NEEDS ASSESSMENT: SEXUAL HEALTH DECISION MAKING AMONGST THAI YOUTH AND COUNSELLORS

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Abstract

Adolescents are a unique and diverse group of individuals with varying health decision making needs. These decision making needs are particularly pronounced when one looks at sexual health. This article describes the results of a preliminary need assessment conducted with Thai adolescents and counsellors exploring the issue of sexual health decision making. The Ottawa Decision Support Framework (ODSF) formed the basis of this exploratory study. A questionnaire was developed based on this framework and administered via interviews to young Thai males and females as well as counsellors working in the area of sexual health in Bangkok, Thailand. Results reveal significant sexual health decision making needs amongst this group of young people as well as a disconnect between the adolescents' perceived needs as identified by the adolescents themselves and by the sexual health counsellors.

Keywords: Thailand, adolescents, sexual health, decision making

Introduction

The sexual health of Thai adolescents has been cited as a priority for government public health programs in Thailand. Thai adolescents are not unlike their counterparts around the world in that they are marrying later, engaging in sexual relationships earlier and thus are having multiple pre-marital partners. Engaging in multiple partnerships carries an increased risk of unwanted pregnancy, sexually transmitted infections and HIV/AIDS. Currently, the average age of marriage for Thai females is 23.5 years and 26 for males[1]. In Thailand, the HIV prevalence among 15-24 year olds is between 1.3 – 2.0 % for females and 0.9 – 1.3 % for males[1]. The Thai Ministry of Public Health cites the HIV prevalence rate of pregnant women under the age of 25 years at 1.37%[2]. Furthermore, research in Thailand reveals that consistent condom use amongst adolescents is declining[2] and over half of those who reported being sexually experienced had used the emergency contraceptive pill[3]. Research in South East Asia has called for sexual health programs that are multi-purpose, age and gender specific, and include services such as counselling, clinical services and skill development for young people[2,4]. Skills building, particularly focused on 'life skills', including critical thinking and decision making, is the foundation of both the

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UNESCO and UNICEF programs for young people[5,6]. This life skills approach can be applied to a multitude of topical issues and is applicable and relevant across cultures as evidenced by the success of these programs to date[6]. Decision making skills are included within the life skills umbrella as a component of thinking and negotiation skills.

Adolescent Sexual Health Decision Making

In Thailand the issue of adolescent sexual health decision making has not been addressed nor has it been systematically investigated. This study is thus unique in its attempt to focus on the decision making needs of adolescents and in its efforts to understand adolescent's choices before they are made. In addition, by interviewing adolescents we hope to produce results and recommendations that are relevant and responsive to their needs as they identify them. Adolescent sexual health decision making has been investigated previously. The majority of the studies have been conducted in the United States and have examined the factors that influenced adolescent's sexual health practices rather than their decision making needs, or what they needed to make better decisions in the future. Paradise and colleagues (2001) found that the decision among adolescent girls to engage in sexual intercourse was influenced by their personal values and beliefs including their beliefs about abstinence, relationships, family, religion and marriage[7]. A qualitative study of Black urban adolescent males also revealed that their sexual decision making was influenced by personal beliefs specifically their beliefs about what it means to be a man, sexual intimacy, condoms and AIDS[8]. A similar study with young inner-city adolescent females revealed that their sexual decision making was influenced primarily by pressure from others but also by their views about relationships and about men[9].

The Framework

The Ottawa Decision Support Framework (ODSF) formed the basis of this exploratory study. The ODSF is an evidence-based, transdisciplinary, conceptual framework used to guide clients in making decisions[10]. The framework provides guidance and tools to help practitioners assess decision making needs at the individual and population level, develop skills in decision support, involve their clients in the decision-making process, and support them in making informed decisions based on their values[11]. A key construct related to decisional needs is decisional conflict (uncertainty about best options) and related deficits in knowledge, values clarity, support for decision making, and resources. Important factors influencing needs are demographic factors such as age, gender, education, and income as well as the role taken in decision making.

The Ottawa Decision Support Framework distinguishes between two groups who are involved in the decision making process. The framework asserts that both the clients and the practitioners must be involved in the decision making needs assessment process in order to ensure the relevance and implementation of subsequent interventions. Therefore, included interviews with Thai adolescents and practitioners; mainly counsellors working with adolescents in the areas of health and sexual health. The rationale for interviewing counsellors in this case was to assess the congruency between what adolescents identified as their main sexual health concerns and what the counsellors perceived these concerns to be and to foster engagement in the needs assessment process in order to ensure the acceptability and use of resulting interventions.

Materials and Methods

We used a frame work-based decision making needs assessment questionnaire developed by Jacobsen and O'Connor[12] called The Ottawa Decision Support Framework (ODSF) (Table 1). The questionnaire explores various aspects of decision making and was tailored for this study to specifically address sexual health. Questions include those probing the most difficult sexual health decisions, perceived options, pros and cons of these options, significant others involved, factors that help and hinder the decision making process and unmet needs for support and/or resources as identified by the participants.

Table 1 The Ottawa Decision Support Framework (ODSF)

Assess Needs (Determinants of Decisions)	Provide Decision Support	Evaluate
Perceptions of Decision	**Provide access to information re:**	**Decision making**
Knowledge	• health situation	Reduced decisional conflict
Expectations	• options	Improved knowledge
Values	• outcomes	Realistic expectations & norms
Decisional conflict	• other's opinions and choices	Clear values
Stage of decision making		Agreement between values &c
Predisposition	**Re-align expectations of outcomes**	Implementation of decision
		Satisfaction with decision maki
Perceptions of Others	**Clarify personal values for outcomes**	
Perceptions of others' opinions & practices		
Support	**Provide guidance/coaching in :**	**Outcomes of Decision**
Pressures	• steps in decision making	Persistence with choice
Roles in decision making	• communicating with others	Improved quality of life
	• handling pressure	Reduced distress
Resources to Make Decision	• accessing support & resources	Reduced regret
Personal		Informed use of resources
Previous experience		
Self-confidence		
Motivation		
Skill in decision making		
External		
Support (information, advice, emotional, instrumental, financial, professional help) from social networks and agencies		
Characteristics		
Client: age, sex, marital status, education, occupation, culture, locale, medical diagnosis & duration, health status		
Practitioner: age, sex, education, specialty, culture, practice locale, experience, counselling style		

Participants

The target group for this needs assessment was Thai adolescents between the ages of 15-24. This needs assessment also included practitioners working with adolescents on issues of sexual health. Specifically we interviewed formal counsellors who work at various hotlines and health care centers throughout Bangkok.

Sampling

As the nature of this investigation was exploratory, purposive samples were used. The adolescent sample (n=18) was selected from two Bangkok secondary schools. The students were selected by the teacher who was given instructions to select equal numbers of male and female students, between grades 9 and 12 and whom represented a cross-section of scholastic and personal abilities. The counsellor sample (n=10) again was purposive and consisted of counsellors working in the area of adolescent health who had completed the counsellor training program at Chulalongkorn University. The counsellors were contacted through a database of past participants in the counselling program.

Results

The results are grouped by the particular questions that were given in the interviews. Each question elicits specific information related to the relevant concepts in the Ottawa Decision Support Framework.

Table 2 Agreement and Discrepancies between Adolescent and Counsellor Replies to Selected Questions

Question	Agreement	**Disagreement** what adolescents said that counsellors did not	**Disagreement** what counsellors said that adolescents did not
Most difficult sexual health decision	Pregnancy/abortion Separation from Boyfriend/Girlfriend Sexual intercourse	Buying Condoms Clothing choice/appearance Control of ones sexual feelings Friendship issues Talking with parents about sex Going out to club/disco	Contraceptive methods Pelvic exam Rape
Factors making decision difficult	Parents Worry Lacking information about options Lacking information on chances of benefits & harms Feeling pressure from others Lacking the skill or ability to make this decision	Awareness of consequences Peer pressure Unclear what is important to them Lacking information on what others would decide Lacking support from others Lacking motivation/not ready to make decision	Lacking information Need support Low self-esteem Society
Resources – How do adolescents usually go about making decision?	Talk with friends Get information on choices Get information on how others decide Find ways to handle pressure Get support	Think independently Consult parents/teachers Learn more about partner Read online Consider how important choices are	Call for counselling Get information on probability of choices
What helps decision making?	Parents Friends Information	Awareness of consequences Characteristics of partners Others Themselves	Talking with counsellors Skill Internet

Discussion

The results from this exploratory study identify some key areas for collaboration between sexual health counsellors and the young people they work with. Collaboration to promote understanding between the counsellors and the adolescents is necessary to provide responsive services and increase young people's trust in and use of counselling services.

In terms of decision support interventions based on the Ottawa Framework there are some key areas where strategies may prove useful. Specifically, decision support strategies that deal with relationships and communication within these relationships such as helping young people communicate with their partners about sex, risk and problems within their relationships. Empowering young people with the decision making capacity to evaluate whether or not to stay in a relationship may be an essential tool for building self-esteem, confidence and healthy sexual relationships.

Decision support strategies for young people need to be accessible and relevant to their lives. The use of case stories or brief vignettes based on the difficult decisions raised in this study may be helpful. These vignettes usually detail how other young people in their situations have dealt with similar issues and may be an effective way to address many of the information, values clarification and support needs of young people in an accessible format.

There are also several points that can be addressed from the counselling perspective. All of the counsellors interviewed identified a desire to receive further training in decision support interventions to improve their counselling skills. The training of sexual health counsellors is a key area for work and collaboration between the University of Ottawa and Chulalongkorn University in the future.

In summary, there are important practice implications from both an adolescent and counsellor perspective. Focusing on the decision making needs and skills of young people is a key strategy for youth sexual health programs as this type of intervention will provide adolescents with important and transferable skills. The emphasis on building the life skills of adolescents to make healthy and informed decision cannot be ignored. Young people need to be empowered with the knowledge and skills to make effective and healthy choices now and in the future.

Table 2 Agreement and Discrepancies between Adolescent and Counsellor Replies to Selected Questions (cont.)

Question	Agreement	**Disagreement** what adolescents said that counsellors did not	**Disagreement** what counsellors said that adolescents did not
What hinders decision making?	Knowledge/education Parents Partners Fear	Shame Worry Shyness Pressure Curiosity Lack of self control	Money Beliefs/Culture Not ready to make decision Lack of choices
What factors help to overcome hindrances?	Information Talking Parental/family understanding Support/help from others	Friends Adults Courage End relationship "win her heart" wait until ready partners obey parents study	Knowledge of family situation Move/escape Family counselling

Table 3 Adolescent Male and Female Responses to Selected Questions

Question	Female Response (n=10)	Male Response (n=8)
Most Difficult Decision	Sexual intercourse 5/10 Go out with friends to disco 1/10 To have a boyfriend 1/10 Abortion 2/10	To have boyfriend/girlfriend 4/8 Sexual intercourse 2/8 Buying condoms 1/8
How do adolescents feel when making this decision?	Worry 3/10 Hard decision 3/10 Hesitation 1/10 Scared 1/10 Confused 1/10 Stressed 1/10 Uncomfortable 1/10	Excited 1/8 Hard decision 1/8 Discouraged 1/8 Worried 1/8
What makes decision difficult?	Afraid of pregnancy 3/10 Aware of consequences 3/10 Worried about future 1/10 Don't know what they want (personally) 1/10 Parents 1/10 Fear 1/10 Peer pressure 1/10 Unaware of partners feelings 1 /10	Unaware of partners feelings 2/8 Don't want to hurt partner 1/8 Unwanted pregnancy 1/8
What helps adolescents make decision?	Lacking info on what others would decide 5/10 Feeling pressure from others 4/10 Friends 4/10 Lacking info about options 3/10 Lacking the skill or ability to make this decision 3/10 Themselves 2/10 Parents 2/10 Lacking info on chances benefits/harms 2/10 Lacking motivation/not ready to make decision 2/10 Others 1/10 Education/information 1/10 Awareness of consequences 1/10 Unclear what is important you 1/10 Lacking support from others 1/10	Lacking info about options 4/8 Lacking the skill or ability to make this decision 4/8 Partner 3/8 Feeling pressure from others 3/8 Information 3/8 Lacking info on what others would decide 2/8 Parents 1/8 Information/education 1/8 Lacking motivation/not ready to make decision 1/8
What hinders decision making?	Parents 4/10 Shame 3/10 Fear 3/10 Pressure 3/10 Worry 1/10 Partner 1/10 Lack of knowledge 1/10	Partner 4/8 Shyness 1/8 Lack of self control 1/8 Feelings for girlfriend 1/8 Fear 1/8 Curiosity 1/8

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การประเมินความต้องการ: การตัดสินใจในเรื่องสุขภาพทางเพศของเยาวชนไทยและผู้ให้การปรึกษา

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บทคัดย่อ

วัยรุ่นเป็นวัยที่มีลักษณะเฉพาะและมีความหลากหลายในกระบวนการตัดสินใจในเรื่องสุขภาพ การวิจัยในครั้งนี้เป็นการศึกษากระบวนการตัดสินใจในเรื่องสุขภาพทางเพศ ซึ่งเป็นการประเมินความต้องการเบื้องต้นของวัยรุ่นไทยและผู้ให้การปรึกษาในประเด็นของกระบวนการตัดสินใจในเรื่องสุขภาพทางเพศ โดยการสัมภาษณ์เยาวชนชายหญิงในกรุงเทพมหานครและผู้ให้การปรึกษาที่ให้บริการในกรุงเทพมหานคร ซึ่งแบบสอบถามได้พัฒนามาจากกรอบความคิดของ The Ottawa Decision Support Framework (ODSF) ผลการวิจัยพบว่า ความต้องการในกระบวนการตัดสินใจในเรื่องสุขภาพทางเพศของวัยรุ่นไทยโดยวัยรุ่นไทย มีความแตกต่างจากสิ่งที่ผู้ให้การปรึกษาคิดว่าวัยรุ่นต้องการ

คำสำคัญ : ประเทศไทย, วัยรุ่น, สุขภาพทางเพศ, การตัดสินใจ

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