

# REPRODUCTIVE AND SEXUAL HEALTH PROBLEMS: REPORTED BY BANGKOK'S TELEPHONE HOTLINE

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**ABSTRACT:** This descriptive study uses data collected by the Hotline Counselling Centre, College of Public Health Sciences, Chulalongkorn University, Bangkok, Thailand. The Centre has been operating since 1996 to counsel persons who have sexual problems. The service is free of charge. The objective of this paper is to examine reproductive and sexual health problems reported by the telephone hotline's counselling service in 2008. Data was collected and analyzed from the paper record form of the institute. Results include 1,284 cases from this resource service, especially, from those who preferred not like to talk about their sexual problems face to face. This service protects clients' privacy and confidentiality. The analysis finds that the majority of people (sixty percent) who consult the service were males between the ages of 13-72 years with an average of  $28 \pm 8.8$ . The majority of problems reported by males were related to sexual intercourse/sexual relationship (31%), and or sexual behavioral/ attitude which is against social norms (17%). Most females reported problems related to pregnancy (26%), family and relationship (17%), contraceptives (15%) and sexual intercourse/sexual relationship (9%). Sexual intercourse problems included sexual dysfunction, such as erectile dysfunction, premature ejaculation, unbalance of sexual desire, sexual response/ arousal/ stimulation problems, as well as orgasm. The results did not differ significantly from the last decade as the lack of knowledge, beliefs and behaviors are not sensible/useful for their situation or social norms. The only significant difference is in the source of information of the telephone numbers for the service. Through the past 10 years most people have learned about the service through a mass media campaign that included newspapers, magazines, TV and radio. But, nowadays most people have learned about the service from the internet and other hotline services. The findings draw the policy makers' attention to improving these types of counselling services in order to reduce the sexual health vulnerability among Thai especially youth and adolescents.

**Keywords:** Telephone counselling, Sexual problem, Sexual health, Reproductive health hotline

## INTRODUCTION

There are types of sexual problems in Thailand among the general population across age groups, social-economic status and in both urban and rural areas. The roots of problem include lack of knowledge or sex education, misunderstanding sexual matters or their behaviours did not meet family or societal expectations. Many people who face sexual problems do not have the resources to address or solve their own problem appropriately or

cannot access people or services that could help them. Culture and society shape and socialize members to believe sexual issues are dirty, rude, naughty and disrespectful. Sexual issues are closed, not discussed, kept in private and not shared easily. These beliefs and values about sexual attitudes in society indicate that anonymous sexual counselling through the telephone hotline is an appropriate means for providing services to people who face sexual problems. Providing services in an urban society or big city like Bangkok is often preferred because persons can maintain their anonymity as their identity is protected. Providing services in this

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way also saves time and money for transportation or other expenses for services.

There are many people who use the telephone hotline for any problem including health problems as the "Health line" received approximately 5,000 calls per day [1], the majority of which was about topics related to sex and sexuality. Furthermore, the Department of Mental Health, Ministry of Public Health's hotline receives more than 5,000 calls per day. The top 8 out of 10 topics are about sexual issues [2] including, same sex relationships, sexual dysfunction and sexual satisfaction. These services are provided through an automatic answering machine, which is classify by topic and provide only the knowledge for callers. There are no human beings answering the phones. It is one way information, and cannot be counselling services. Sexual issues are important in daily social life of people. It is also important to their health regarding the incidence of disability and the mortality of Thai population that is caused by sexual behavior which is the first cause of disability adjusted life years (DALYs) [3] in Thailand.

Centre of Sexuality Research and Development, Chulalongkorn University have been raising this concern and need for hotline telephone counselling and individual counselling services since 1986 [4], especially for helping people who become stressed and want help making lifestyle changes including how to make sound decisions. These services include giving them sexual information, advise for healthy sexual practices and how to decrease sexual health risks.

#### **SEXUAL COUNSELLING SERVICES PROVIDED BY THE CENTRE OF SEXUALITY RESEARCH AND DEVELOPMENT, CHULALONGKORN UNIVERSITY**

The counselling environment ideally is a space where clients can openly discussion their problem with a counsellor privately and confidentiality. It is a process in which a person is helped to explore the situation and find solution or answers for problem by themselves. The client can find strategies for choosing behaviors to adjust or improve the problem/situation. The objectives of counselling process are for clients to exploring opportunities for themselves, understanding themselves and make their own decision. Sometime clients can be transferred to other services for more effective outcomes.

The counselling on sexuality through the Centre for Counselling for Quality of life, Centre of Sexuality Research and Development provided two kinds of services, which are the telephone hotline

which is available week days between 9.00 a.m. and 3.30 p.m., and individual counselling by appointment. These services are free of charge and clients may be referred to other clinics or organizations when needed.

This study aim to study the variety of problems from hotline which clients of Centre for Counselling for Quality of life, Centre of Sexuality Research and Development, College of Public Health Sciences, Chulalongkorn University, were seeking for solving their problems between January 1 to 31 December 2008.

#### **METHODOLOGY**

The study examines the characteristics and kinds of problem on sexuality from all paper records form of Centre for Counselling for Quality of life, Centre of Sexuality Research and Development, College of Public Health Sciences, Chulalongkorn University. Data was collected from all records in year 2008. All clients who called this centre will be recorded which was written in a sheet form collecting information of clients such as gender, time of calling, sources of information of telephone number, reason for calling and etc.

#### **RESULTS**

In 2008, 1,284 calls were made of which 60% were males 39% were female and 1% identify themselves others or homosexual. Their ages were between 13-72 years of which approximately half were between 20-29 years, adolescents (less than 19 year old) were 9%, and elderly (more than 60 year old) were 6%. The mean is  $28.8 \pm 8.8$  years.

Nearly half of the clients were single (49%), one-fourth were married (25%) and the remainder (26%) included persons who cohabited, were widowed and separated (Table 1).

Most clients found the hotline telephone number from the internet, website or yellow pages (35%).

The services clients want information about or counselling were about sexual relationships 22.2%, pregnancy 17.2% family problems and life 10.8%, and other health problems 6.57% (Table 2).

Most males asked about: sexual relationship 31% and issues or sexuality which is against social norms 17 %, while females wanted to know about pregnancy 26%, family and life 17%, contraception 15% and sexual relationships/ sexual intercourse 9% as shown in Table 2.

Sexual relationship/ intercourse problems can include any problems related to erectile dysfunction, premature ejaculation, delayed ejaculation,

**Table 1** Telephone hotline clients characteristics (n= 1,284)

	Number	Percent
<b>Gender</b>		
Female	502	39.1
Male	776	60.4
Others and not known	6	0.5
<b>Marital status</b>		
Single	624	48.6
Married	320	24.9
Cohabiting	95	7.4
Relationship, not living together	123	9.6
Widow / widower	8	0.6
Divorced	5	0.4
Married before, single now	15	1.2
Do not know	94	7.3
<b>Age (years)</b>		
Less than 19	111	8.6
20-29	659	51.3
30-39	305	23.8
40-49	103	8.0
50-59	35	2.7
60-69	7	0.5
More than 69	64	5.0
<b>Sources for hotline telephone number</b>		
Telephone call centre	213	16.6
Hotline centres from different services	192	15.0
Service centres from different organization	25	1.9
Internet, website	445	34.7
Mass media	196	15.3
Friends / girl-boyfriends, relatives	103	8.0
Not know	110	8.6

**Table 2** Percent of sexual problems by gender and type of problems (n = 1,284)

Sexual problem	Female	Male	Other gender	Total
Male sexual organs, physiology	0	4.5	-	2.7
Female sexual organs, physiology	1.8	0.6	-	1.1
Sexual development & response	1.6	1.5	25.0	1.6
Pregnancy	25.9	11.7	-	17.2
Infertility	1.8	0.5	-	1.0
Contraception	15.3	5.8	-	9.5
Abortion/ induced abortion	2.2	0.4	-	1.1
Menstruation	3.6	0.9	-	2.0
Menopause, PMS	1	0.1	-	0.5
Female sexual health problems	7.4	2.1	-	4.1
Male sexual health problems	0.6	4.1	-	2.7
Sexual relations/ intercourse	8.8	30.8	25.0	22.2
STIs	0.4	2.6	-	1.7
HIV/AIDS	1.8	3.1	25.0	2.7
Sexuality which is against social norms	1.0	16.8	-	10.5
Family and life	16.5	7.1	25.0	10.8
Other health problems	7.4	5.9	-	6.5
Other	3	1.5	-	2.1
Total	100.0	100.0	100.0	100.0

no ejaculation, imbalanced sexual desire, communication problems among partners, sexual arousal and stimulation, foreplay, orgasm, being ready for sexual intercourse.

Analysis of the problems by age group found

that most adolescents (callers less than 19 years) want to know about pregnancy 33.3%, sexual relationship 15.3%, and contraception 10%. Similarly to those aged 20 – 29 years who were interested in sexuality which is against social

**Table 3** Percent of sexual problems by age group. (n = 1,284)

No of cases, n	Age group (year)							Total
	<19	20-29	30-39	40-49	50-59	60-69	>69	
	111	659	305	103	35	7	64	1,284
Male sexual organs, physiology	2.7	2.6	2.6	1.9	5.7	0.0	4.7	2.7
Female sexual organs, physiology	4.5	0.8	1.3	0.0	0.0	0.0	0.0	1.1
Sexual development	5.4	0.5	1.3	1.9	0.0	0.0	4.7	1.4
Sexual response	0.9	0.0	0.3	0.0	0.0	0.0	0.0	0.2
Pregnancy	33.3	21.2	10.5	3.9	2.9	0.0	12.5	17.3
Infertility	0.0	0.8	2.6	0.0	0.0	0.0	0.0	1.0
Contraception	9.9	14.0	4.6	1.0	0.0	0.0	6.3	9.5
Abortion	0.0	0.6	1.0	1.0	0.0	0.0	1.6	0.7
Induced abortion	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.4
Menstruation	2.7	2.6	1.0	1.0	2.9	0.0	0.0	1.9
P.M.S	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.2
Menopause	0.0	0.0	0.0	0.0	11.4	0.0	0.0	0.3
Female sexual health problems	5.4	4.2	4.9	2.9	2.9	0.0	0.0	4.1
Male sexual health problems	3.6	2.3	4.6	1.0	2.9	0.0	0.0	2.7
Sexual relations/ intercourse	15.3	18.4	31.1	27.2	22.9	28.6	20.3	22.1
Sexuality which is against social norms	5.4	11.7	9.2	11.7	5.7	0.0	17.2	10.6
Family and life	3.6	7.0	13.1	32.0	25.7	57.1	4.7	10.8
STIs	1.8	2.3	1.6	0.0	0.0	0.0	0.0	1.7
HIV/AIDS	0.9	3.0	2.6	1.0	0.0	0.0	6.3	2.6
Other health problems	4.5	5.8	5.6	12.6	17.1	14.3	4.7	6.5
Other	0.0	1.4	2.0	1.0	0.0	0.0	17.2	2.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

norms (11.7%) and family and life (7%) as well.

Most problems among 30-39 years olds were related to sexual relationship 31.1%, family and life (13.1%) and pregnancy 10.5%. Problems in the age groups between 40 and 69 years were similar regarding family and life and sexual relationship. Persons above age 70 years expressed that most problems were about sexual relationship 20.3%, sexuality which is against social norms 17.2% and pregnancy (of their grand children) 12.5% as shown in Table 3.

## DISCUSSION AND CONCLUSION

The comparison with the records from 1999 to the 2008 data of this Centre for Counselling for Quality of Life, Centre of Sexuality Research and Development found similarities, such as most clients were male, the average age was  $29.97 \pm 9.7$  and were single. The proportion of adolescents and youth under 25 year was 33.1% which is higher than that of the years 2003-2005, when it was 14-24.9% [5].

When comparing the types of problems since 1997 [6], there are similarities related to sexual relationship, pregnancy, contraception, and family and life. Similarities were also related to. Sexuality which is against social norms of sex phone (caller used service for their sexual fantasy) and sexually transmitted diseases and HIV/AIDS, physical

problems related in sexual organs, stress on their environment, and same sex relationships.

The most significant differences from the last decade were the sources of information for hotline telephone number. Over the past 10 years clients learned more information from media sources, such as newspapers, radio and magazines; the next source was friends and lovers. Even though societal changes have introduced more modern internet technology, they still lack basic knowledge of sexual health issues. Most of questions were the same related to menstruation, contraception, and condom use which are the same as over 10 years ago [7, 8]. The problems males have continue to be related to sexual intercourse as the social expectation for males to have success on sexual acts. Sexuality which is against social norms as obscene phone call by talking about their sex for their sexual pleasure on the phone or sex phone still high and bother counselor as feeling been abused. One of the origins of problems is still based on gender and power relations. This information are confirm sexuality and sexual health issues need to improve these types of counselling services. As people in any age group still have sexual problem and needs someone who know the knowledge of human sexuality and counseling skills to talk to [9]. These issues related to their private life which is secret and difficult to discourse to anybody

including their partner. If government and related organizations concern in this sexual and reproductive health and rights for people to lean for their well being and get services for their health and relationship, should consider to extend and improving the services for any vulnerable people especially youth.

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