CHAPTER I

BACKGROUND AND SIGNIFICANCE

1.1 Introduction

Healthy development of adolescents is dependent on several complex factors: their socio-economic circumstance, the environment in which they live and grow. The health problems of adolescents are very different from children or adults (WHO, 1998b). Yet, till recently, health care systems were not designed to fit with their needs/problems, particularly, the slum adolescents. Therefore this study was conducted and it is hoped that the findings will be useful information for concerned people. To understand adolescent health situation, the following issues are discussed: the growth of the adolescent population; adolescents and urban growth; adolescent health needs, accessibility of health services; depression; quality of life of adolescents; national policy to cope with adolescents' health problems; program results from policy: (the mismatch, possible entry points for intervention), purpose of intervention, study approach, and implication of the research results.

1.2 Growth of Adolescent Population

The world is now populated by the largest generation of youth in human history and the next generation will be even larger (Mensch, B et.al., 1999). Data indicate that four out of five of these young people live in developing countries worldwide (WHO, 1999). There are approximately 900 million 10–19 year olds in developing countries; by the year 2005, their number will exceed 1 billion. The growing number of adolescents is the major reason for this intensified attention. Therefore, there is much interest in focusing on safeguarding our future, and ensuring the transition of adolescents to healthy adults, who can contribute to the building of nations (Mane, P., & McCaully, P.A., 2000).

1.3 Adolescents and Urban Growth

Thailand remains predominantly an agricultural country, but in the past three decades Thai society has changed markedly, and will most probably continue to change rapidly in the near future. One source of major change is rapidly changing economic development. The economic growth that occurred during the years 1988-1996 has enabled Thailand to double its national per capita income over this period (MoPH, 1998). The speed at which the per capita GNP has grown is a reflection of the rapidity of the economic and social change. Another source of change is the population explosion. The first census in 1911 counted 8 million people, while there are now around 62 million (MoPH, 2000). This remarkable increase can, in large part, be attributed to declining mortality rates in the young, secondary to better nutrition and to the control of childhood communicable diseases and their mortality.

Bangkok is the national center for commerce and industrial production. All transportation links intersect in Bangkok. This had led to the burgeoning of the Bangkok population to over 8.2 million persons (BMA, 2000). Despite the advantages of being a commercial and social center for the nation, there are also negative aspects, such as overcrowding from the rapid migration into the city, traffic jams, pollution and the growth of slums. The speed with which these changes are occurring makes it impossible for the city to plan effectively. Consequently, there are over 671 slum areas, including Klong Toey, the largest slum in Bangkok.

The problems of the Bangkok slums are typical of urban slums everywhere: there is woefully inadequate sanitation and clean water facilities; walkways are very narrow and in disrepair; rotting food and exposed wastewater become excellent breeding grounds for disease vectors. Furthermore, there is the problem of the vicious cycle, in which the poverty of the residents compounds the unhygienic environment, which in turn prevents them from obtaining sound and regular employment. Often, young children are left at home and are generally unattended because the parent(s) must go outside for work. This lack of parental supervision and guidance may, ultimately, lead to problems of adolescence - gambling and drug addiction.

Young people in urban, particularly urban slum, communities confront multiple risk factors that can affect both their present circumstances and future choices. Schensul J.J. (1998) stated that "living in neighborhoods and communities marked by poverty, violence, social fragmentation, disinvestment, AIDS and drugs, urban youth are not always aware of the options available to them or the positive relationships they can establish to assist them to avoid risks and sustain resiliency in the face of multiple negative influences". The World Health Organization (WHO, 1993a) described adverse health consequences of rapid urban growth, with increases in such problems as juvenile delinquency, teenage pregnancy, and violence in urban slums. Children and youths living in slums are often open to exploitation; drug addition, crime, prostitution and suicide are all fates that threaten them on the margins of slum society (WHO, 1998a).

In Thailand, adolescents represent approximately one fifth of the total population (Pimpawan Boonmongkon et.al., 2000, MoPH, 2002a). The evolution of Thai society and conditions such as modernization, economic development, migration to seek better employment and education, and peer influence, encourage urban adolescents to engage in various risky behaviors that may affect their health and quality of life.

1.4 Adolescent Health Needs and Accessibility of Health Care Services

Although adolescents are often considered to possess good physical health, it is a period of physical, social and psychological change. The sociocultural, political, and religious surroundings and economic conditions in which adolescents develop have a strong influence on their development and health later in life. Due to societal development and rapid social change, the health problems of youth have dramatically shifted in the last 30 years from the biological to the social causes of morbidity and mortality. In fact, the literature indicates that adolescents' health problems have become serious, particularly in the developing countries, and require prompt action. There has been an increase in the literature relating to the development of adolescent health services that meet the needs of their target group. However, there are continuing problems related to the lack of understanding and emphasis on adolescents' needs in policy and programming, especially in Asia. This means that many adolescents still

have limited access to health care, to information concerning their growth and development, and to counseling services. Even where health services exist, the services may be culturally inappropriate, insensitive to adolescent health needs, or delivered by staff with insufficient training in adolescent health. Thus, adolescents are unlikely to use them. This is alarming in a time of increased sexual activity among unmarried adolescents, younger age at first intercourse, and evidence of an increasing incidence of sexually-transmitted diseases and HIV/AIDS in this group. Risk behaviors are also heavily concentrated in youth, leading to more unprotected sex, teenage pregnancies, and substance abuse and their subsequent health effects (Guzman, D.A. 1999, Ratana Somrongthong and Chitr Sitthi-amorn, 2000).

In Thailand, many studies have shown that adolescents experience similar risks to the ones outlined above (MoPH, 1998). For example, of the 22,064 drug addicts treated at rehabilitation clinics in Thailand in 1997, 24% of them were adolescents (MoPH, 1998). The study by Guzman, D.A. (1999) indicated that only 40.0% of sexually-active adolescents reported using condoms and only 6% reported always using a condom with their boy- or girl-friend; 43% reported that they or their partner had ever been pregnant. In addition, 41.2% of all patients with AIDS and 50.4% of all HIV+ people in Thailand are aged 15–29 years (MoPH, 1998). There is resistance to sex education among many Thai adults as it is still believed that it may lead to increased sexual activity among adolescents. These studies, among others, point to the need for appropriate adolescent health programs, especially in a time of economic crisis when less money is being spent in the public sector. It is often adolescents and young people who suffer from government spending cuts. Such programs should be able to learn and reflect the needs of adolescents with their help in planning and delivery, have the support of local leaders and parents, and be trusted by adolescents. They must be culturally appropriate and institutionalized to ensure support and cost-effectiveness. Most studies have focused on youth and adolescents in general, while very few studies have targeted disadvantaged adolescents, particularly those living in slum communities. In addition, none have focused on the quality of life of adolescents.

1.5 Quality of Life of Adolescents

The WHO adopted the definition of Quality of Life as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1996b). This definition is perhaps of questionable value when applied to the quality of life of adolescents in a Bangkok slum community, due to the many negative influences of the slum environment, including poor sanitation, safety and security, the prevalence of drug use, the availability of drugs, crime, and poverty. Slum adolescents who are exposed to such unhealthy surrounding are more likely to experience poor health outcomes.

Adolescents have low rates of morbidity and mortality compared with other age groups and generally little attention has been paid to their health. Moreover, social, economic and political forces are rapidly changing the ways in which young people must prepare for adult life. These changes have enormous implications for adolescents' health. Particularly, for adolescents living in urban slum communities, the influences prevalent in the community may lead them into depression, crime and unhealthy behaviors, such as smoking, drinking, drug addiction, STD and HIV/AIDS.

To assess the quality of life of adolescents in a slum community, the WHOQoL-BREF was used. This measurement tool was translated into Thai and has been modified to be culturally specific (Suwat M et.al., 1997). The WHO-QOL-BREF, with 26 items, consists of four broad domains of QoL. These are 1) physical domain (incorporated with level of independence), 2) psychological domain, 3) social relationships, and 4) environment. This instrument has been used in different cultures for populations aged 16 years and over, since 1993. However, it has never been tested with people aged less than 16 years.

To assess adolescent depression, the Center for Epidemiologic Studies Depression Scale (CES-D, USA) was adopted for this study. This tool was designed primarily as a measure of depression symptoms (such as: feeling blue, feeling depressed, etc). It also includes items that measure self-esteem and social withdrawal

(for instance; feeling lonely, my life is a failure, and so on). The CES-D is a self–administered instrument, consisting of 20 items. Several studies have addressed the issue of the cross–cultural validity of the CES-D (Radloff, 1991; Rushton, M et. al, 1999). This instrument had also been tested by the Department of Mental Health, Ministry of Public Health, Thailand (Umaporn Trungkasombadi et.al,. 1998).

1.6 National Policy to Cope with Adolescents' Problems

Thailand does have a national policy to meet the needs of adolescents. This is discussed below.

The Ninth National Health Development Plan, Thailand (NHDP) 2002-2006 developed guidelines for government organizations, including the MoPH and non-government agencies, to formulate relevant health policies, plans and programs for youth health development. The underlying concepts are as follows:

- Health is well-being; this concept focuses on health promotion and treatment.
- "Health" means a condition of complete physical, mental, social and wisdom well-being, which are integrated and interrelated to each other.
- In whole health system development, socio-economic, political, cultural and environmental factors are linked with the actual participation of all sectors.

For adolescent reproductive health, the policy focuses on a comprehensive approach to providing information, education, counseling and health services (MoPH, 1998).

In the long-term youth development plan (2002–2011) of the National Youth Bureau, the vision is "...children and youth development, they would have equal access to the utilization of various services responding to their needs" (MoPH, 2002a).

1.7 Programme Result from Policy: The Mismatch

Thai government organizations that are involved in implementing child and youth development programs include:

- in the area of youth health development, the MoPH, which plays the most significant role in health promotion, prevention, medical treatment and rehabilitation;
- the Office of the Narcotics Control Board,
- the National Youth Bureau, the Office of the Prime Minister,
- the Sports Authority of Thailand, and
- the Ministry of Education
- the Ministry of Social Development and Human Security

Ministry of Social Development and Human Security Development and Human Security

Adolescent health development is one of the main concerns of the MoPH. The Department of Health (DOH), the Department of Mental Health and the Department of Communicable Disease Control have formulated action plans and implemented programs to promote the improvement of adolescent health in line with the current National Youth Development Plan and the National Health Development Plan. A holistic approach has been utilized in strategies to cope with adolescent health problems. In responding to policy, many programs and activities have been implemented by various organizations within and outside the MoPH, including some NGOs. The conventional health programs include: Sex Education and Life Skills Programme, Counseling and Friendly Health Services, and Safe and Supportive Environment.

In Bangkok, the DoH conducted a pilot project to train families to enable them to communicate with their children on sexual issues. Families should be able to be open, honest, and consistent in discussions with teens about sexuality. Based on the lessons learned and experiences gained from this project, the conventional program of

teaching parents sex education is being implemented in 50 districts of Bangkok. This project is currently being evaluated.

In one qualitative study of adolescent health needs in a Bangkok slum community, focus group discussions were employed among adolescents and youth leaders living there. The results indicated that the most pressing public health problems of Thai youth appeared to be pregnancy, sexually transmitted infections, and substance use. However, the youths clearly said that they were unlikely to seek professional health services for these problems. Instead, they relied on non-prescribed emergency (post-coital) contraception, and homeopathic remedies for often quite serious sexually transmitted diseases. For adolescent health services, the youths said that they would use a health facility for other, less threatening issues, particularly if the services would enhance beauty, promote fitness and relieve emotional stress (Slap G, 1998). The study in a slum community by Guzman, D.A.(1999) indicated that 43% of sexually active respondents reported that they or their partners had ever been pregnant, while over half felt that services to deal with teen pregnancy, and drug addiction counseling were not available. These studies indicated that existing health services were mismatched with the needs of all adolescents, but particularly of young people who live in slum communities.

1.8 Possible Entry Points for Intervention

In slum communities, the majority groups are migrants, laborers, or unskilled workers with low pay. Due to the economic constraints of their families, children/adolescents living in slum communities are at a disadvantage for school enrolment. They cannot afford school supplies, such as uniforms, books, or transportation to school. Moreover, parents tend to see greater advantage in using their own children as income earners; thus, some children and adolescents have to leave school to work and some of their work is illegal (Hi-class, 2000). As this study targets the adolescents in a Bangkok slum community, the literature review revealed some possible points of intervention, to reduce the mismatch between adolescents' needs and services, and to enhance adolescent health-related quality of life.

In Bangkok slum communities, various organizations, including government organizations, non-government organizations, schools, health stations, religious organizations, community leaders, community health volunteers, housewife groups, and youth group development organizations (Doungprateep Foundation, 2000) work on the problems of adolescent health and development. Price et.,al.(1993) stated that "community organizations represent another potential arena of involvement for adolescents, community organizations may exert supportive or alienating influences on adolescents". However, most of the above organizations set their own objectives and work independently for the people in the community. Consequently, there are gaps, fragmentation, and redundancy among the organizations. For instance, although all of these groups profess health care to be their aim, health centers play a major role in providing health care and health promotion. Furthermore, NGOs that work for health and health-related projects also provide health prevention and health promotion services. However, the fact that they work independently leads to many problems.

The school is one community organization. It is also an important setting in which the physical and psychological development of youth occurs. The school plays a crucial role as a place to monitor current health behaviors and trends and as a base for implementing health promotion programs. The Health Behaviour in School-Aged Children Survey (HBSC) indicated a link between alienation at school and health compromising behavior. King A et.al. (1996) found that school children who were socially well integrated reported better health than those who did not feel part of school life. Pimpawan Boonmongkon et.al., (1997, 2000) stated that school-based health programs can contribute to reproductive and sexual health, mental health, nutrition and the educational achievement of adolescents in school. In addition, schools are particularly important social arenas for adolescents, because of their potential impact on cognitive and social development. Schools are also social organizations that often contain ready-made channels for preventive interventions.

1.9 Purpose of Intervention

Many interventions aim to improve the health and quality of life of adolescents, and most of them are well-intended. However, in reality, most have a narrow focus and work in isolation from each another. This greatly reduces their effectiveness. The WHO (2001) stated that "there is no single organization or institution that can take all the actions needed to ensure good adolescent health and development. Alliances and partnerships are needed to create the conditions that protect well being and maximize the potential of all young people".

In this study, the "community partnerships" approach is proposed as a way to reduce the mismatch between adolescents' needs and accessibility to health services, and to enhance the quality of life of adolescents in the Klong Toey slum community. This project attempts to emphasize the community organizations (including community leaders, housewife group, youth group, teachers and community health volunteers) working together to improve the health and quality of life of young people in the community.

1.10 Study Approach

The study approach consists of three phases. The first phase was to gather base-line data regarding adolescents' health needs, access to health services, quality of life and depression through a literature review and a rapid assessment in the community, to develop an instrument for data collection. In Phase 2, qualitative and quantitative data will be collected and analyzed. Phase 3 includes development of a strategy for intervention, and a plan of action and its evaluation.

1.11 Implications of the Research Results

According to the Ninth National Health Development Plan (2002-2006), one strategy to achieve the objectives and target of the health development plan is promoting and supporting community organizations' potential to solve health problems in the community. The researcher's expectation is that the results of this study will provide useful information for stakeholders and policymakers as to whether the concept of community participation using school and community partnerships for improving

both health and the quality of life and the alleviation of depression of adolescents will be effective, or not. Even though recommendations are offered on the basis of results from the study of only one slum community, the findings are important for strategic planning and delivery of appropriate and effective health services for young people living in congested urban areas. This project was initiated because so little is known about the specific problems and strengths unique to this group. It is hoped that it will result in greater understanding of adolescents' health needs, accessibility to health services, depression and quality of life, so that appropriate health services can be provided to this often overlooked group.