

**HOTLINE SERVICE ON SEXUALITY ISSUES
AT CALL CENTRE FOR LIFE QUALITY ENHANCEMENT,
CHULALONGKORN UNIVERSITY**

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Abstract

The hotline service on sexuality issues at Call Centre for Life Quality Enhancement, Chulalongkorn University during January – December 2003 included 1,639 calls, from male 85.4% and female 14.6%, aged 15–66 years with the average of 29.8 ± 9.2 years. The marital status were single, married and widow/divorce 42.2, 54.2 and 3.6% respectively. The types of problem covered 12 categories as anatomy and physiology of male genital organs, anatomy and physiology of female genital organs, sexual behaviour, sexual intercourse, mental health, pregnancy and contraception. Sexual behaviour and sexual intercourse were mostly counselling topics, in addition, male problems involved erectile disorder, phone sex and sex transmitted diseases (16.2, 14.6 and 5.3% respectively) and female problems involved Call Centre services information, erectile disorder, and sex transmitted diseases (13.4, 11.3 and 7.9% respectively). The problem issues among various ages were not different, however, male youth (15–19 years) questioned about the anatomy of male genital organs more than another aged groups.

Key words: Hotline, Counselling, Sexuality

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บริการปรึกษาปัญหาเพศโดยทางโทรศัพท์ ณ ศูนย์พัฒนาคุณภาพชีวิต จุฬาลงกรณ์มหาวิทยาลัย

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บทคัดย่อ

การบริการปรึกษาปัญหาทางเพศโดยทางโทรศัพท์ ณ ศูนย์พัฒนาคุณภาพชีวิต จุฬาลงกรณ์มหาวิทยาลัย ในระหว่างเดือนมกราคมถึงธันวาคม พ.ศ. 2546 มีผู้ใช้บริการ 1,639 สาย เพศชาย ร้อยละ 85.4 เพศหญิงร้อยละ 14.6 อายุ 15 - 66 ปี เฉลี่ย 29.8 ± 9.2 ปี สถานภาพสมรสเป็น โสด คู่ และหม้าย/หย่า ร้อยละ 42.2, 54.2 และ 3.6 ตามลำดับ จำแนกปัญหาที่ปรึกษาได้ดังนี้ กายวิภาคและสรีรวิทยาของระบบสืบพันธุ์ชาย กายวิภาคและสรีรวิทยาของระบบสืบพันธุ์หญิง พฤติกรรมทางเพศ เพศสัมพันธ์ สุขภาพจิต การตั้งครรรภ์ และ การคุมกำเนิด ปัญหาด้านพฤติกรรมทางเพศ และเพศสัมพันธ์ เป็นปัญหาที่ผู้ใช้บริการปรึกษามากที่สุด โดยเพศชายปรึกษาปัญหาเกี่ยวกับการเสื่อมสมรรถภาพทางเพศ เช็กส์โฟน และโรคติดต่อทางเพศสัมพันธ์ มากที่สุด (ร้อยละ 16.2, 14.6 และ 5.3 ตามลำดับ) เพศหญิงปรึกษาเกี่ยวกับการบริการของศูนย์ฯ การเสื่อมสมรรถภาพทางเพศ และโรคติดต่อทางเพศสัมพันธ์ มากที่สุด (ร้อยละ 13.4, 11.3 และ 7.9 ตามลำดับ) ปัญหาที่ปรึกษาในแต่ละช่วงวัยไม่แตกต่างกัน อย่างไรก็ตามพบว่า วัยรุ่นชาย (15-19 ปี) ปรึกษาเกี่ยวกับสรีรวิทยาของระบบสืบพันธุ์ชายมากกว่าวัยอื่น

คำสำคัญ: สายด่วน บริการปรึกษา เพศศึกษา

สถาบันวิจัยวิทยาศาสตร์การแพทย์ จุฬาลงกรณ์มหาวิทยาลัย อาคารสถาบัน 2 ถนนพญาไท ปทุมวัน กรุงเทพมหานคร 10330

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Introduction

As viewed in the mass media, there are many sexuality related issues in Thailand, such as: pregnancy, sexual relationships, unwanted pregnancy and unsafe abortion, sexuality transmitted infections (STIs), HIV/AIDS, erectile dysfunction (ED), menopause, gay-lesbian issues and sexuality ignorance. The above-mentioned issues have significant psychological impact on individuals directly or indirectly involved. The National Statistical Report showed the number of women aged 19 or younger that gave birth was about 95,195 cases in 2003¹, and the alarming rate of abortions among Thai teenagers was tantamount to 200,000-300,000 cases per year. In addition, the statistics also showed that the number of HIV/AIDS cases during 1984-2001 was 23,411 and thereafter increased to 239,477 cases in mid 2004². According to the TEDES (Thailand Erectile Dysfunction Epidemiology Study), during 1997-1998, there was a 37.5% increase in the number of ED cases in the 40-70 year old group³.

In Thai society, the discussion of sexuality is deemed highly inappropriate due to inherent Thai culture and social values. So the inexpensive and confidential treatment as telephone counselling has been initiated⁴. The "Hotline" counselling is one of the most popular approaches that has been adopted worldwide for the past 5 years⁵. The use of telecommunications for health care purposes called "Telehealth", as well as clinical practice, has also increased⁶.

Telephone counselling service is practical since it provides easy access. The telephone as a delivery mechanism has many advantages. It has proven to be a useful interactive delivery mechanism to tailor and individualize messages, both health education and promotion methods that have shown to be effective in changing health attitudes and behaviour. It provides convenience for the individual seeking assistance while maintaining anonymity. Consequently, the callers feel more relaxed while voicing their problems. There are several positive aspects of giving counselling via telephone, such as: story remain confidential, the telephone is easily accessible and convenient. Also, this will enable the counsellor to help solve urgent matters more quickly and the intervention can vary from simple information hotlines to group counselling and complex computerized counselling⁷⁻⁹.

Arguably, the telephone counselling service is one of the most effective processes. The study on "Effectiveness of Help Line among Sociopolitical Minorities: A View from Both Sides of the Line" found that the help line presents a suitable and preferred mode of help among the Arabic-speaking population in Israel. It suggests that seeking help through

the use of telephone can ensure the caller a safe interaction. The caller can decide when to stop and feel that they retain a sense of control¹⁰. Telephone counselling can be found effective for some circumscribed problems, i.e., smoking cessation¹¹.

In Thailand, despite the prevalence of telephone counselling services, both government and private agencies, i.e., the Mental Health Crisis Centre of Ministry of Public Health, the Samaritan Association, there are few studies on the statistics and profiles of people calling for services on issues related to sexuality.

Therefore, this research aims to study the statistics and profiles of those calling for counselling services on issues related to sexuality at the Call Centre for Life Quality Enhancement, Centre for Sexuality Research and Development, Institute of Health Research, Chulalongkorn University. The research findings are to be utilized as significant database and fundamental foundation for sexuality counselling service and stepping stone for future research projects.

Materials and Methods

Research Instrument

This research surveys the counselling hotline service data of the clients calling for counselling services (at the Call Centre for Life Quality Enhancement, Centre for Sexuality Research and Development, Institute of Health Research, Chulalongkorn University) from 09.00–15.30 Hrs. Monday–Friday, between January–December 31, 2003. The providers of counselling are volunteers completing a 10-day training programme on Sexuality Telephone and Individual Counselling Service held at Institute of Health Research, Chulalongkorn University. The training programme covers the areas of: Knowledge and Understanding of Sexuality; Sexuality Behaviour and Development; issues related to Sexuality, Sexuality Causes and Hazards and Face-to-Face and Telephone Counselling Skills and Techniques.

Telephone counselling form for keeping record of the calls (date, time) and the client profiles, i.e., age, gender, marital status, issues. The telephone recording form also includes necessary details, i.e., the kind of counselling services provided to the clients; whether there are any cases that need to be referred to the appropriate professional for special treatment. In any event, it is important to record as soon as the telephone counselling is completed.

Data Analysis

The statistical software, SPSS for Window Version 11.0 was employed in data analysis. Comparisons among groups were performed with χ^2 -test.

Results

Sixteen thousand and thirty nine calls were received, 85.4% from men and 14.6% from women (1400 calls and 239 calls respectively). The ages ranged from 15 – 66 years with the average of 29.80 ± 9.24 years. The marital status were 42.2% single, 54.2% married and 3.6% Widow/Divorce (440, 565 and 30 calls respectively).

The types of problem were categorized as anatomy and physiology of male genital organs, anatomy and physiology of female genital organs, sexual behaviour, sexual intercourse, mental health, pregnancy, contraception and others. The first three categories most frequently asked by the callers were as follows, sexual intercourse-related problems i.e. erectile dysfunction (26.2%), sexual behaviour i.e. sex phone (22.9 %) and STIs & HIV/AIDS (8.4%). Based on gender, the first three problems most frequently asked by male callers were erectile disorder (16.2%), phone sex (14.6%) and STIs (5.3%) respectively. In the same token, female problems involved Call Centre services information, erectile disorder, and sex transmitted diseases (13.4, 11.3 and 7.9% respectively) (Table 1).

Table 1 Caller's Problems and Gender (N=1,639)

Types of Problems	no. of calls (%)		
	Male	Female	Total
Anatomy of male genital organs	70 (5.0)	6 (2.5)	76 (4.6)
Penis	55	4	59
Scrotum	14	2	16
Breast	1	-	1
Physiology of male genital organs	50 (3.6)	9 (3.8)	59 (3.6)
Masturbation	36	7	43
Sperm	10	2	12
Prostate gland	2	-	2
Erected penis	1	-	1
Andropause	1	-	1

Table 1 Caller's Problems and Gender (N=1,639) (cont.)

Types of Problems	no. of calls (%)		Total
	Male	Female	
Anatomy of female genital organs	33(2.4)	8(3.3)	41 (2.5)
Vagina	21	8	29
Clitoris	7	-	7
Hymen	3	-	3
Breast	2	-	2
Physiology of female genital organs	17 (1.2)	11 (4.6)	28 (1.7)
Menstruation	9	5	14
Menopause	8	3	11
Masturbation	-	3	3
Sexual Behavior	365 (26.1)	28 (11.7)	376 (22.9)
Phone Sex	205	-	205
Homosexual	53	10	63
Voyeurism	25	2	27
Transvestites	18	3	21
Orgy	18	6	24
Swinging	16	2	18
Exhibitionism	12	3	15
Bisexual	7	-	7
Incest	7	1	8
Zoophilia	3	1	4
Masochism	1	-	1
Mental Health	45 (3.2)	7 (2.9)	52 (3.2)
Anxiety	35	2	37
Low self-esteem	4	1	5
Loneliness	4	3	7
Antipsychotic Drugs Usage	2	1	3
Personal Problems	88 (6.3)	22 (9.2)	110 (6.7)
Marriage	39	13	52
Social Adaptation	35	7	42
Communications	9	-	9
Bringing Up Children	5	2	7

Table 1 Caller's Problems and Gender (N=1,639) (cont.)

Types of Problems	no. of calls (%)		
	Male	Female	Total
Sexual intercourse-related problems	371 (26.5)	58 (24.3)	429 (26.2)
Erectile dysfunction	227	27	254
Sexual desire	45	10	55
Orgasm disorder	38	5	43
Oral sex	17	5	22
Loss of Libido	16	4	20
Sodomy	14	4	18
Sexual pain disorder	12	3	15
Sex toy	2	-	2
STIs & HIV/AIDS	114 (8.1)	23 (9.6)	137 (8.4)
STIs	74	19	93
HIV/AIDS	40	4	44
Contraception	63 (4.5)	15 (6.3)	78 (4.8)
Oral contraceptive pills	17	5	22
Emergency Contraceptive pills	17	2	19
Periodic abstinence	12	5	17
Coitus Interruption	10	2	12
Condoms	6	1	7
Injectable contraceptive	1	-	1
Pregnancy and Giving Birth	62 (4.4)	11 (4.6)	73 (4.5)
Pregnancy	37	8	45
Infertile	14	2	16
Sexual intercourse while pregnant	9	1	10
Abortion	2	-	2
Others	122 (8.7)	41 (17.2)	163 (9.9)
Drug abuse	27	3	30
General Health	17	-	17
Doctors appointment	8	-	8
Call Centre Information	66	32	98
Others	4	6	10
Total	1,400	239	1,639
	1,400	239	1,639
	(100.0)	(100.0)	(100.0)

Table 2 described the types of problems among the callers varied by age groups.

The first three problems most frequently asked by those who are 19 years old or younger were: sexual behaviour (22.9%), sexual intercourse-related problems (15.7%) and physiology of male genital organ (12.9%).

The first three problems most frequently asked by those who are 20–29 years old: sexual intercourse-related problems (26.5%), sexual behaviour (21.7%) and STIs & HIV/AIDS (10.2%).

The first three problems most frequently asked by those who are 30–39 years old: sexual intercourse-related problems (32.9%), sexual behaviour (25.6%) and personal problems (9.1%).

The first three problems most frequently asked by those who are 40–49 years old: Sexual Behaviour (29.9%), Sexual intercourse-related problems (24.1%) and STIs & HIV/AIDS (10.3%).

The first three problems most frequently asked by those who are 50–59 years old: sexual intercourse-related problems (28.6%), sexual behaviour (19.0%) and STIs & HIV/AIDS (14.3%).

The problem issues among various ages were not statistically different, however, male youth (15–19 years) questioned about the anatomy of male genital organs more than another aged groups.

Table 2: Caller's Problems and Age Range (N=1,017)

Types of Problems	Age					
	≤ 19	20–29	30–39	40–49	50–59	≥ 60
	Calls (%)	Calls (%)	Calls (%)	Calls (%)	Calls (%)	Calls (%)
Anatomy of male genital organs	6(8.6)	23(4.8)	16(4.9)	3(3.4)	4(9.5)	1(10.0)
Physiology of male genital organs	9(12.9)	18(3.8)	10(3.0)	1(1.1)	1(2.4)	1(10.0)
Anatomy of female genital organs	-	14(2.9)	2(0.6)	5(5.7)	-	-
Physiology of female genital organs	1(1.4)	10(2.1)	3(0.9)	2(2.3)	1(2.4)	1(10.0)
Sexual Behavior	16 (22.9)	104(21.7)	84(25.6)	26(29.9)	8(19.0)	-
Mental Health	4(5.7)	13(2.7)	9(2.7)	1(1.1)	-	-
Personal Problems	6(8.6)	28(5.8)	30(9.1)	4(4.6)	3(7.1)	1(10.0)
Sexual intercourse-related problems	11(15.7)	127(26.5)	108(32.9)	21(24.1)	12(28.6)	3(30.0)
STIs & HIV/AIDS	4(5.7)	49(10.2)	19(5.8)	9(10.3)	6(14.3)	1(10.0)
Contraception	6(8.6)	24(5.0)	9(2.7)	2(2.3)	1(2.4)	-
Pregnancy and Giving Birth	2(2.9)	24(5.0)	12(3.7)	2(2.3)	1(2.4)	1(10.0)
Others	5(7.1)	46(9.6)	26(7.9)	11(12.6)	5(11.9)	1(10.0)
Total	70 (100.0)	480 (100.0)	328 (100.0)	87 (100.0)	42 (100.0)	10 (100.0)

Discussions

Given the total number of calls totaled 1,639, covering 1,400 male (85.4%) and 239 female (14.6%), respectively, and the age range of the callers is between 15–66 years old; the average age of the callers is 29.28 years old; and the marital status of the callers being single 42.2 %; married 54.2 %; and widow/divorce 3.6%. it is evident that sexuality issues are common issues for most people regardless of age, gender or marital status. The results also highlighted the fact that not only married people but single ones have had sexuality issues.

Furthermore, the number of men calling the hotline services was six times as much as women has clearly emphasized the fact that the figures did correspond with Thai social values, culture and tradition in the sense that men are generally having more freedom of expression than women in sexual matters and discussions. It can also be interpreted that Thai men are having more pre-marital relationships without being condemned or criticized by society

This does not mean that the sexual problems among women are less significant than those of men. It is most likely that social values and Thai culture have greatly discouraged women from being involved in all forms of sexual expression.

Therefore, this kind of attitude and behaviour can certainly lead to an increase in more sexuality problems among Thai men than women. Based on the research project conducted in the Northern part of Thailand, the study found that Thai men who are single think that it is not unusual to have sexual intercourse with prostitutes¹².

At the same time, judging from the number of calls from both men and women, sexual intercourse-related issues seem to be the most frequently asked questions, especially Erectile Dysfunction problems. Aytac (1999) reported that ED is regarded as the most crucial problem experienced by men all over the world¹³. In the year 1995, a survey on ED among Asian men showed that 87 million men were suffering from ED problems. It is predicted that in 2025, this number will increase to 200 million men which is equivalent to an approximately 130% increase in ED

Therefore, it is not surprising that more people are calling for sexuality counselling services. Unfortunately, less than 1% of the men would come to see the doctor themselves, despite the fact that the ED problem has, to a greater extent, resulted in family problems, self confidence and dignity. Above all, more than 41% of those experiencing ED problem would keep this problem to themselves¹⁴.

The frequently asked question second to the sexual intercourse-related problems is about sexual behaviour (i.e., sex phone; homosexual problem). Given the large number of calls being 376 (22.9%), it is alarming that nearly a quarter of all calls were concerning Sexual Deviation problems. It can be concluded that Thai society is now encountering the problems which will be quite serious in the future.

The next frequently asked questions were STIs & HIV/AIDSs which covered the 137 calls (8.4%). Interestingly, even though Thailand, one of the few countries in the world that has been actively and successfully in its fight against these deadly serious problems for approximately over the past 10 years, however, it seems that these problems have now come to life to be unconquered. If the individuals and parties concerned want to reduce the number of STIs & HIV/AIDS infected cases, new approaches have to be initiated and carried out (i.e., more pro-active campaigns and assistance from the government and private sectors are required).

Last but not least, of all the problems being faced by the callers of all ages, sexual intercourse-related problems were most prevalent. The problems rank number 1 among callers of age ranges between 20-29; 30-39; 50-59; and 60 years old or over. However, for those 19 years old or younger as well as 40-49 years old, sexual behaviour problems are ranking number 1 to be mostly asked. This implies that those who are 19 or younger are in the stage and process of searching for their self-identity or self development. However, it is unclear as to why those whose ages 40-49 are placed in the same league as those who are 19 or younger.

Conclusion

Unfortunately, while the sexuality issues in Thailand have been on the rise, in terms of quantity and intensity, organisations ready to provide required counselling services and assistance to affected people are extremely limited. Besides, those organisations and agencies available seem to have insufficient resources. To address the issues properly and effectively, it is necessary to acquire cooperation and encouragement from individuals and parties concerned, i.e., the government and private sectors, non-governmental organisation (NGOs), educational institutions, professional specialists and, especially, the public in general.

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