

SEXUAL BEHAVIORS AND OPINIONS ON SEXUALITY OF ADOLESCENTS IN A SLUM COMMUNITY IN BANGKOK

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Abstract. This study was a survey research aiming to investigate sexual behaviors and opinions on sexuality of adolescents in a slum community. The study group comprised of 377 adolescents aged 12-22 years in a slum community in Bangkok randomly selected, and data were collected using self-administered questionnaires. Results indicated that 18.8% of the adolescents were sexually experienced with the average age of 15 years old at first intercourse. 63.1% of the adolescents had unprotected sexual intercourse with lovers or friends. Almost one-third of the population believed that premarital sexual activity was acceptable. One-sixth of the adolescents agreed that having sexual intercourse with a lover is safe, assuming that they had trustworthy partners and that having sexual intercourse was the best way to prevent their lover from having sexual activities with other partners. In addition, gender and age range were found to be the factors that significantly related to the adolescents' opinions that premarital sexual activity was acceptable and having sexual intercourse with a lover was safe ($p < 0.05$), whereas the relationship between the opinions and education level was statistically insignificant. It is recommended that familial, academic, community and public health support are necessary in educating the adolescents on reproductive health and family planning in order to reduce high risk behaviors associated with acquiring HIV and other STDs.

INTRODUCTION

Presently, adolescents are categorized as a risk group for acquiring sexually transmitted diseases (STDs) (Anonymous, 1994) due to the curious and experimental nature and as they begin to develop sexual desires (Steinberge, 1993). Sexual activity among adolescents was found to increase in developing countries (Hedberg *et al*, 1998). This was endorsed by the World Health Organization report, which found that 50% of new HIV infected patients globally were in the 10-24 year old age range (WHO, 1989). These adolescents included those who were outside education systems, those with inferior social opportunity, and youth laborers, all of whom were at greater risk for acquiring STDs, especially HIV/AIDS, than subjects in other groups (Cates and Pheeters, 1997, unpublished paper).

This study was, therefore, a survey research to investigate opinions about sexuality and sexual behaviors of adolescents with inferior social opportunities. Klong Toey community was selected for this survey because it is a slum community with the majority of its population being low-income and facing problems of poverty, employment insecurity and a lack of land ownership because the Port Authority of Thailand has rights on the land (Office of the Prime Minister, 1994). This study aimed to survey risky sexual behaviors and opinions on sexuality of adolescents in Klong Toey to reduce high-risk behaviors among disadvantaged youths.

MATERIALS AND METHODS

The study group was randomly recruited from 14,800 teenagers in Bangkok's Klong Toey community. A study group of 375 was determined by using Taro Yamane Table. The researcher, however, conducted additional surveys giving a sample size of 377. The error of the

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study group was determined to be 0.05.

Sampling method

A cluster stage random sampling technique was utilized. Randomly selected subjects from 25 communities in Klong Toey district obtaining a total of 23 communities. In sampling of community populations, systematic random sampling was adopted to determine the ratio of the populations in the communities. Sampling of household subjects was done by determining the ratio and sample size of the subjects by systematic random sampling obtaining the ratio of 1:9.

Instruments

Questionnaires on demographical data and on sexual behaviors and opinions about sexuality of adolescents were employed in this study.

Data analysis

The data were analyzed using the SPSS PC program by dividing the analysis as follow: frequency distribution, percentage, mean, and standard deviation were obtained in analysis of demographical data and sexual behaviors of the study groups. Chi-square test was employed in analysis of opinions on sexuality.

RESULTS

General characteristics of the study group

As shown in Table 1, the ratio of female to male subjects is 1.5: 1. The average age was 16 years old with 19.1 % of the subjects in the 14-17 years old range and 37.7 % of the subjects in the 18-22 years old range. The ratio of adolescents inside education systems to those outside education systems was 2.5:1.

Sexual experiences of adolescents

The result indicates that 81.2% of the study group never had sexual experiences, while 18.8% of that had sexual experiences with the average age of 15 years old at first intercourse.

Sexual partners and uses of condom during sexual activities

Sexual partners of the sexually active adolescents mainly comprised of their lovers (70.5%). When having sexual intercourse with their lovers, 63.1% of the subjects did not use condoms, while only 12.3% always used condoms. When having sexual intercourse with friends, 42.8% of the subjects did not wear condoms, 28.6% always used condoms. However, when having sexual intercourse with pros-

Table 1
Demographical data.

Variables	Number	%
Gender		
Male	166	44.0
Female	211	56.0
Age		
12-13 years old (Early teenage)	72	19.1
14-17 years old (Mid teenage)	163	43.2
18-22 years old (Late teenage)	142	37.7
Mean (\bar{x}) = 16.0	377	100.0
Standard deviation = 3.02		
Education background		
Studying both inside and outside conventional education systems	272	72.1
Not studying	105	27.9

Table 2
Percentage of partners whom the adolescents had sexual activities which classified by percentages of frequency of condom uses.

Sexual partners of the adolescents (No. of subjects)	Frequency of condom uses during sexual activities		
	Always used (%)	Occasionally used (%)	Never used (%)
Lovers (50)	12.3	24.6	63.1
Friends (14)	28.6	28.6	42.8
Female/male prostitutes (7)	71.4	14.3	14.3

titutes, the majority of the subjects always used condoms, while only 14.3% of those never used condoms during sexual intercourse as shown in Table 2.

Opinions on sexuality of adolescents

70.6 % of the study population believed that having premarital sex was unacceptable. 84.9% of the adolescents disagreed that having sexual intercourse with a lover is safe, reasoning that they did not trust their lovers or that they did not know if their partners had STDs. Only 15.1% of the adolescents agreed with the opinion, reasoning that their partners were trustworthy or that it was the best prevention from their partners having multiple sexual partners.

Opinions on the risk for acquiring sexually transmitted diseases

74.8 % of the population believed that they were not at risk for STDs because they never had sexual experiences. 7.4 % believed that they were at risk for STDs because they had unprotected sexual intercourse with their lovers or friends until present time and their lovers or friends also had unprotected sexual intercourse with other partners. However, 17.8% of the subjects were unsure of such risk even though they had unprotected sexual experiences.

Factors relating to the opinions on sexuality of the adolescents

The factors that significantly related to the opinions of the adolescents that 'having sexual intercourse with a lover is safe' included gender

($p=0.000$) and age range ($p=0.0002$) (Table 3).

The factors that significantly related to the opinions of the adolescents that 'having premarital sexual activities are acceptable' included gender ($p=0.0002$) and age range ($p=0.0002$) (Table 4).

DISCUSSION

The study results found that one-fourth of teenagers were sexually experienced with the average age of 15 years at first sexual intercourse. This corresponds to a study, which found that the majority of adolescents in slum communities became sexually experienced between the ages of 14-16 years of age (Kanungsukaseam, personal communication). Interestingly, adolescents who had sexual intercourse with lovers or friends did not wear condoms, believing that their partners were trustworthy and that it was the way to prevent their partners from having sexual activities with other people. Consequently, the adolescents in this slum community were at a high risk for acquiring and spreading HIV and other STDs, which corresponds with the WHO report that found that teenagers under the age of 20 years old in developing countries are a risk group for acquiring STDs, especially HIV/AIDS (Reid, 1994).

Almost one-third of the adolescents believed that premarital sexual activity is acceptable. These opinions reflect the tendency of the adolescents in the slum community to have liberal sexual attitudes. Furthermore, teenagers typi-

Table 3
Factors relating to the opinion that having sexual intercourse with lovers is safe.

Variables	Opinion that having sexual intercourse with lovers is safe		p-value of χ^2
	Agree (%)	Disagree (%)	
Gender			
Male	11.4	32.6	
Female	3.7	52.3	0.000
Age			
12-13 years old (Early teenage)	4.0	14.9	
14-17 years old (Mid teenage)	8.7	34.3	
18-22 years old (Late teenage)	2.4	35.7	0.0002

Table 4
Factors relating to the opinion that having premarital sexual activities are acceptable.

Variables	Opinion that having premarital sexual activities are acceptable		p-value of χ^2
	Agree (%)	Disagree (%)	
Gender			
Male	17.5	12.0	0.0002
Female	11.9	58.6	
Age			
12-13 years old (Early teenage)	4.0	14.8	0.0002
14-17 years old (Mid teenage)	8.8	34.5	
18-22 years old (Late teenage)	16.6	21.3	

cally imitate the behaviors of their peer group, which can increase risky behavior (Brown, 1990). Such sexual attitudes might be used to predict incidence of illness among adolescents with high-risk sexual practices. These facts emphasize that teenagers in this community are potentially at high risk for acquiring AIDS and other STDS. Furthermore in Thai societies, discussion about sexuality is taboo, especially among young women. Because of the culturally sensitive nature of sexual health, Thai adolescents face limited information and knowledge of reproductive health and health service provisions.

For these reasons, the pattern of health care service provision should be promptly improved by increasing services to support education on reproductive health, reproductive system diseases, proper sexual practices, prevention of STDs, and family planning. Health facilities and community organizations need to be coordinated in preparing and integrating such courses into school teaching to suit the actual problems of the adolescents in the slum community. Health care providers need to be trained for the specific needs of adolescents in terms of health service provisions and information on safe sex practices and family planning. Moreover, health professional should provide familial support and communication should be promoted among the parents of these adolescents to reduce the sex taboo associated with Thai culture.

ACKNOWLEDGEMENTS

We thank the Thailand Research Fund (TRF) and WHO Thailand for funding the study. We specially wish to acknowledge Dr EJ Love for their kindness and guidance for his project.

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