problems	87 (27.0)	66 (16.2)	88 (23.1)
STIs and HIV/AIDS	16 (5.0)	53 (13.0)	68 (17.8)
Contraception	19 (5.9)	51 (12.5)	42 (11.0)
Pregnancy and birth	10 (3.1)	57 (14.0)	42 (11.0)
Others	23 (7.1)	9 (2.2)	9 (2.4)
Total	**322 (100)**	**408 (100)**	**381 (100)**

Table 3 illustrated the adolescents' anatomy and physiology problems covering the following details: **Anatomy of male genital organs:** 29.8% in year 2003; 36.7/% in year 2004; 34.6% in year 2005. **Physiology of male genital organs:** 33.3% in year 2003; 46.7/% in year 2004; 44.2% in year 2005. **Anatomy of female genital organs:** 21.1% in year 2003; 15.0/% in year 2004; 7.7% in year 2005. **Physiology of female genital organs:** 15.8% in year 2003; 1.7% in year 2004; 13.5% in year 2005.

Table 4: The research findings revealed that in the year 2003, the first three problems mostly asked ranking 1-3 were as follows: Sexual Intercourse-related problems (40.8%); Sexual behaviours (38.0%); Contraception (8.9%) whereas in the year 2004, the first three problems mostly asked ranking 1-3 were as follows: Sexual behaviours (29.9%); Sexual Intercourse-related problems (20.4%); Pregnancy and Giving birth (17.6%) and in the year 2005, the first three problems mostly asked ranking 1-3 were as follows: Sexual Intercourse-related problems (28.7%); STIs & HIV/AIDS (22.1%); Sexual behaviours (21.8%).

Discussion

As far as the calling adolescents' profile is concerned, the proportion of the male to female callers is 6:1 (2003); 3:1 (2004&2005). However, the number of female callers has risen considerably from 45 (14.0%) cases (2003) to 101 (24.8%) cases (2004) and 95 (24.9%) cases (2005), respectively. This can be interpreted that the female adolescents are currently less timid and/or facing more sexuality issues than previously.

By the same token, the number of callers' with single status increased greatly from 188 (58.4%) cases (2003) to 321 (78.7%) cases (2004) and 323 (84.8%) cases (2005). While the number of those calling with married status decreased slightly. This can be implied that the sexual-related issues and problems encountered by Thai female adolescents, especially the single ones are continually rising. Surprisingly, the minimum age of adolescents calling the hotline service was significantly lower than the preceding years: only 9 years old (2005) compared with 13 years old (2004) and 15 years old (2003), respectively.

This key evidence has corresponded well with the earlier studies suggesting that Thai adolescents are currently reaching the reproductive period faster than before but they, at the same time, get married

Table 3 Callers anatomy and physiology problems

Type of problems	*Call (%)*		
	Year 2003 (N = 57)	***Year 2004 (N = 60)***	***Year 2005 (N = 52)***
Anatomy of male genital organs	**29.8**	**36.7**	**34.6**
Penis	15.8	31.7	26.9
Scrotum	12.3	3.3	1.9
Breast	1.8	-	1.9
Sperm	-	1.7	3.8
Physiology of male genital organs	**33.3**	**46.7**	**44.2**
Masturbation	29.9	41.6	42.3
Erected penis	3.5	5.0	1.9
Anatomy of female genital organs	**21.1**	**15.0**	**7.7**
Vagina	7.0	6.7	3.8
Clitoris	7.0	3.3	-
Hymen	1.8	1.7	1.9
Breast	-	1.7	-
Labia	5.3	1.7	1.9
Physiology of female genital organs	**15.8**	**1.7**	**13.5**
Menstruation	14.0	1.7	9.6
Menopause	1.8	-	3.8
Masturbation	-	-	26.9
Total	**100**	**100**	**100**

Table 3 Callers anatomy and physiology problems

Type of problems	Call (%)		
	Year 2003 (N = 213)	*Year 2004 (N = 324)*	*Year 2005 (N = 307)*
Sexual behaviours	**38.0**	**29.9**	**21.8**
Phone sex	21.1	17.6	9.8
Homosexual/ Bisexual	7.0	5.9	6.6
Voyeurism	0.9	1.2	1.3
Transvestites	0.5	1.9	1.3
Orgy	0.5	0.3	0.3
Swinging	0.5	0.3	0.3
Exhibitionism	3.3	1.9	2.0
Masochism	1.9	-	-
Sadism	0.9	-	-
Sexual intercourse-related problems	**40.8**	**20.4**	**28.7**
Premature ejaculation	11.7	8.3	9.8
Sexual desire	22.0	8.0	12.7
Sexual pain disorders	1.9	2.2	6.2
Other diseases related sexual health	0.9	0.6	-
Sexual enhancing drug	0.5	-	-
Penis enlargement	1.4	1.2	-
STIs & HIV/AIDS	**7.5**	**16.4**	**22.1**
STIs	3.8	14.5	15.0
HIV/AIDS	3.8	1.9	7.2
Contraception	**8.9**	**15.7**	**13.7**
Oral contraceptive pills	0.9	2.8	3.6
Emergency contraceptive pills	5.2	5.9	3.3
Period abstinence	1.4	2.2	0.3
Coitus Interruption	0.9	2.5	5.2
Condoms	0.5	2.2	1.3
Sterilization	0.9	0.3	-
Pregnancy and giving birth	**4.7**	**17.6**	**13.7**
Pregnancy	1.4	13.3	10.7
Infertile	-	1.5	1.0
Sexual intercourse while pregnant	3.3	0.3	1.0
Abortion	-	2.5	1.0
Total	**100**	**100**	**100**

late; thus, the average age of their first sexual intercourse endeavor is less than previously[17]. This can be attributable to, apart from mass media influences, the change of norms and social values factors[18].

The fact that a large number of calls focused on the issues of Anatomy and physiology of genital organs has implied that Thai adolescents still lack this fundamental understanding and related knowledge in these areas and, therefore, can be interpreted that some discrepancies of school teachers or course syllabus do exist.

So, it is suggested that should Thai adolescents are encouraged to have appropriate sexual development through various channels and approaches, i.e., sexuality education, parental guidance or peer assistance prior to their physical and mental development, they will certainly have better knowledge and understanding of themselves and, as a result, have less anxiety and depression.

Also, based on the data collected, Thai adolescents still have misunderstanding about their ejaculation in terms of premature ejaculation, wanting to delay their ejaculation or, in some cases, wondering if they have erectile dysfunction (ED).

Conclusively, given the type of issues and problems faced by adolescents calling the hotline service, it is still unclear as to why Sexual behaviours and Sexual intercourse-related problems are the two issues mostly consulted over the period of the year 2003-2005. It is, therefore, recommended that future researches are required to specifically focus on these two controversial issues.

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การศึกษาบริการการให้การปรึกษาปัญหาทางเพศในวัยรุ่นโดยทางโทรศัพท์ระหว่างปี 2547-2549 ณ ศูนย์พัฒนาคุณภาพชีวิต จุฬาลงกรณ์มหาวิทยาลัย

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บทคัดย่อ

งานวิจัยนี้ศึกษาการให้บริการการปรึกษาปัญหาทางเพศในวัยรุ่นโดยทางโทรศัพท์ระหว่าง ปี 2546-2548 ณ ศูนย์พัฒนาคุณภาพชีวิต จุฬาลงกรณ์มหาวิทยาลัย พบว่า มีวัยรุ่นมารับบริการการปรึกษาทางโทรศัพท์ จำนวน 322 คน ในปี 2546 จำนวน 408 คน ในปี 2547 และ จำนวน 381 คน ในปี 2548 โดยวัยรุ่นที่โทรมามีอายุต่ำสุด 15 ปี (ปี 2546) 13 ปี (ปี 2547) และ 9 ปี (ปี 2548) และผู้รับบริการมีอายุสูงสุด 24 ปี เท่ากันทั้ง 3 ปี เป็นที่น่าสนใจว่าวัยรุ่นหญิงที่โทรมาปรึกษาปัญหาทางเพศมีสัดส่วนเพิ่มขึ้นอย่างเห็นได้ชัดในแต่ละปี คือ เป็นร้อยละ 14.0, 24.8 และ 24.9 ของผู้รับบริการทั้งหมด ตามลำดับ คณะผู้วิจัยจำแนกปัญหาที่วัยรุ่นโทรมาปรึกษาออกเป็น 9 หัวข้อ ได้แก่ กายวิภาคและสรีรวิทยาของระบบสืบพันธุ์ พฤติกรรมทางเพศ สุขภาพจิต ปัญหาส่วนตัว ปัญหาที่เกี่ยวข้องกับการมีเพศสัมพันธ์ โรคติดต่อทางเพศสัมพันธ์และเอดส์ การคุมกำเนิด การตั้งครรภ์ และปัญหาอื่นๆ ซึ่งปัญหาที่วัยรุ่นโทรมาปรึกษามากที่สุดสองอันดับแรก คือ ปัญหาที่เกี่ยวข้องกับการมีเพศสัมพันธ์(คิดเป็นร้อยละ 27.0 ในปี 2546 ร้อยละ 16.2 ในปี 2547 และ 23.1 ในปี 2548) และ พฤติกรรมทางเพศ (คิดเป็นร้อยละ 25.2 ในปี 2546 ร้อยละ 23.8 ในปี 2547 และ 17.6 ในปี 2548)

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